

## Notes on Masochism: A Discussion of the History and Development of a Psychoanalytic Concept

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## NOTES ON MASOCHISM: A DISCUSSION OF THE HISTORY AND DEVELOPMENT OF A PSYCHOANALYTIC CONCEPT

BY WILLIAM I. GROSSMAN, M.D.

*The concept of masochism is used in both descriptive and explanatory ways to cover a wide variety of clinical phenomena. Although the concept has been thought to refer to a ubiquitous, fundamental, and paradoxical phenomenon, recent discussions reveal growing uncertainty about the clinical value of the term. The origins of the problem are traced here to Freud's early reliance on concepts borrowed from Krafft-Ebing's sexology. Freud later emphasized structural and object-relations issues. This shift of emphasis was associated with the use of child behavior rather than perversion as the prototype of mental function.*

### INTRODUCTION

Psychoanalysis as a method of investigation and masochism as a subject of research came into existence at about the same time. The designation of masochism is about ten years older, depending upon the date one chooses for the beginning of psychoanalysis. As a result, the ideas about the special place of the newly defined perversion in sexuality and mental life exerted an influence on the development of psychoanalysis. There were many disagreements among Freud's contemporaries in their efforts to delineate and define a syndrome named masochism,

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and to discover its broader significance in the lives of men and of animals. These conflicts reflected diverse ways of thinking about scientific problems. Havelock Ellis (1903), for example, offered a combination of romanticized and naturalistic descriptions of animal behavior in an effort to demonstrate the biological roots of sadism in the animal kingdom. Ellis spoke of the "thin veil that divides love and death" (p. 127) throughout nature, thus blending dramatically the psychological and phylogenetic aspects of the sexual function. In particular, the association between the sexual act and cannibalism among some organisms seemed to some authors of the time to be the primitive source of sadism. Ellis added, however, that de Gourmont said that "this sexual cannibalism exerted by the female may have, primarily, no erotic significance: 'She eats him because she is hungry and because when exhausted he is an easy prey' " (p. 128). This pair of formulations evidently indicates a conflict between tragic interpretation and mechanistic explanation.

In Freud's writings, we find efforts to combine and reconcile these ways of thinking that were, at the same time, dramatic, teleological, and mechanistic. He hoped to use his new methods, discoveries, and concepts to solve the problems posed by his contemporaries. In fact, he contributed to a radical change in the way of formulating those problems, which changed the meaning of important new ideas such as masochism.

The term masochism, however, never did have a precise meaning or one that was generally accepted. It was a controversial term except as a literary designation for any phenomenon in which sexual pleasure and physical or mental pain were associated. The writings of Sacher-Masoch, which have been examined in an excellent literary and psychoanalytic study by Lenzer (1975), provided a prototype for all masochistic perversions. As Freud's concept of masochism evolved, the relation of partners in the masochistic perversion became the model for the relation between intrapsychic agencies, and masochism became a fundamental theoretical concept of drives and structure. (Freud made

similar theoretical use of the narcissistic perversion as a model for a set of mental relations.) The development of the concept of masochism in Freud's work provides a case study of the formation of psychoanalytic concepts and of their dissolution, as well.

The goal of this paper is to outline the development of masochism as a psychoanalytic concept from its origins in the sexology of Freud's time through its transformation by psychoanalytic investigation and the concomitant changes in psychoanalytic theory. One thesis of this paper is that the evolution of psychoanalytic theory and technique are to some extent the result of the effort to use ideas like masochism as theoretical concepts. As a consequence, new observations became possible, and these, in turn, altered our ways of thinking about old problems. At present, it has become evident that masochism is a term of little precision and that its value is descriptive and evocative. While it is not my intention to offer a theory of masochism, this paper suggests that the term masochism is best used to refer to fantasies in which the association of pleasure and unpleasure is motivated and obligatory, and for perversions that are enactments of such fantasies.

It is true that many people today conclude, as did Freud and his contemporaries, that the extensive use of the term "masochism" to allude to many kinds of phenomena is not merely an indication of casual usage. Instead, they believe that this wide application of the word is evidence that something called "masochism" has a fundamental importance as a concept or phenomenon. However, a careful review of the concept and its usage does not support this view. As demonstrated by panel discussions on problems of masochism relating to theory and technique (Panel, 1956), to narcissism (Panel, 1981), and to depression (Panel, 1983), the seeking for painful experience may be a central or a peripheral but significant factor in many types of clinical situations. Masochism cannot be usefully invoked to explain complex clinical phenomena. It is an aspect of various kinds of pathology that also requires explanation. A further aim



of this paper is to explore to some extent the kinds of issues that are referred to when people speak about masochism. Since the main focus is an examination of broad historical and conceptual issues, specific clinical material is not discussed. However, this clarification of concepts has clinical implications and offers an orientation to clinical material.

In Part I of this paper, I shall briefly consider the problem of defining masochism and its usefulness as a concept. Part II presents one of a number of ways in which Freud took Krafft-Ebing's ideas about masochism and gave them a psychoanalytic shape. This combination conserved Krafft-Ebing's outlook to some extent, but it burdened psychoanalysis. In Part III, I shall briefly indicate some aspects of the changed concept of mental function implied in *Beyond the Pleasure Principle* which led to a diffusion of the concept of masochism into issues of aggression and structure.<sup>1</sup>

## I

### *Problems of Usage, Definition, and Nosology*

At present, there is general agreement that there are phenomena deserving to be called masochism or masochistic to be found in normal people as well as in people with a variety of pathological syndromes. This agreement is based on the acceptance of a combination of pain or suffering with sexual pleasure or its derivatives as the defining characteristic of masochism. However, in practice, when considering particular instances of clinically observed behavior, it may be difficult to distinguish between realistically endured suffering and covertly sought

<sup>1</sup> Maleson's (1984) excellent examination of the concept of masochism appeared after the completion of this paper. His discussion is generally consistent with and similar in development to the line of thought presented here, especially in Part I, and to some extent in Part III. However, since specific comparisons of similarities and differences would be cumbersome, they have been omitted.

pain, or between deliberate self-injury and poor judgment. The nature of the satisfaction, as well as the vicissitudes of libido and aggression, may be equally ambiguous. Clearly, much depends on what is conscious and what is unconscious, and also on whether we are talking about character, perversion, neurosis, or psychosis. Current usage varies according to whether the emphasis is on sexual satisfaction accompanying suffering as a criterion or on self-directed or self-provoked aggression with minimal requirement for sexual satisfaction.

Reporting on the Kris Study Group's examination of the problems of definition and usage with respect to masochism, Nersessian (1983) noted the confusion that arises when a term is used to refer indiscriminately to perversion, behavior, character trait, and instinctual drive. He added an interesting observation: "Not only did we find that not everyone agreed that a particular behavior was masochistic, but also that . . . it was often very difficult to maintain that view once it was challenged" (p. 3). This observation suggests that multiple viewpoints are possible: from one perspective, behavior may be masochistic, and from another, not.

In an attempt to integrate a recent panel discussion Fischer (Panel, 1981) wondered "whether the concept of masochism, as we think about it . . . describes primarily a type of behavior, or . . . is associated with and defined by a certain cluster of metapsychological factors and a certain level of development" (p. 684). More generally, Brenman (1952) indicated the tendency to "confuse the observable behavior with the inferred unconscious operations and their corresponding metapsychological abstractions" (p. 264). It is frequently true, as Rubinstein (1965) noted, that psychoanalytic theoretical terms have more than one level of meaning. In the case of masochism, this multilevel complexity is a property not only of the term itself, but also of the very terms in which it is usually defined: pleasure, sexuality, pain or unpleasure, and aggression.

It seems, then, that a part of what is often dubbed the "puzzle of masochism" concerns some general problems of how we ex-

plain things in psychoanalysis. In general, the use of masochism as a label depends on the evocation of the idea of its prototype. It depends on an analogy drawn to the masochistic perversions whose striking and paradoxical characteristic is the combination of sexual pleasure with pain, subjugation, or suffering. When this essential characteristic, loosely ascribed in usage to a wide range of behavior, is refined into a definition to be applied with precision as a diagnosis, we encounter the problems noted. The fact that pleasure and unpleasure are the "essence" in masochism, as they are in our theory, derives in part from Freud's effort to extract essential qualities from behavior and to give them a theoretical status. The idea of a masochistic perversion was the prototype for a masochistic impulse, that is, a component instinctual drive, in the mind. The impulse was hidden in the normal, obvious in pathology. This is the process of reasoning that converts psychology into metapsychology, but it leaves us with the problem of deciding whether a particular kind of suffering qualifies as masochism.

### *The Use of Masochism as a Term Describing Behavior*

A major source of confusion in discussions of masochism results from using the term to characterize behavior. In both the psychoanalytic literature and the sexology literature that preceded it, examples of animal behavior combining sexual activity and pain have been cited in an effort to find animal prototypes for human masochism. The methodological problems associated with using such animal analogues are well known. Using behavioral descriptions of people to provide examples of masochism may involve similar issues and are nearly as problematic. In an extensive review of the literature on biology, psychoanalysis, interpersonal psychology, and social learning theory, Sack and Miller (1975) confirmed the vagueness of the term masochism when it is used descriptively for behavior, except in describing perversion (see also, Shore, et al., 1971). From a psychoanalytic view this is not surprising, since any behavior has a

multiplicity of conscious and unconscious meanings. Consequently, if the behavior is to be characterized at all, a dominant organizing fantasy modeled on a masochistic perversion is required. Masochistic fantasies, in turn, may be traceable to genetically older versions of masochistic fantasies, as well as being analyzable into specific conflicts underlying these fantasies.

One problem of applying a diagnosis of masochism to behavior other than perversion is the complex meaning of behavior that is to be characterized as pleasurable or unpleasurable. Another barrier to precise usage is the fact that the term masochism is applied to clinical phenomena evident in a variety of personality types and syndromes. The issue then becomes one of deciding whether the characteristics in question are best thought of as a consequence of something called "masochism," or whether they are more usefully considered to be outcomes of specific conflicts and specific personality constellations. Many authors consider their generalizations about masochism to be valid, irrespective of the patient's clinical diagnosis (Reich, 1933; Reik, 1939, 1941). It is as though something called "masochism" could be considered to be an independent element, emerging in and separable from the rest of the clinical picture and having a uniform meaning and origin. While this may appear to be the case when masochistic fantasies have a central organizing function, the alternative view holds that manifestations of "masochism" are best treated as an aspect or consequence of the pathology. The behavioral combination of pleasure and unpleasure may be the consequence or the concomitant of conflict resolution in various types of personality structures. However, behavior that can be described as masochistic evidently has different significance and consequences when it is found in different character types (Bak, 1956, 1971).

Brenner (1959, 1982, 1983) has emphasized the universality of masochism, especially as a consequence of superego formation and functioning. He has also stressed the multiplicity of the sources and of the functions of masochistic traits and fantasies and their association with a variety of symptoms and character

disturbances. The presence of masochistic character traits, he believes, does not in itself argue for or against analyzability. Therefore, in themselves they are of limited prognostic significance.

Kernberg (1977, 1984) presented a differential diagnostic classification of various types and degrees of masochism. He described a spectrum of constellations from benign to malignant, having to do with the degree to which superego functions and the tripartite intrapsychic structure are well integrated or, on the contrary, have remained in a relatively more primitive and undifferentiated state. This significant effort to treat masochism as a function of personality organization includes an attempt to distinguish systematically among different types of negative therapeutic reactions. Kernberg noted that these reactions may be based on unconscious guilt, unconscious envy of the analyst, or identification with a primitive, sadistic parent image. Still another level of masochistic character pathology is manifested in alternating sadistic and masochistic traits and behaviors, based on the corresponding identifications.

The considerations I have outlined suggest the conclusion that masochism, except when applied to perversion, is not really a diagnosis, nor does it admit of uniform usage with precise clinical or theoretical implications. The idea that it *should* have great theoretical significance is a historical matter, to be discussed later. The conclusion of my review at this point is that "masochism" designates a type of fantasy and those clinical phenomena based on those fantasies.

### *Masochism as a Term Referring to Fantasies*

The concept of masochism answers to the need to characterize clinical phenomena dominated by conscious or unconscious fantasies having the prototypic form of masochistic perversions. Masochism is, therefore, a generic and not too specific term for those phenomena and fantasies. It is defined by its similarity to its prototype, rather than by any essential characteristics or by



its theoretical status. Such fantasies may be conscious, or they may be enacted consciously or unconsciously. Their unconscious meaning, of necessity, is only revealed through analysis. Some of the people with the most clearly manifest masochistic behavior never come to analysis or are not analyzable when they do (Kronengold and Sterba, 1936; Loewenstein, 1957; Resnik, 1972). As unsatisfactory as the state of psychiatric nosology is, other diagnoses may tell us more about the overall mental organization of the patient than the attribution of masochism. It seems evident that descriptively defined syndromes have limited value as models for intrapsychic phenomena. It is true that Freud used syndromes in this way, but they served him best as models for fantasies.

The view that masochism is best understood as applied to fantasy emphasizes the issue of "complex configurations of psychological functioning" (Brenman, 1952) and suggests that in this case the complexity is part of the meaning of the term itself. Masochism is most usefully characterized by a fantasy of a certain kind rather than by behavior leading to pain or the combination of pleasure and unpleasure. Masochistic fantasies are recognized by a preoccupation with combining something the subject regards as pleasurable with something he regards as unpleasurable. The combination points to a set of relations, between affects and between people. The preoccupation with the relations between pleasure and unpleasure that characterizes the fantasies is expressed in the aims, that is, the acts imagined, and the relations between the people involved. While it has sometimes been said that, in masochism, pain is only a condition of pleasure, or that pain is or is not sought for itself, the essential point is that in the fantasy the combination is obligatory. In any particular instance of behavior, only a consideration of the relevant and dominant organizing fantasy, or fantasies, can decide whether the acceptance of unpleasure is a matter of a realistic endurance of suffering, or of a masochistic interpretation of necessity. The interchangeability of roles between subject and object is also characteristic of such fantasies,

as is the attachment to objects that are loved ambivalently or hated, but cannot be given up. Of course, in saying that, it is understood that all, or parts, of these fantasies may be unconscious so that the complete fantasy will of necessity involve another person, whereas the manifest part of the fantasy may not. A solitary enactment of a masochistic fantasy may unconsciously represent more than one person as a participant or as an anonymous spectator (McDougall, 1980).

*Masochism as a Term Referring to Relations*

If we understand masochism to be a relational term that refers to relations between pleasure and unpleasure, and between libido and aggression, as these factors are embodied in relations between objects, then we must emphasize that we are referring to a *preoccupation* of the masochist with these relations. This understanding is to be distinguished from those principles of explanation in psychoanalytic theory according to which *everything* is ultimately to be explained in terms of relations between pleasure and unpleasure, and libido and aggression. This is another way of stating the difference between the theoretical and clinical use of terms mentioned earlier. It is the difference between the theoretical explanation of motives and the use of motives as a clinical explanation. The conjunction of pleasure and unpleasure in masochism is motivated.

This restatement of what is generally well known is necessitated by the easy slippage that occurs between metapsychological and clinical explanation. This slippage also confuses efforts to arrive at precision of usage in distinguishing problems of masochism from problems of self-directed aggression. However, hopes for precision at the clinical level are bound to be disappointed for another reason as well; that is, by the fact that issues of unpleasure inevitably involve vicissitudes of aggression. A number of emphases are possible, depending on whether the fantasy is organized around some version of a need for unpleasure (punishment, magical propitiation, or pain), a



need to extract pleasure from adversity, the need to deflect or overcome aggression toward a loved, needed, or feared object, or a need to obtain satisfactions in a passive mode, enforced or voluntary. The attachment to the painful aspects of the relationships, the equating of passivity with victimization, and the confusion of activity with aggression are emphases common to masochistic fantasies.

The issues outlined are relevant in some fashion to every stage of development. Clinically observable masochistic organizations, manifest or latent, may take as their starting point painful experiences and disturbances in object relations at any period of childhood, preserving the struggle to balance pleasure and unpleasure and to control and express the attendant aggression in an endlessly repeated scenario.

The multiplicity of issues and emphases giving rise to masochistic resolutions makes it unnecessary to decide whether it is "really" pain that masochists want, a debate that has accompanied the idea of masochism since its inception. The unpleasure or pain always has some value and interpretable meaning to the masochist, and is sought for this reason, whether the reason is excitement (Freud, 1915), a relief from the tension of the excitement (Reich, 1933), an avoidance of some other pain (Eidelberg, 1934), a different kind of satisfaction (Horney, 1939), or an avoidance of "real" pain and passivity (Keiser, 1949). Any of these reasons for coupling pleasure and unpleasure may be relevant in a particular case. I believe that these authors need to insist that masochists do not "really" want pain because of their belief that striving for unpleasure goes against the pleasure principle. Their reasoning provides another example of the slippage between levels of explanation.

In summary, some of the difficulties of usage, definition, and nosology associated with the concept of masochism result from the effort to get at the "essence" of a clinical concept, that is, a single distinguishing characteristic, factor, or cause. I have suggested instead that masochism is a concept belonging to a certain level of complexity and is not reducible without loss of

meaning. It is a clinical concept having to do with a group of fantasies. The masochistic perversions are concrete enactments of such fantasies and *serve as prototypes* for clinical interpretation. With any effort to dissect masochism conceptually or to find an essential universal function for it, masochism dissolves into the specific issues that go into its composition: vicissitudes of pleasure and unpleasure, of aggression, of activity and passivity in relation to authority, of significant identifications, and of impulse control and reality testing. Historically, the relations between these concepts and masochism gave masochism a special significance in Freud's theoretical formulations as a basic mental force, that is, as a component of the sexual instinct and then as an expression of the death instinct.

## II

### *The Origins and Problems of the Concept of Masochism in Freud's Work*

Freud's sexual theories amalgamated the teachings of the sexologists who were his contemporaries with ideas about the neuroses and the unconscious, developed in association with his emerging psychoanalytic method. The extraordinary originality of Freud's theory of neurosis, starting with the idea of hysteria as the negative of an unconscious perversion (1896), tends to obscure the extent to which Freud's ideas about sexuality and the perversions were taken over from his contemporaries, especially Krafft-Ebing. In one sense, the development of the concepts of sadism and masochism in Freud's work can be seen as an analogue of the processes in mental development in which the early stages are preserved alongside their transformations. In the case of sadomasochism, some general ideas, as well as specific issues, can be traced from Krafft-Ebing through "The Economic Problem of Masochism" (Freud, 1924). Freud's continued involvement with the work of Krafft-Ebing, acknowledged in the first of the *Three Essays* (1905), has helped to keep

alive the view that masochism is a puzzling force in mental life. The importance that Krafft-Ebing ascribed to masochism probably contributed as well to the later diffusion of the concept to cover a variety of issues more usefully considered as vicissitudes of aggression (cf., Glover, 1933).

It is not possible to present here a detailed account of Freud's efforts to establish sadism and masochism as fundamental instinctual components of the libido. In his concept of the instinctual drives associated with the oral, anal, and genital zones, the component drives had both sexual and self-preservative aspects. Consistency required that he find both sexual and self-preservative components for sadism and masochism as well. In addition, he had to account for his belief that sadism and masochism were special because they were directed at objects from the very first. Since they occurred as a pair of instinctual drive components, he thought one of them had to be primary. Finally, he had to account for the relation of sadism and masochism to bisexuality, so that their developmental transformations led to normal masculinity and femininity or to sadistic and masochistic perversions.

To provide some background, I shall outline briefly some of Krafft-Ebing's views on sadism and masochism that Freud accepted and then modified in fitting them to his own ideas about mental function derived from psychoanalysis. In particular, I shall discuss Krafft-Ebing's ideas about a triad consisting of (1) erotogenic pain, (2) idealization in the form of subjugation to an object providing sexual gratification, and (3) sexual activity. After undergoing psychoanalytic transformation, these elements reappeared in Freud's work on masochism.

From a psychoanalyst's point of view, Krafft-Ebing's great book opens like an overture in which themes are found that became leitmotifs in Freud's ideas on sex. At the same time, the first of the *Three Essays* contains many passages that paraphrase Krafft-Ebing's aphoristic generalizations and those of other contemporaries. Ideas that *we* associate with Freud, such as the ubiquitous influence of sexuality in all areas of human thought,

feeling, and culture; the meeting of the highest and lowest in sexuality; the continuity of the normal and the abnormal, of the animal and the human; the psychic nature of perversions; the rule of "Hunger and Love" that Schiller's poem portrays, all are brought to us by Freud from Krafft-Ebing and others. It seems likely that any sophisticated reader of the *Three Essays* in 1905 would have recognized familiar echoes and shared with Freud a familiar context, even as he was being jarred by what was shockingly new.

*Some of Krafft-Ebing's Ideas on Masochism*

In the successive editions of Krafft-Ebing's influential book that Freud received from the author and underlined as he read (Sulloway, 1979), the following ideas on masochism can be found:

Sadism and masochism frequently, if not always, occur together. One may predominate, the other may be latent. Pleasure in pain and suffering, as well as in causing them, may be normal, particularly in women, and are to some extent a matter of custom, even when of marked intensity. Sadism is an extension and exaggeration of normal activity and aggressiveness associated with masculinity. Masochism extends and exaggerates the passivity and submissiveness associated with femininity. Masochism in men is a feminine factor but is not homosexuality, or only incompletely so. Being flagellated is normally sexually exciting and operates through a spinal reflex. This is not masochism. In any case, said Krafft-Ebing, pain and the idea of pain are not the essential thing in masochism, although many people say they are. Masochism is a *psychic* disorder, he argued. The essential feature is sexual excitement accompanying subjugation and humiliation. Pain through whipping is only an extreme form of subjugation, and it profits, in addition, from the erotogenic factor. Krafft-Ebing believed that sadism and masochism were the most fundamental perversions. It is surprising to learn that he thought masochism was an "unconscious motive" for foot fetishism and

that unconscious sadism was connected with an interest in death. While Krafft-Ebing considered pain to be one normal contributing, though subsidiary, factor in masochism, the main normal root was dependence on, and submission to, a love object, exaggerated into a condition he called "sexual bondage." Those people who became perverts were alleged to be sexually hyperexcitable. Masochists had a "disposition to sexual ecstasy" that led them to respond to maltreatment with "lustful emotion." The impulse in masochism is directed to the acts expressing the tyranny and not to the object. The factors of erotogenic pain and bondage to a sexual object might be abnormally developed in some people and serve their sexual activity without constituting a perversion.

This brief account does not do justice to the complexity of Krafft-Ebing's formulations or to the many affiliations with ideas that Freud seems to have taken for granted. In Krafft-Ebing's views, as I've outlined them, we find a triad of allegedly normal or abnormally exaggerated phenomena: erotogenic pain, sexual bondage, and sexual activity in which both pain and emotional bondage may play a variable role. These three elements became masochism, a perversion, when the psychopathic disposition to "sexual ecstasy" was awakened, perhaps by a chance occurrence in childhood, although this was not necessary. Krafft-Ebing believed that childhood events, such as the legendary beating of Rousseau (cited subsequently by Freud, too), were at most subsidiary factors in the etiology of masochism, occasions for its emergence rather than its cause.

### *Freud's Early Views on Masochism*

Before the *Three Essays* appeared, the definition, essence, and boundaries of masochism were already a subject of some controversy, as they are today. These uncertainties are to some extent reflected in Freud's early ideas.

Freud pointed to this controversy in 1905. He remarked that Krafft-Ebing's use of the terms sadism and masochism empha-



sized the "pleasure in any form of humiliation or subjection" while Schrenk-Notzing's term "algolagnia" emphasized the factors of pain and cruelty (Freud, 1905, p. 157). Some of the turnings in the development of Freud's ideas on sadomasochism can be read as his effort to integrate these two views, one emphasizing the interpersonal and object-relationship factors, the other the erotogenic factor.

In view of the emphasis Krafft-Ebing placed on "sexual bondage," it is not surprising that in 1905, Freud wrote (p. 158, n.) that masochism "arises from sexual overvaluation as a necessary psychical consequence of the choice of a sexual object." He suggested, in addition, that the "credulity of love" associated with the overvaluation of the object was "the . . . fundamental source of *authority*" (p. 150) and was related to suggestibility. This is entirely in keeping with his adherence to Krafft-Ebing's views. The further elaboration of this close association between masochism, authority, and idealization appeared later in the superego concept. This is one aspect of the relation between the object-related and erotogenic roots of masochism under discussion.

### *Freud's Later Views on Masochism*

In "The Economic Problem of Masochism" (1924), the factors of erotogenic pain, subjugation to a sexual object, and sexual activity in which the other factors played a part had acquired a developmental and structural significance in Freud's theory. There the triad became three observable forms of masochism: the erotogenic, the moral, and the feminine. The erotogenic, Freud said, underlies the other two, and its "basis must be sought along biological and constitutional lines . . ." (p. 161). In other words, it is developmentally the oldest and belongs to the id. Moral masochism, like "sexual bondage," is a sexualized submission to a loved object, who, in this case, is enshrined uneasily in the superego. Feminine masochism refers to the perversion and is an infantile sexual development belonging to the ego.

A peculiarity of Freud's introduction to his three types of masochism creates an ambiguity about the relations among erotogenic masochism, feminine masochism, and the masochistic perversion, so that some authors equate the perversion with erotogenic masochism, others with feminine masochism. This results from Freud's (1924, p. 161) writing that "masochism comes under our observation in three forms: as a condition imposed on sexual excitation, as an expression of the feminine nature, and as a norm of behaviour." It sounds as though the "condition imposed on sexual excitation" describes masochistic perversion, since the perversion is often defined in this way, and as though "an expression of the feminine nature" describes women. Certainly much of the literature on femininity and female sexuality cites the passage in this sense. However, it is clear in what follows immediately that feminine masochism is the perversion and that erotogenic masochism is independent of gender. "Feminine nature," in this context, would seem to refer to femininity as an element of bisexuality (Laplanche and Pontalis, 1967). This conception is very likely a derivative of the ideas considered by Krafft-Ebing to the effect that masochism in men involves a feminine inheritance and might be a "rudimentary contrary sexual instinct," that is, a homosexual impulse.

While the triad of erotogenic masochism, feminine masochism, and moral masochism is found in a primitive form in Krafft-Ebing and in the *Three Essays*, its final form is an expression of Freud's theory of psychosexual development, his concept of narcissism, the structural model, and the dual instinctual drive theory. Freud's equation of erotogenic masochism with a primary masochism derived from libidinally bound destructive instinct finally provided an elegant, if unsatisfactory, solution to a number of the old problems that Freud was trying to solve. Primary masochism, a representative of the destructive drive within the organism, was consistent with, and was an analogue of, primary narcissism. It was also the unitary origin of masochism and sadism that Freud wanted. However, while mas-



ochism was primary on the metapsychological level, it was secondary on the clinical level. That is, Freud had long held that clinically observed masochism had its origin in a turning of sadism against the self. This idea was retained as the concept of *secondary* masochism. Freud's models of development and neurogenesis could still be used to account for the persistence of erotogenic masochism throughout development under "changing psychical coatings."

It may be of some significance, too, that in this transformation of pre-Freudian concepts into their new theoretical context, Freud asserted the primacy of erotogenic masochism, in contradiction to the view that Krafft-Ebing vigorously defended. Of course, Freud's was no longer really the old erotogenic masochism but a new theoretical concept equated with the old. That is, the derivation of primary masochism from a combination of life and death instincts in the organism was the metapsychological counterpart of the "biological and constitutional lines" mentioned above. The two could then be bridged by definition, equating primary masochism with erotogenic masochism. This was the solution to the "economic problem of masochism," the problem of how pain and unpleasure can become aims.

In "A Child is Being Beaten," Freud (1919) had tried to approach the economic problem of how pleasure arose from unpleasure in masochism. In that paper, he demonstrated that the infantile beating fantasy, called a "primary trait of perversion" by the sexologists, had its origin in oedipal conflict. He did this in the context of a contrast between the old way of thinking about perversions, that is, "primary trait of perversion," and his new way of thinking, derived from psychoanalysis. He believed that the unpleasure came from the guilt associated with the oedipal fantasy, but this was not yet an economic solution. However, his discussion of beating fantasies contributed to his developing ideas on the object relationship pole of the masochism concept. This aspect of the problem was already an important part of Freud's discussion of instinctual vicissitudes in 1915.

After that more theoretical formulation, Freud (1919) then illustrated some important points in the context of fantasy development. First, the "premature growth of a single sexual component" (p. 192) that characterized the perversion was seen as emerging in connection with the oedipus complex. Second, the fantasy was a representation of an imagined sexual relation between father and child. Third, the person having the fantasy might play one role consciously, another unconsciously. Fourth, in male perverts the "masochistic attitude coincides with a *feminine* one" (p. 197), and may already do so in childhood. (In this connection, it should be remembered that "A Child is Being Beaten" concerns *infantile perversion* as discovered in neurotics. Most of Freud's patients were women. "The Economic Problem of Masochism" deals with feminine masochism in adult male perverts.) Finally, the role of the sense of guilt achieves special importance. It attests to the unconscious persistence of incestuous desires that find expression in the masochistic fantasies. The presence of unconscious masochistic fantasies leads to a propensity for the enactments of beating equivalents with people "in the class of fathers." While the 1919 paper established an origin in object-related conflict for the perversions, or at least for masochism, the question as to why one oedipus complex would lead to a neurosis, another to perversion remained unexplained, except by constitution. An explanation in terms of preoedipal conflict as the source of the disposition to perversion was still to be formulated.

The central position accorded to guilt and to the tendency to re-enactment of the disguised beating fantasies opened the way to the discussion of "moral masochism" in 1924. The relations between this concept, the repetition compulsion, the destructive instinct, and the structural theory is one of the most interesting chapters in the development of psychoanalytic theory. Of this complex and intriguing story, I shall mention only two points.

The first point is that with the conceptualization of moral masochism, Krafft-Ebing's requirement of a *conscious* link with sexuality was discarded, as was a requirement that suffering

should come from a love object. In moral masochism, the important thing was that unconscious guilt required punishment. In this way, Freud's formulation of moral masochism radically changed the concept of masochism that he had inherited. Gone was the special significance of masochism as a perversion that was supposed to have a fundamental link to activity-passivity and to masculinity-femininity in human nature. Masochism was either a fundamental metapsychological principle exemplifying drive fusion, or, like any other pathological syndrome, it was a possible structuralized outcome of the oedipus complex. The second point is that Freud's first formulation of the problem of moral masochism permits us to regard it as either a defect in superego formation, or as a regression to superego precursors. In these reformulations, Freud shifted his model to one in which structure and object relations were emphasized more than formerly, while genetic and economic considerations retained great importance.

An interesting outcome of these developments is that, in the current literature, moral masochism has in a sense become the new prototype for masochism, and there has been a concomitant tendency to desexualize masochism in common usage. Consequently, the exploration of problems of guilt and suffering is generally classified as a problem of understanding masochism, as though masochism were the superordinate concept. This reminds us that the perversion "masochism" was at one time a model of the mental life and "masochism" a force in the mind. On the other hand, any effort to understand the perversions requires an examination of narcissism, guilt, and aggression, which are regarded as more fundamental issues. While I believe this major shift in conceptualization contributed to the confusion associated today with the term masochism, the problems of superego formation, aggression, and object relations associated with the shift have been central to recent developments in psychoanalysis. They can therefore be recognized as the continuation and elaboration of the concepts related to

overvaluation, idealization, identification, and authority which were originally *subordinated* to the problem of masochism.

### III

#### *Changing Prototypes for Psychoanalytic Concepts*

In the *Three Essays*, the perversions became the prototypes for the mental life of childhood. Then, the many similarities between normal and pathological sexual types, and their diversity, as described by the sexologists, could be arranged in developmental series and explained as prematurely developed and fixated instinctual components. In *Beyond the Pleasure Principle*, the child's game was offered as the normal prototype of pathological repetition. In his famous example of the child throwing its spool from the crib and retrieving it, Freud revived the idea of non-erotic mastery over trauma. He had originally suggested that a drive for mastery was one of the non-erotic roots of sadism. He now proposed that the child was mastering the pain of separation by controlling the object through a fantasy enacted in play. Thus, the prototype was now a complex and motivated behavior of infancy expressing aggression. Freud also described the mechanism of "identification with the aggressor" in this context, although he did not name it.

In the past, Freud's interest had centered on the turning of activity into passivity that was associated with processes such as object love turning to narcissism, sadism turning to masochism, and masculine aims changing to feminine aims in both boys and girls. Now, in contrast, he turned his attention to the taking over of the object's role, the turning of passivity into activity, which became important in the mastery of trauma, in the development of the ego, and in the formation of the superego. Identification now had the meaning not only of a type of libidinal attachment, but also of the acquisition of the love object's competence, power, and authority. In the case of the ego ideal and

the superego, under optimal conditions, this led to independence from the object and to internalization of the object's authority and of narcissistic regulation. In other words, this was self-mastery and also a form of turning passivity, in relation to the object, into activity, toward the drives and either toward the object, or toward a substitute for it.

The child's game as a prototype served to focus on an additional set of factors in psychoanalytic explanation. First, Freud saw the impulse to play as governed by a primitive need for repetition that pleasure-seeking alone could not explain. Therefore, the assumption of an active role was assumed to have a value beyond its economic pleasure value. In addition, taking over the active role in play might be a stage in identification, thus linking the process to narcissism. Finally, Freud's choice of play as a prototype pointed to mechanisms for the patterning of aggression.

It should not be forgotten that these factors did not replace the more familiar concepts relating to conflict, defense, and tension reduction leading to pleasurable repetition. Something had been added that belongs at present to a concept of the patterning of ego organizations modeled on object relations. This renewed emphasis on mastery and adaptation reflected Freud's growing interest in what he had called (Freud, 1915) a polarity of the mental life involving the relations between the ego and the external world. This interest was subsequently developed further in his papers on reality in neurosis and psychosis, on disavowal in fetishism, and on splits in the ego.

A similar prototype derived from children's play was suggested by Loewenstein (1938). In a far-ranging paper on masochism, he suggested that the perversions have playful aspects and are adaptations to danger. The practices of the masochist, he believed, repeat threats of punishment from childhood and, by erotizing them in perverse acts, turn them into a form of satisfaction. The partner of the masochist is, therefore, a new edition of the dangerous person of childhood who is now forced to participate in the formerly prohibited sexual satisfaction.



The parallels to the play of children are evident in this interpretation of masochistic perversion. Loewenstein then described the mechanism to which in 1957 he gave the name "the seduction of the aggressor." He described the games that adults initiate with children involving threatening, frightening, teasing, and a final reconciliation that shows the child that "it's all in fun." The children, in turn, initiate the games with mixtures of fear and excitement, followed by relief and pleasure. Loewenstein suggested that such games could help to overcome fear and helplessness by controlling the aggression of both the adult and the child. Furthermore, the erotic nuances in the adult's aggression provided the link between sadism and masochism. For Loewenstein, such games are a weapon of the weak, an attempted adaptation to reality. They are a training in bearing frustration and danger from other people, while assuring the child of the love and affection of the adult (cf., Lewinsky, 1944). The perverse practice can also be regarded as a stereotyped and repetitive kind of game resembling the form and function of very young children's play.

Ideas similar to Loewenstein's have been elaborated with respect to masochism by Smirnoff (1969) and with respect to perversions in general by Stoller (1975), with more explicit attention to the role of aggression.

In these children's games and in the pervert's activities, we can recognize a characteristic of masochistic fantasies of all kinds; namely, that sources of frustration are made to yield satisfaction. Necessity becomes not a virtue but a pleasure. (In "moral masochism," on the other hand, it is suffering that may become a virtue providing narcissistic satisfaction.) We can also recognize in Loewenstein's formulation a relation to the screen memories of masochists, like Rousseau, who treat the punishing person of childhood as a seducer, obscuring the victim's own inner conflicts.

According to Loewenstein, the turning back of aggression, and its expression in masochistic games, is to be distinguished from self-directed aggression. The significance of Loewen-

stein's discussion lies in its provision of a prototype of masochistic fantasy and perverse activity. A prototype is not a cause, and I am not suggesting that such games are the origin of masochism, although they may provide a considerable scope for adult sadism. How real a contribution such games might make to masochism would depend on how real the danger seemed to the child, how much real adaptation and mastery was required. Where danger and excitement are really only play, the games provide a structure for fantasy and an example for the child in the affectionate management of aggression in object relations. However, this is a relatively benign childhood origin for phenomena often considered to be masochism, or for masochistic fantasies, compared to the severe traumatic experiences in childhood, such as genuine mistreatment of a physical kind, emotional torment, or traumatic abandonment described by a number of authors (Fraiberg, 1982; Galenson, 1983; Glenn, 1984; Herzog, 1983). These qualitatively different interactions provide an example of how the developmental impact of different types of experiences would shape rather different forms of phenomena that, descriptively, could be considered to be masochism.

The significance of the games involving teasing, threats and relief, and so on, is that they provide a model of interaction both for the psychoanalytic theoretician and for the child. The theoretician recognizes in them a form for many fantasies and interactions in which the roles of the participants may be exchanged. We can find in these examples a model of the interactions between parent and child that contribute to the establishment of ego ideal and superego functions. For the child, enactments with adults may well provide a form, derived from a real experience, into which many fantasies may be fitted. That is, any fantasy involving the interchange of roles, such as the initiator of the interaction, the stimulator, the one who is excited, the one who is doing, the one who is done to, and so on, may be fitted into this model so long as the mutual modulation of affect and control of the response is involved.



The game described by Freud was a model of the mastery of aggression associated with object loss in the *absence* of the object, while the game described by Loewenstein involved the mastery of aggression in the *presence* of the object. Both descriptions direct our attention to the relation to reality, and to the acquisition of internal regulations of aggression and tension. These two games point, therefore, to an aspect of psychic structure, on the one hand, and to a period of development in childhood, on the other. By this I mean that they refer to the variable interactions in object relations around the issues of the control of the object and control of one's own states of tension and impulse. From the genetic point of view, this is usually referred to as a preoedipal issue, but more significant is its meaning as a pre-structural issue. It has to do with the extent to which the locus of control shifts from object to self and the way this is represented in fantasies prior to and during superego and ego ideal formation, as extensively discussed by many writers, especially Jacobson (1964).

These issues involving object control, affect control, and impulse control are important in the understanding of character disorders. In the games described above, an intricate set of relations between these factors can be discerned. First, there is the self-control of aggression enforced by the aggression of the adult. Second, there is the control of the adult's aggression by the affective display of the child. Third, this control of the adult serves indirectly as a kind of regulation of the child's affect to the extent that it limits behavior upsetting to the child. Finally, to the extent that the pleasure or discomfort in the game is mutual, we can say that the child is also regulating the affect of the adult. There is in this way a delicate balance of self-control, control by the object, and control of the object for both participants.

The significant point in relation to masochism is that these issues are a central part of the behavior and fantasies of patients who are loosely called masochistic. Since these same issues of control and regulation of aggression are normally associated

with superego formation during development, people often speak of masochism when masochistic fantasies are of secondary importance and the problems involve the superego. On the other hand, because of the overlap of issues, masochism is sometimes regarded as primarily a consequence of superego development, ignoring the possibility that early interactions fostering self-injurious behavior may eventually lead simultaneously to masochistic fantasies and behavior (in the sense used in this paper) and to faulty superego development. These considerations account both for the frequency with which severe character disorders are said to be masochistic and for the dissolution of the concept of masochism. However, in association with superego issues, a stable concept of masochism becomes even more elusive.

Sandler (1960) persuasively discussed "the apparent 'dissolution' of the superego concept, as a result of increased knowledge of its origins and as a consequence of the regressive processes which occur in the course of psychoanalytic work . . ." (p. 145). Turning to the regression of the superego in the treatment of children, he remarked on the necessity of considering the child's relation to authority without at first taking into account the distinction between inner and outer authority. It was apparently necessary in his work with the Hampstead Index to consider such issues as the types of control, the ways a child gains or loses narcissistic supplies, how the child responds in the face of fear of authority, how he attempts to restore narcissistic equilibrium after conflict with authority, irrespective of whether the authority is the superego or its representatives. In adults with severe character pathology, we may encounter similar issues and, therefore, the ambiguities in the use of the term masochism noted at the beginning of this essay. These ambiguities are associated with the unresolved problems in superego development that lead to self-damaging behavior. The self-harm is not a function only of a sense of guilt, but also of two other factors. First is a need to concretize fantasy and to express it in action, rather than in thoughts alone. The urgency of the

push to action forces interactions with other people and leads to familiar difficulties in the course of therapy. Second, there is an associated *primitive conception of reality*, that is, of sources of pleasure and unpleasure. Both of these factors lead to crises in regulating aggression and affect states.

The importance of action in such clinical situations poses considerable methodological difficulty in understanding the relationship of such behavior to masochism. To the extent that a self-injurious behavior is based on infantile perceptions, it may not necessarily be an expression of wishes to suffer or of masochistic fantasies, but rather an unintended consequence of action. To the extent that the forcing of action in treatment occurs, the *unconscious* meaning of even the manifest sexual masochism that may be present in such cases may not be discoverable.

It has been suggested (Panel, 1982) that a developmental line of masochism might be described. However, it seems to me that the foregoing considerations render such an enterprise doubtful, as to both value and success. The reason is that a developmental line requires clearly describable phenomena as an end-point. As we have seen, the term masochism is used to allude to a variety of developmental end-points for which we have no reason to assume a common developmental pathway. What is necessary is a better understanding of the developments of pleasures and sufferings and their relationship to cognitive development, such that what tempts an observer to regard something as obviously unpleasurable or pleasurable can be understood more satisfactorily from the child's point of view or from the patient's point of view.

Freud's use of a new prototype for mental life in 1920 coincided roughly with the beginning of child analysis. The new prototype marked a shift from an emphasis on the impetus and the repressed forces to an emphasis on mental organization. (It comes as a surprise to us when we first learn that Freud did not describe "The Infantile Genital Organization" until 1923, although he was well aware of phallic impulses, castration anx-

iety, and so on, long before.) So long as impulses were emphasized, the sexual acts of perverts such as narcissists and masochists were suitable models for the mental life. Since the perversions are concrete enactments of sexual fantasies, they are suitable prototypes for fantasy organizations that are the unconscious basis for conscious daydreams or are expressed in actions in disguised ways. In other words, as long as the patient's conflicts are organized by fantasies similar to perverse acts, or can be understood as arising from defenses against the emergence of such fantasies into consciousness, the perversions can, to some extent, serve as a model of mental life. In this way, Freud pointed out that beating fantasies in childhood could give rise to a variety of later outcomes. A. Freud (1922) then described the evolution of beating fantasies into daydreams, and Arlow (1971) described character traits modeled on perversions.

However, while some aspects of mental organizations may be seen to be similar to or to arise from perverse fantasies, the organization of perversions cannot be explained by such fantasies alone. The multiplicity of unconscious fantasies expressed in perverse acts is an indication of how behavioral organizations, or forms, can accommodate a wide variety of fantasies. At a different level, a particular type of fantasy scenario is a suitable representation for a wide variety of conflicts.

When introducing the child as a model of mental life, Freud was pointing to the fact that behavioral organization depended on more than the ways pleasure came from wish fulfillment. Loewenstein's model pointed to aspects of the organization of masochism that went beyond the content of the masochistic scenario. This step pointed to the fact that while an adult masochistic perversion might be the enactment of a child's sexual fantasy, there were childhood enactments of similar form that did not have the content of perversions. In fact, that form of interaction could be used to represent a number of interpersonal and intrapsychic relations. It is also evident that playful interactions of that type do not end in infancy, but, to para-

phrase Freud, persist with “changing psychical coatings” throughout development and give a shape to object relations. Pursuing this line of thought leads into issues of the control of aggression and the relations to authority, which are the intrapsychic developments modeled on such parent-child interactions. However, leaving such considerations on one side, I shall comment only on some implications of the use of child behavior as a model.

The child is in many ways a good model of adult mental life because childlike forms of thought organize fantasies. This promotes the idea that particular infantile motives might be associated with such forms, as in fact they sometimes are when the form itself is used as a representation. However, it is also true that a particular form may be the vehicle of many different motives, a fact that favors displacement, defense, changes of function, and regressions in the course of normal development and in the service of the ego.

The well-known problems of using child behavior as a model can be recognized in Freud's example. On the one hand, he gave an empathic interpretation of the infant's behavior, based on the limited free associations available: the infant's distorted utterances of “*fort*” and “*da*” coupled with play actions. On the other hand, he interpreted the function of the behavior in terms that were biological—the repetition compulsion—and not psychologically motivational. In general, then, we understand infant behavior in a behavioristic or biological way from its context, even when we interpret that behavior psychoanalytically. Only in a limited sense do we understand its subjective meaning. Here, the understanding does not mean the interpretation of a fantasy, although we cannot rule out the possibility that rudimentary fantasy of some kind guides the infant's actions. Nor does understanding imply the completion of a fragmented narrative or filling in the gaps of consciousness, unless we want to greatly extend the meaning of these ideas. Understanding here means knowing the properties of the system well enough to intervene usefully; to know, for instance, that a loud



wail at two o'clock in the morning means that it's time for a feeding. (To use a more mechanical metaphor, the squeaking wheel needs, though it is not crying out for, grease.) The important point is a genetic one that goes beyond our use of the model to formulate ideas about the organization of mental life in the clinical situation. That is, the child is organizing behavior, and he will use that behavior in its affective context as a model for his fantasies. When the child uses behavioral interactions of the type Loewenstein described as a model for his fantasies, the behavior and all the emotional concomitants are the precursors of his mental life as an older child. When the psychoanalyst uses those behaviors as a model, it is as a precursor to theory. It is important for us to know when we are speaking of *our* use of child behavior as a model and when we are speaking of the *child's* use of the model.

Many patients acting self-destructively present similar problems for interpretation. When they are not analyzable, descriptions of their behavior are likely to be taken for dynamics, manifest as identical with unconscious. The problem of understanding such behavior is similar methodologically to the understanding of the self-injuring behavior of some children (Fraiberg, 1982). While management based on understanding of behavior, in the sense indicated above, may be possible, understanding of the mental life is likely to be limited to the grossest manifestations and generalizations, however inspired psychoanalytic speculation may be.

Whereas the widespread appearance of self-injurious behavior was, in Freud's time and before, interpreted as implying the universality of something fundamental called "masochism"—an elementary force, a fundamental fixation, or a central conflict—I am suggesting a somewhat different view. Behaviors that appear self-destructive to an observer may be organized to serve a variety of functions having to do with the regulation of unpleasurable affects, pain, and aggression. The term masochism will be most usefully and understandably applied to those activities organized by fantasies involving the obligatory

combination of pleasure and unpleasure, or to the fantasies themselves. This is not to dismiss other observations of organization and function as irrelevant but to emphasize the problems in utilizing them and conceptualizing them along with our analytic data.

## CONCLUSION AND SUMMARY

Narcissistic, sexualized, and guilt-ridden forms of self-injury are generally associated with the term "moral masochism." While masochistic fantasies, in the restricted sense that I have advocated, may be present and sometimes conscious, such fantasies may not be the main organizing fantasies, but are, at times, themselves derivatives of more fundamental organizers. The more significant issues may then concern problems in the development of the regulation of aggression and the internalization of the authority for its control, based on some form of identification with fantasied controlling objects. Eventually, in the course of development, these became superego issues and are reflected in neurotic versions of masochistic fantasies, as well as in some problems of unconscious guilt. The frequent association of difficulties in this area with disturbances in the judgment of reality accounts for the frequent appearance of what are taken to be masochistic phenomena in severe character disorders. Although the infantile developmental aspects of these problems are usually emphasized, it is possible that the close association of traumatic experience and vicissitudes of aggression may permit the development of guilt syndromes and masochistic fantasies beyond childhood (Blum, 1978).

This survey suggests that masochism is among those psychoanalytic concepts carried over from an earlier period whose purposes it was created to serve and whose preconceptions it was designed to fit. Those purposes and concepts are no longer ours, nor are the earlier modes of investigation and thought that produced the concept of masochism. The fundamental importance ascribed to masochism as a theoretical and clinical



concept now seems exaggerated. Psychoanalysis has generated new observations, new problems, and new concepts that render some of the older categories less useful for our purposes. The diffuse and unclear use of the term masochism reflects these changes. It is therefore a term that is useful only when we are working at a level of complexity close to that for which the name was invented.

This should not be taken to mean that there is no meaning to the terms masochism or masochistic character. These terms have a restricted application, more delimited and less diffused than current usage sanctions. Fantasies that can be called masochistic unambiguously may be the consequence of conflict resolution at any point in development. Such fantasies may undergo repression, transformation, and elaboration. They may find expression in symptoms, perversions, and character.

Viewed historically, Freud's use of concepts derived from the sexology literature of his time is readily recognized as different and novel. His focus on mental life and its transformations through conflict turned statically descriptive ideas into a dynamic point of view. Even when Krafft-Ebing wrote of unconscious motives, he was speaking descriptively of hidden connections, not the driving forces of mental life. At the same time, the dichotomy of conceptualizations is by no means absolute. Both Freud's and Krafft-Ebing's concepts were evolving. There were times when Krafft-Ebing's concepts *were* dynamic, while some of the trouble we have with Freud comes from his mixture of the old and the new ways of thinking.

The great puzzle of masochism, the romantic paradox of the conjunction of pleasure and unpleasure in the same acts, has not been addressed in this essay. Masochism may seem paradoxical if one thinks that pleasure and unpleasure are opposites in an absolute sense, as in the pleasure-unpleasure principle. However, if some degree of this combination is universal, as everyone seems to agree, the principle does not apply to behavior whereas the paradox does. In other words, the principle is a principle concerning the process of resolving mental con-

flict and is not a term describing the affective characteristics of the outcome. This issue comes close to the fundamental questions of psychoanalytic explanation. The clinical explanations account for the dynamic, genetic, and affective conditions of fantasy formation and integration. The various explanations of masochistic fantasies point to a multiplicity of ways in which divergent motives operate together and find expression so that obligatory combinations of pleasure and unpleasure are the outcome. When complex behavior is under consideration, as it always is clinically, we find that pain may in some cases be the condition of pleasure, and in other cases, that pleasure is a condition under which pain can be accepted. When Freud changed his prototype for the mental life from the perversions to the child, he was expanding the basis for explaining complex motives. Aside from this type of explanation, questions about how pain, or unpleasure, and pleasure can be combined seem to be questions about erotogenic masochism. As Freud suggested, the answers to questions of that kind require either metapsychological explanation or other modes of investigation "along biological and constitutional lines."

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## Psychoanalysis as a Science: A Response to the New Challenges

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## PSYCHOANALYSIS AS A SCIENCE: A RESPONSE TO THE NEW CHALLENGES

BY ROBERT S. WALLERSTEIN, M.D.

*Few theoretical issues in psychoanalysis have been more constantly argued than the status of our discipline as a science. For long the attack has been from the logical positivists and the extensions of their argument by Karl Popper. Over recent decades the debate about the place of our metapsychology has intensified the concerns about our scientific status. In this paper I respond briefly to the logical positivist, the Popperian, and the information-processing systems theory arguments and then develop at greater length a response to the two current, most widespread philosophy-of-science assaults upon our credibility as science, that of the hermeneuticists (Ricoeur, Habermas, Gadamer, and others), and the newest, that of the philosopher, Adolf Grünbaum.*

Psychoanalysis, in its essence, can be viewed as the psychological exploration of the riddle of the human mind in its ordered and disordered functioning. Its paradigmatic myth, the fable of Oedipus, contains within it the famous riddle of the sphinx unraveled by Oedipus as the metaphoric tale of our life span. Oedipus himself went on to struggle toward painful insights into the riddles of our deepest and often darkest human passions. My intent in this paper is to focus back on what I consider to be the riddle of the nature of psychoanalysis itself: its claim to be a science of psychological explanation of these riddles of our existence, a claim that has been under constant challenge since the very inception of our discipline. This is a topic that the

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reader may recognize as an abiding interest of mine over the whole span of my psychoanalytic career, and it is a topic that I consider of great importance, as well as of current renewed timeliness.

In a paper on psychoanalysis as science almost a decade ago (Wallerstein, 1976), I began with the statement that few theoretical issues are more constantly and passionately argued—among both adherents from within and observers and critics, friendly and otherwise, from without—than the status of our discipline as a science. Its position has had to be widely defended against a powerful array of philosopher-of-science critics, such as Ernest Nagel and Sidney Hook, who argued, for example, in the now famous New York University Institute of Philosophy Symposium, held as far back as 1958 (Hook, 1959), that the whole of psychoanalytic theory did not satisfy the most basic requirements of true science. These critics adduced evidence, compelling to them, in support of this viewpoint. This line of attack has been most powerfully stated in the writings of Karl Popper (1963), who dismissively declared psychoanalysis to be only a pseudoscience or a mythology, since its theoretical structure seemed to him elastic enough to explain any human activity or consequence as a confirmation of its postulates; therefore, it did not allow for the possibility of falsification, i.e., of true testing, of its theoretical tenets.

Equally passionate criticisms have been made of our scientific credentials from within our ranks. The central scientific dilemma from an *empirical* perspective was very cogently posed in the 1966 paper by Philip Seitz on “The Consensus Problem in Psychoanalytic Research,” or differently put, what to do when the experts disagree. This issue is clearly crucial to any situation involving interpretations based on inferences about complex internal states; it does not operate importantly in the realm of simple reliability tasks performed upon sensory observational data. But though psychoanalysis is centrally dependent upon such interpretations, as Rapaport (1960) stated, “There is [as

yet] no established canon [in psychoanalysis] for the interpretation of clinical observations" (p. 113). And Glover (1952), in his role as a polemicist on the shortcomings of psychoanalytic research, even earlier had declared that there is "no effective control of conclusions based on interpretation, [and this fact] is the Achilles heel of psycho-analytical research" (p. 405).

It is indeed this fact—that skilled psychoanalytic clinicians can construct differing but often equally compelling formulations of psychoanalytic case material and that no ready method has been worked out to establish the truth claims of alternative formulations—that has helped propel the growing popularity of the hermeneutic movement in psychoanalysis. And yet these problems of consensus and of the lack of canons for interpretation are not the main problems in our claim to scientific status. Once we accord scientific credibility to our discipline on theoretical grounds, these empirical research issues *can* be conceptually approached and dealt with, although we have had only varying degrees of practical success to date. Many of the conceptual approaches to these empirical research questions were spelled out in a long paper I wrote in 1971 with a research collaborator, Harold Sampson, "Issues in Research in the Psychoanalytic Process."

The more central concern within our ranks about our scientific status has been on other than empirical grounds. It is rather the widely ranging, vigorous, and increasingly polarized controversy over the essential nature of our theory and our discipline. This intense debate has been sparked by the growing dissatisfaction among psychoanalytic theoreticians over the past two decades with the entire metapsychological edifice that had been brought to its position of almost unquestioned hegemony, at least within American psychoanalysis, in the ego psychology associated with the names of Hartmann, Kris, Loewenstein, Rapaport, and a host of others. This once almost monolithic supremacy of the ego psychology paradigm of Freud's metapsychology has now given way to a whole array of divergent and revisionist theoretical positions, with contrapuntal, passionate

defenses by its continuing adherents—what I have come to call The Great Metapsychology Debate in our field.

The most succinct statement of the terms of this debate is in an opening paragraph of Holt's (1981) arrestingly titled article, "The Death and Transfiguration of Metapsychology." There Holt said, "Beneath all this diversity may be discerned some strikingly different positions on basic methodological issues: Is psychoanalysis a science or one of the humanities, like history? If a science, is it or can it be a natural science or should it be a social-behavioural science, and what is the difference? Does it have one theory or two? If two, how do they differ, and what is the relation between them?" (p. 130). I cannot at this point spell out the detailed arguments around all of these questions, each of them, incidentally, a question with an implied negative bias about the status of psychoanalysis as a science. The names associated clinically with these questions are all well known by now—Home (1966), Rycroft (1966), and Klauber (1968) in England; Gill (1976), Klein (1976), and Schafer (1976) here in America. All in this group end with varying statements of adherence to the hermeneutic position, the essentials of which I will elaborate further on.

And in addition to all these empirically and theoretically based questions about our claims as a science are the issues that arise from therapeutic considerations: we practice an applied clinical discipline with proud claims to being a healing profession, claims that are coextensive with our domain as a theory of mental functioning. The issue here is what the ongoing debate about our claims as science implies for psychoanalysis as a healing endeavor with necessarily a theory of therapy, of change, and of cure. Rapaport (1960) posed this question squarely with his assertion that however comprehensively explanatory psychoanalysis might be as a theory of personality development and functioning, and of psychopathology and its genesis, as a theory of therapy it was still a set of "rules of thumb" (p. 17) more than a theory at all. In fact, our own Psychotherapy Research Project at The Menninger Foundation

was started in the early 1950's as an ambitious effort to take our theory of psychoanalytic therapy beyond that state epitomized by Rapaport. We sought to learn more not only about what changes take place in psychoanalysis and in analytic psychotherapy, but also about how these changes come about or are brought about, through the interaction of what factors in the patient, in the therapy, the therapist, and in the interacting (and changing) external life situation.

Here, then, is a capsulized presentation of the various realms of questions that frame the current debates about our status as a science and our possibilities for theory testing and theory extension on the basis of recognizably scientific endeavors. In what main directions are the current considerations of all these issues now going? McIntosh (1979) has summarized two opposite trends in what he calls the new revisionism in psychoanalysis. He says:

At the cost of some oversimplification, one can discern two main opposing trends in this new wave of revision. First there is the view that psychoanalysis is a purely interpretive discipline, dealing wholly with the contents of subjective experience. Some of those advancing this view hold that the clinical theory (the psychology derived from and used in therapeutic practice) is sound and scientific, but reject much of Freud's instinct theory and often also the structural theory as invalid. . . . Others in this [same] camp hold that psychoanalysis is [nothing but] a humanistic and hermeneutic, not a scientific discipline [at all]. . . . The other main trend seeks to purge psychoanalysis of its putative metaphysical, anthropomorphic, and metaphorical elements, and to put it on a sound footing as a full fledged natural science . . . (pp. 405-406).

I would only add that what these opposite viewpoints have in common is a fundamental rejection of classical psychoanalysis as representing any kind of respectable or even possible *scientific* theory.

I will consider these various revisions by first discussing very



briefly the far less influential and much more singular of these efforts, that in the so-called natural science direction, an effort that I feel to be almost brilliantly daring and yet fundamentally misplaced. This is the effort by Peterfreund (1971) and also by Rosenblatt and Thickstun (1977, 1984) to abandon what they declare to be the outmoded nineteenth century mechanistic energy and structure model of psychoanalytic theory, condemned by them as merely pernicious metaphor. They would replace it with an information theory, systems, and cybernetics model of the mind as an information processing system functioning in a manner analogous to our high-speed computers, a model declared to be consonant with our rapidly expanding twentieth century neurophysiological knowledge base. These authors have in common with some in the opposite, the hermeneutic, camp—Schafer (1976) for example—the intent to strip psychoanalysis of the putative theoretical mischief that they feel is created by its metaphors and reifications. I only want to point out here, in a painful oversimplification of my own perspectives on their major effort at total theoretical transformation of our science, that they have yet to establish the greater clinical, technical, or heuristic usefulness of their information processing model for our psychoanalytic work, or indeed that theirs is any less metaphoric a model of the mind than the energy-structural model that they abandon.

Let me now turn to a fuller consideration of what has become the major revisionist movement within psychoanalytic theory building and the major assault upon the claims of psychoanalysis to the natural science theory model: i.e., all the varieties of hermeneutic, phenomenological, exclusively subjectivistic, and/or linguistically based conceptualizations of our field. This array of proposals comprises the most widespread and significant of what I have called in my title the “new challenges” to our accustomed willing conception of our discipline as properly a science. What all these perspectives, which I will embrace under the overall rubric, hermeneutic, have in common is an acceptance

of the declared dichotomy in explanatory compass between a psychology based on reasons and one based on causes, put most concisely by Home (1966) as follows:

In discovering that the symptom had meaning and basing his treatment on this hypothesis, Freud took the psycho-analytic study of neurosis *out of the world of science* into the world of the humanities, because a meaning is not the product of causes but the creation of a subject. This is a major difference; for the logic and method of the humanities is radically different from that of science, though no less respectable and rational, and of course much longer established (p. 43, italics added).

This argument, drawing upon the *Verstehende Psychologie* of the German romantic school of philosophy spearheaded by Wilhelm Dilthey around the turn of the century, and with current sophisticated philosophy-of-science impetus in the works of Gadamer (1975), Habermas (1968), and Ricoeur (1970) in Europe, has seemed to carry an almost instant plausibility within much of current psychoanalytic theoretical thinking. Some, like Home (1966) and Rycroft (1966) and Klauber (1968), have seemed persuaded that psychoanalysis should indeed not be considered a scientific discipline at all, but rather a humanistic one like history, or literary criticism, or the Biblical exegetical interpretation from which the term "hermeneutic" derived in the first place, all of these clearly governed by the logic of their own internal conventions, as Home put it in the passage I have quoted. Others, like Gill (1976) and Klein (1976) and I think also Schafer (1976), have rather preferred to see psychoanalysis as still a science. They see it, however, as a science very different from the so-called natural sciences, bound and governed as it is by its own set of evidential standards. Its criteria for proof, they feel, are intrinsically related to the totally subjectivistic nature of its data base and are therefore putatively different from the usual canons of natural science. This is what Harrison (1970) called the tendency to describe psychoanalysis, in quotation marks, as "our science," implicitly our "peculiar" science or declaredly in some way our different *kind* of science.

And still a third group, including myself for a period (Wallerstein, 1976) but also others like Modell (see Panel, 1971) and Sandler and Joffe (1969), have tried to grapple with the issue of how to reconcile the search for *meaning* and *reasons* through the individual exploration of a *unique* human life with the effort to fit the findings derived from that search into the explanatory construct of a *general* science of the mind as elaborated within a natural science *causal* framework.

The overall hermeneutic argument has taken a number of forms. It has tried (as in the writings of Ricoeur [1977] and of Steele [1979]) to *cope* with the question of how psychoanalytic propositions are validated and proved. Alternatively, it has sought to reject these very questions of evidence and proof as reflecting unacceptable distortions of the essential nature of the psychoanalytic endeavor (as in the work of Schafer [1981] and Spence [1982] and to some extent also Sherwood [1969]). Ricoeur (1977) tried to deal with this question of proof by first outlining his fourfold criteria for the “facts” of psychoanalysis as they operate in the “analytic experience” (p. 836). The question Ricoeur then posed is “how to specify the truth claim appropriate to these facts in the psychoanalytic domain” (p. 858). His (hermeneutic) answer is that the truth claim resides “*in the articulation of the entire network: theory, hermeneutics, therapeutics, and narration*” (p. 863). He acknowledged that since everything —“theory, method, treatment, and interpretation of a particular case” (p. 865)—is to be verified at once, this does open the way to charges of circularity in the validating process, exposing the propositions to the risk of being ultimately irrefutable and therefore unverifiable. His response to all this was to piece together what he called “the confirmatory constellation” (p. 866), i.e., the criteria of coherence, of inner consistency, and of narrative intelligibility. According to Ricoeur, it is “these criteria of validation [that] constitute the proof apparatus in psychoanalysis. It may be granted,” he added, “that this apparatus is extremely complex, very difficult to handle, and highly problematical” (p. 869).

All of this was encapsulated by Steele (1979) in a widely remarked article essaying to interpret the European hermeneutic position to the American psychoanalytic world. In essence, explanations in psychoanalysis are offered in terms of the framework of the "hermeneutic circle" (p. 391). In this conception, knowledge of the parts is required to understand the whole, but the parts in turn can only be understood as aspects of the whole which envelopes them with meaning. Nine key postulates are stated by Steele as constitutive of this hermeneutic circle, all being variants or implications of the constant circular or dialectical movement between the parts and the whole. What is sought is again the harmony of the parts with the whole in terms of coherence, consistency, and configuration. This, to Ricoeur, is constitutive of "proof" in psychoanalysis; Steele declares it to be the distinctive "hermeneutic method." "As the natural sciences are defined by their use of the scientific method so the cultural sciences are defined by their use of the hermeneutic method" (p. 389). Among these "cultural sciences," psychoanalysis is central, since man, after all, is the "hermeneutical animal" (p. 394).

This language of Ricoeur and of Steele is thus a language of evidence and of proof, albeit by hermeneutic-interpretive canons declared to differ radically from the usual canons of natural science. Others within the hermeneutic camp have tried to eschew the language of proof and truth altogether as itself a miscasting of the essential issues of the psychoanalytic dialogue. The distinction posed by them is of the quest for narrative fit rather than for so-called historical truth. In this view, psychoanalysis becomes the telling and retelling of stories, stories of a particular life, until analyst and analysand finally come to a consensus on a better story or on their best possible story. This would be the one that more widely encompasses the previously repressed and disavowed, one that makes better sense of the puzzling motley of symptoms, behaviors, and dysfunctions with which the analysand had initially presented himself for treatment.

Sherwood (1969), in his book, tried to propose criteria of appropriateness, of adequacy, and of accuracy to evaluate these story lines that progressively emerge out of the psychoanalytic interplay. His third criterion, accuracy, constitutes, of course, a "truth claim," and in trying to set out its evidential base, he, too, like Ricoeur, was searching for a logical and "scientific" basis for preferring one narrative, one psychoanalytic explanation, over another. Spence (1982), in his book a dozen years later, took a more uncompromising stance. Spence squarely challenged the guiding assumption of psychoanalytic work that the words of the analytic text of the consulting room are in themselves sufficient clues that *can* lead to the unraveling of the psychoanalytic (i.e., historical) truth, in accord with Freud's archaeological and/or historical model of the mind. Spence's counterargument starts with the inevitable difficulties that even the most verbal and articulate among us have in putting thoughts and feelings and images into precise words. Combine this with the inevitable slippage between the intended meaning of the speaker and the supposedly shared or imputed meaning inferred by the listener. Bring all this together, and it is easy to come to the disconcerting conviction that it is through the happenstance of the choice of a particular linguistic construction, participated in by analyst and analysand, that we have fixed in a shareable language the form of the event or the memory we are explaining or seeking. And once we have decided on that particular construction, we come to see, and we in fact determine, the so-called historic past in a particular manner. Pushed to its logical extreme, the verbal construction, the narrative, that we create not only shapes our view of the past, but indeed it, a creation of the present, *becomes* the past.

The logic of all this can lead us—according to Spence—to a whole series of transformations of our usual analytic thought conventions: of reconstruction into new construction, of acts of discovery into acts of creation, of historical truth into (only) narrative fit, of pattern finding into pattern making, of veridical interpretation into creative interpretation, of all interpretation



into a species of (more or less) inexact interpretation, of analysis as a science of recovery of the past into merely a dialogue of choice and creation in the present and future, and of psychoanalyst as historical scientist into psychoanalyst as only poet and aestheticist.

To summarize this exposition: The hermeneutic movement in psychoanalysis arose in response to our difficulties in establishing our credibility as a natural science in the face of the mounting positivist philosophical attack (Hook, 1959; Blight, 1981). Some leading theoreticians and clinicians came to conceptualize psychoanalysis as, anyway, only an uneasy amalgam of two separable, utterly different traditions, the projections of the two strands of Western intellectual history embodied in Freud (*cf.*, Holt, 1972). There is the clinical psychological theory that seeks to interpret the reasons for human actions, the answers to "why" questions; and there is the general metapsychological theory that seeks to establish the causes of human behaviors, the answers to "how" questions (*cf.*, especially, Klein, 1976). Klein's proposed "theorectomy" (1976) would sever and cast out the general theory as the outmoded mechanistic construction that the positivist critics have anyway already presumably successfully demolished. What is then preserved is the clinical theory, hermeneutic in method and logic, humanistic in its image of man.

This total movement, staking out a new ontological position for psychoanalysis, which Gill (1983) calls a "hermeneutic science" (p. 534), has clearly appealed to many. Others have seen it rather as a massive abdication of our scientific responsibility as a discipline; Blight (1981) labels it a misguided and an unnecessary "retreat to hermeneutics" (p. 150). What, then, are the counterarguments to the hermeneutic position? I will marshal them around the discussion of three sets of issues that the hermeneuticists claim distinguish psychoanalysis from natural science. There are: 1) issues of the *logic* of the theory; 2) issues

of its *epistemological* base; and 3) issues of its *methods* of discovery and validation.

In regard to the logic of psychoanalysis as a theory, Habermas (1968), a leading hermeneutic proponent, has made two pivotal and differentiating contentions. The first is that as opposed to the causality of nature, operative in all natural science, psychoanalysis operates via the "causality of fate" (pp. 256, 271), a phrase taken from Hegel. What this purports to mean is that the neurotic's undoing of his pathogenic repressions in the analytic process actually *dissolves* the very causal connection that had previously linked the underlying pathogenic conflict to the neurotic illness structure. And of course, no counterpart to this alleged *overcoming* of a causal connection "as such" can exist in the domain of nature as explained by the laws of natural science. Grünbaum (1983b, 1984), in his current incisive critique, points out how Habermas slides easily from the conception of therapeutic effect through uncovering the pathogenic cause to the conception of the dissolution of the causal linkage between underlying pathogenic conflict and the erupted neurosis. As Grünbaum (1984) says: "Overcoming an effect by undercutting its cause is hardly tantamount to dissolving the causal connection that links them" (pp. 11-12). To the contrary, "the patient achieves his therapeutic gain precisely by *making use* of a causal connection rather than, as Habermas would have it, by 'overcoming' such a connection!" (p. 12).

Habermas's (1968) second contention, equally sweeping and equally wanting, is that causal accounts in psychoanalysis are always embedded in, and determined by, the uniqueness of history and of context, whereas causal accounts in natural science are always generic, free of relationship to either history or context (p. 273). Again, Grünbaum demonstrates convincingly that this is but a pseudocontrast. He uses an example from electrodynamic theory to point out that the electric and magnetic fields produced by an electrical charge moving with arbitrary acceleration depends on the particular (entire, infinite) past kinematic

history of the charge. He also gives more homely examples of history and context-dependency in physical laws in the phenomenon that is called "hysteresis" (1984, pp. 18-19). The response of magnetizable metals to a magnetic field depends on the prior magnetization history of the given sample. Or in elastic hysteresis, the response of a rubber band to stretching depends on its past history of having been stretched. Consideration of both of these issues involving the logic of the construction of psychoanalysis as science—that of the "causality of fate" and that of dependence on context—shows that psychoanalysis, despite the hermeneutic claim, is clearly not distinguishable in theory from other sciences.

What, then, of the epistemological argument? Spence's (1982) whole book is a substantial effort to build the argument that the analysand has a peculiarly "privileged competence" in relation to the understanding of his internal mental states based on his exclusive knowledge of his own historical development, a privileged competence that his analyst can come to share over time out of their joint immersion in the analytic work. This is in contrast to the merely "normative competence" of the trained psychoanalyst who brings only his theory-grounded understanding to the report of the analytic interaction if he is not party to the entire prior history and current context. The two are obviously widely different. Again, Habermas has advanced this argument to the claim that therefore only the patient has the required privileged access to the ultimate validation or refutation of psychoanalytic hypotheses. This would make the patient, in Grünbaum's phrase (1984, p. 21) "the ultimate epistemic arbiter" of psychoanalytic postulates. If this were indeed so, it would constitute a radically different epistemological base than that of other sciences which rest on observations made by trained *observers* using methods relevant to the data of observation in ways that test them against the predictions of the theory.

Again, however, Grünbaum adduces many persuasive arguments counter to this claim of epistemological separateness; that we can and do interpret against the patient's judgments

and in the face of his denials; that his acknowledgment is only one of the criteria that we use in assessing the heuristic or the veridical status of our interventions; that his agreement can indeed be a compliance contaminated by suggestion; and that no human memory, let alone the neurotically conflicted patient's, is infallibly reliable. Grünbaum (1984) ends by declaring the patient's so-called cognitive monopoly not only "cognitively myopic . . . but also demonstrably untenable" (p. 38). And indeed it is. Sampson (1985) pushes the counterargument even further. He, too, finds Spence's position contradicted, in important respects, by observation (Chapter 9, pp. 27, ff.). Sampson acknowledges that someone inside a situation has a "privileged competence" that, at least in some circumstances, allows an understanding denied to outsiders. He nonetheless points to our common observation—on which, of course, our whole educational and supervisory apparatus rests—that the outside consultant colleague is often able to understand events within the treatment situation which those inside have found incomprehensible precisely *because* of his distinctive vantage point *outside* of the analysis. Here we are involved with all the familiar issues of countertransference distortion and blind spots.

If the epistemological argument does not decisively demarcate psychoanalysis from the body of natural science, what then of the recurring statement of the so-called different "hermeneutic *method*" (Steele) which to Home is a method "radically different from that of science" (1966, p. 43)? Holt (1972), in a paper assessing the antithetical images of man, the mechanistic and the humanistic, that contrapuntally pervaded Freud's own philosophical and ontological perspectives over his lifetime of theorizing, has tackled this issue most comprehensively. He calls the possibility of making a science out of subjective human feelings and meanings one of the major issues still argued in the methodology of the behavioral sciences. He accepts that

if behaviorism were the only possible scientific psychology, then we should have to agree with Home, Schafer, and Klauber that psychoanalysis cannot be a science but must be

one of the humanities, like history. Science, however, is not procrustean. Home to the contrary notwithstanding, it is not defined by its subject matter but by its method; therefore, it is in no way enjoined from dealing with meanings, qualities, or unique individuals. To be sure, methods do differ somewhat from one science to another, depending on the nature of the subject matter; but, since the death of vitalism, there have been no biologists of any scientific stature who claim that studying living instead of non-living objects requires a method . . . fundamentally different from that of the inorganic sciences (pp. 18-19).

And he adds further on:

As to the claim that it requires a different logic to deal with motives as compared with physical causes, it remains just that—an empty claim, not backed up by any detailed demonstration of what is lacking in the logic of the scientific method, or what the new and different logic might be (p. 19).

At this point, Holt refers back to two earlier expositions of his (1961, 1962), which portrayed in detail how the *methods* used in such humanistic disciplines as literary criticism and history are indeed substantially identical with those of proper science. The time-honored idiographic-nomothetic methodological dichotomy simply does not hold; with all the developments of the *Verstehende Psychologie* propelled by Dilthey and his followers, “no idiographically personalistic research methods [as such] were developed” (1962, p. 14), nor does the so-called hermeneutic criterion of internal consistency really differ from predictive validity as a truth-criterion in the hard sciences. In fact, Holt emphasizes “the test of predictive validity is nothing more than establishing the degree of internal consistency within the combined body of (1) the data (and theory) on which the prediction was based, and (2) the newly obtained data” (1961, p. 52).

Eagle (1973, 1980, 1984) has also dealt with this issue of the—failed—search for distinctive idiographic or hermeneutic



methods in science. What does not get resolved in the hermeneutic exposition is the “problem of intersubjective reliability—that is, the question of what happens when my notion of a good gestalt and when my empathic, intuitive understanding are radically different from yours” (1980, p. 340). For at this point, empathy is not enough and the criterion of “goodness of fit” (Schmidl, 1955)—empathically understood—on which the hermeneutic framework for understanding ultimately rests has become, in the words of Ramzy and Shevrin (1976), “a shoe, unlike the glass slipper, that can fit any foot” (p. 157).

None of this means that the hermeneutic movement in psychoanalysis has run its course or that what Blight (1981) has labeled “the retreat to hermeneutics” is over, though some of its staunchest advocates have indeed retreated from its extremes. Actually, the philosophical *coup de grâce* to the designation of psychoanalysis as a special “hermeneutic science” was delineated by Blight through drawing paradoxically on the arguments of Karl Popper and what he calls Popper’s “evolutionary epistemology” to describe the effective destruction by Popper, on epistemological grounds, of the conception that there is a great and unbridgeable divide between the methods of natural science and those of historical or so-called hermeneutic science. Popper’s argument is simply that inductive justification is logically impossible since some theory or conception must precede observation and give meaning to observation, and that therefore “objective knowledge is also conjectural knowledge. . . . [and] all theoretical or generalizing sciences make use of the *same* method, whether they are natural sciences or social sciences. . . . the ‘method of hypothesis,’ the active attempt to grasp a situation and to solve a problem by advancing a hypothesis and trying to test it” (p. 189). In the end, both natural science and history use the *same* method to solve different kinds of problems—a “unity of method and diversity of interest” (p. 192).

At this point, of course, the constantly posited dichotomy between reasons and causes (Gill, 1976; Home, 1966; Klauber,

1968; Klein, 1976; Rycroft, 1966; and Schafer, 1976) has simply collapsed (Eagle, 1980, 1984; Holt, 1981; Holzman, 1983; Hopkins, 1982; Rubinstein, 1973, 1975, 1976). A single quotation from the literature should make this point well enough. Holt (1981) pointed out that there are causes that are reasons and there are other kinds of causes as well, and this should occasion no confusion at all. He put it thus:

For years, I have operated on the assumption that a reason is one kind of cause, a *psychological* cause, and that various types of causes can be handled in the same study without confusion. Anyone who does clinical work. . . . knows that just because one is a psychoanalyst . . . one is not restricted to a person's reasons for his behaviour, whether stated or empathically sensed or rigorously inferred. . . . Whenever you are confronted by a new patient and have to make realistic predictions of her prognosis or his analysability, you probably consider the person's motives for seeking treatment, fantasies about what psychoanalysis is, intellectual limitations, financial situation, place in a family configuration, and state of physical health, and treat this mixture of reasons and causes together in an informal predictive system with no difficulty in principle (p. 135).

This is the argument that Holzman (1983) has summarized as follows: "Reasons can be causes when such reasons make a difference to the occurrence of the events for which they are the reasons" (p. 39). With all these putative distinctions between reasons and causes thus reduced to nothing more than different domains of inquiry approached by the selfsame (scientific) methods, with, at most, differences of degree and emphasis, the entire hermeneutic enterprise set forth as a different set of logical and epistemological assumptions, and expressed via a different set of (hermeneutic) methods for a supposedly different *kind* of science ("our science," our hermeneutic science), has collapsed into itself, no longer a real alternative to an empirical approach to psychoanalysis. This major effort at a revisionist reconstruction of the nature of psychoanalysis has in the end

failed to alter the requirements upon psychoanalysis as a science, and in that sense—to revert back to the title of this paper—has failed as a challenge and as an alternative to the claimed status of psychoanalysis as science.

None of which means, however, that psychoanalysis has now a sufficiently secure position as science. Not only do the self-same empirical and clinical questions that I set forth at the beginning of this paper still exist as major and still unsatisfactorily resolved issues for psychoanalysis as science, but another, newer, and seemingly even more powerful challenge to the scientific credibility of our discipline has arisen from the opposite side. This, the other major challenge, to which I will devote the remainder of this paper, is expressed in the comprehensive philosophical examination of Freud's works and his theories by the philosopher of science, Adolf Grünbaum. Elaborated first in a sequence of closely argued, incrementally building papers (1979a, 1979b, 1980a, 1980b, 1982, 1983a, 1983b, 1983c) and then brought together as a full exegetical criticism in his current book, *The Foundations of Psychoanalysis* (1984), Grünbaum's complexly developed argument simultaneously defends psychoanalysis as science against an array of its critics—both the hermeneuticists and Popper's falsifiability standard—while in turn essaying to fundamentally fault psychoanalysis on the internal logic of its own epistemological rationale, which he finds totally untenable. I undertake now to review this critique and to try to respond to it.

First, what is the essence of Grünbaum's position? The first third of Grünbaum's book is designated as introduction. It is a detailed critique of the hermeneutic conception of psychoanalytic theory and therapy, mostly directed at Habermas and Ricoeur, with a lesser focus on George Klein and Schafer. I have already detailed Grünbaum's arguments against the Habermas conceptions of the logic of the theory of psychoanalysis; I will not repeat them here. His critique of the others are equally incisive. To Grünbaum, the hermeneuticists have simply created an "antiscientific" vision of psychoanalysis on the basis of what he

sharply castigates as a "Stone Age" (1983b, p. 11) conception of the nature of science as a human endeavor.

Grünbaum's next target is Popper's opposed claim that psychoanalysis should be a science but is not science enough; that in fact it is not science at all, despite its pretensions to that status, but is rather a "metaphysic" that fails utterly to meet the test of falsifiability that Popper sets as the demarcation line between proper science and non-science. Grünbaum also counters this argument head-on. In effect, he states that psychoanalysis clearly does fulfill the falsifiability criterion, and on that basis cannot be put down as a pseudoscience. Grünbaum adduces several well-known instances from Freud's own writings in which Freud clearly—on the basis of contrary accumulating evidence—did significantly change his theoretical conceptions. The best known is, of course, Freud's major shift from his original traumatic theory of the neuroses to his subsequent inner psychology of the vicissitudes of drive and defense, with attendant conflict and anxiety, as the source either of healthy character formation or of the deformations of mental disorders. Freud's shift in theory was predicated on his accumulating embarrassing and painful discoveries that the ubiquitous sexual seductions were so often fantasy elaborations, not facts of history. Grünbaum gives additional supporting examples from Freud's work, some indicated even through a casual perusal of the mere titles of the papers in the *Standard Edition*. One is "A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease" (1915); another is the lecture, "Revision of the Theory of Dreams" (1933, esp. pp. 28-30). And Grünbaum (1984, p. 110) refers as well to Glymour's (1974) demonstration from Freud's Rat Man case of how Freud's specific etiological hypothesis on the Rat Man's obsession was falsified through disconfirming the retrospective prediction that Freud had based on it. Grünbaum (1979a) summarizes this overall response to Popper as follows: "Upon looking at the actual development of Freud's thought, one finds that, as a rule, his repeated *modifications* of his theories were clearly motivated by

evidence and hardly idiosyncratic or capricious. Why, I ask, were Popper and his followers *not* given pause by their obligation to carry out some actual exegesis of Freud?" (p. 135).

Having thus, I think very persuasively, countered the attacks on psychoanalysis as science from the two opposed sides, from the hermeneuticists' efforts to draw psychoanalysis away from science via whatever variant of hermeneutic or humanistic stance they individually propose, and from the Popperian efforts to drive psychoanalysis away from science through trying to demonstrate the falsity of its scientific credentials, Grünbaum then seeks to mount his own, and different, assault upon the logical foundations of psychoanalytic theory: it fails to establish a probative (i.e., a scientifically verifiable) basis for itself; it fails to do more than to establish its remarkable heuristic value. This is the agenda that Grünbaum has so vigorously pursued in his succession of papers (1979b, 1980b, 1983a, b, c) culminating in the current book (1984), an effort which has been to varying degrees acclaimed by several psychoanalytic theoreticians (Eagle, 1984; Holt, 1984; Holzman, 1983).

What, then, is Grünbaum's argument? It is simply that the entire claim of psychoanalysis as a method of clinical investigation that can yield verifiable data about mental functioning rests on one "cardinal epistemological defense" (1984, p. 127) that Grünbaum feels went entirely unnoticed until he called attention to it (1979b, 1980b). He dubbed this pivotal defense "The Tally Argument," from Freud's original statement of it in 1917. This is a passage from the *Introductory Lectures* where Freud was trying to deal with the recurring charge—and the major epistemological pitfall—that psychoanalysis is "nothing more than a particularly well-disguised and particularly effective form of suggestive treatment" (p. 452). Freud stated of this, "Anyone who has himself carried out psycho-analyses will have been able to convince himself on countless occasions that it is impossible to make suggestions to a patient in that way" (p. 452). For (and this is the critical statement) "his conflicts will only be successfully solved and his resistances overcome if the anticipatory



ideas he is given *tally* with what is real in him. Whatever in the doctor's conjectures is inaccurate drops out in the course of the analysis; it has to be withdrawn and replaced by something more correct" (p. 452, italics added). Freud then went on to state that the "fundamental distinction between analytic and purely suggestive therapy, and which frees the results of analysis from the suspicion of being successes due to suggestion" (p. 453) is the thoroughgoing resolution of the transference and with it of all transference-based suggestive changes. At the end when transference is cleared away, "if success is then obtained or continues, it rests, not on suggestion, but on the achievement . . . of an overcoming of internal resistances, on the internal change that has been brought about in the patient" (p. 453).

This Tally Argument of Freud's rests in turn on the conjunction of two causally necessary conditions: 1) that only psychoanalytic treatment yields veridically correct insights into the unconscious conflicts that determine the neurosis; and 2) that these correct insights are in turn causally necessary for the therapeutic conquest of the neurosis. Grünbaum (1984) then describes what he regards as Freud's central epistemological claim—that the entire edifice of psychoanalysis rests probatively on this Tally Argument. He writes:

It is of capital importance to appreciate that Freud is at pains to employ the Tally Argument in order to justify the following epistemological claim: actual *durable* therapeutic success guarantees *not only* that the pertinent analytic interpretations *ring* true . . . to the analysand *but also* that they *are* indeed veridical. . . . Freud then relies on this bold . . . contention to conclude nothing less than the following: collectively, the successful outcomes of analyses do constitute *cogent* evidence for all that general psychoanalytic theory tells us about the influences of the unconscious dynamics of the mind on our lives. In short, psychoanalytic treatment successes as a whole vouch for the truth of the Freudian theory of personality, including its specific etiologies of the psychoneuroses. . . .

As a further corollary, the psychoanalytic probing of the un-

conscious is vindicated as a method of etiological investigation by its therapeutic achievements. Thus, this method has the extraordinary capacity to validate major causal claims by essentially retrospective inquiries, *without* the burdens of prospective longitudinal studies employing (experimental, [i.e., non-treated]) controls. Yet these causal inferences are not vitiated by *post hoc ergo propter hoc* or other known pitfalls of causal inference. Magnificent, if true (pp. 140-141).

But Grünbaum points out at length that early on it became clear to analysts and non-analysts alike that a unique therapeutic effectiveness could not be claimed for psychoanalysis, at least not in terms of the ways that such outcomes can be reliably judged. And he cites Freud's "Analysis Terminable and Interminable" (1937) to show that Freud himself retreated from his claims for the unique quality and durability of psychoanalytic treatment outcomes to a point that Grünbaum calls "bordering on a repudiation of treatment success" (p. 160). And Freud's more limited therapeutic claims as of 1937, as well as the separation of analytic claims of therapeutic effectiveness from convictions about the explanatory value of the theory, have indeed become the conventional wisdom of the field. Anna Freud (1976) put it succinctly in a way that reflects the shared consensus of us all—that we have given up (albeit not necessarily happily) the idea "that understanding a mental aberration implies automatically the possibility to cure it" (p. 258). In other words, we no longer necessarily link the standing of the theory to the outcome of the therapy.

The observational basis of this separation of therapy and its outcome from explanatory theory derives, of course, from multiple sources which need only be mentioned. There are the seemingly spontaneous remissions of neurotic illness, which Grünbaum asserts that even Freud conceded—in 1926 (Grünbaum, 1984, p. 160); there are the therapeutic cures from rival treatment modalities, including the behavioral therapies based on an entirely different and totally unpsychoanalytic understanding of the mind and of pathogenesis; there are the com-

parative studies of treatment outcomes from rival therapies that have failed to reveal any sort of superiority for psychoanalysis within the overall array of therapeutic modalities (Smith, Glass, and Miller, 1980); and there are the claims that perhaps all the different therapies achieve the degrees of success that they do by virtue of common nonspecific effects, placebo effects, mobilizing hope and supportively counteracting psychic demoralization, etc. (Frank, 1961).

The Tally Argument as the road to confirmation of the theory has indeed clearly collapsed; it is not now—if it ever was—therapeutic success that gives us warrant to sustain our convictions about the value of psychoanalysis as theory, as method, and as clinical endeavor. To Grünbaum, who feels that he has successfully demonstrated that all the psychological understandings of psychoanalysis have been built on this argument, this means that there is no longer any viable epistemological or logical warrant for belief in the probative value of the psychoanalytic enterprise. He concedes that psychoanalysis has been remarkably fruitful heuristically and continues to be so, but he distinguishes that sharply from its lack of probative value; according to him, we can no longer accept that its propositions can be satisfactorily tested and validated within the psychoanalytic situation. And he further says that all of psychoanalysis, all of its propositions, even those that are nonclinical and not explicitly linked to the therapy, are ultimately “epistemically parasitic” (1984, p. 167) on the therapeutic results, since the Tally Argument was “the epistemic underwriter of clinical validation” (p. 170). And once clinical validation has been bereft of the legitimation drawn from therapeutic success via the Tally Argument, in Grünbaum’s words, “the menacing suggestibility problem, which . . . [Freud] had held at bay by means of this argument, comes back to haunt data from the couch with a vengeance” (p. 172).

This brings us to what Grünbaum (1984) calls the ineradicable “epistemic contamination” of the data of psychoanalysis by the now rampant possibilities for suggestion, operating even

“the more insidiously under the pretense that analysis is *non* directive” (p. 130). Involved here, of course, are all the issues of transference suggestion, of patient compliance, of spurious confirmations of our theory-influenced interpretations, with any seeming therapeutic gains wrought not by true, insightful self-discovery but by all these varieties of nonspecific and suggestive placebo effects. And finally, to make matters even worse, since much of the clinical authentication of the etiologically relevant early history in the lives of neurotic patients must rely on recovered memories of childhood experiences, we come to the issue of the reliability—or rather the fallibility—of memory and Grünbaum’s common-sense assertion that “such early memories are surely more fragile epistemically than ordinary recollections from adult life” (p. 242). And this is especially so since, according to Grünbaum, “the analyst is doing exactly what a cross-examining attorney is forbidden to do in the courtroom: leading the witness” (p. 242). Here Grünbaum additionally asserts that psychoanalytic treatment cannot “be regarded as a bona fide *memory-jogging* device” (p. 243), since it has been well established experimentally that human memory is so malleable it can be readily bent by beliefs, expectations, and preconceptions; and that human beings have a penchant, when under the influence of leading questions, to fill amnesic gaps by confabulated material (p. 243; see, in this connection, Loftus, 1980).

Grünbaum’s main point in all this is that “clinical findings—in and of themselves—forfeit the probative value that Freud had claimed for them, although,” he acknowledges, “their potential heuristic merits may be quite substantial.” However, he also states, “To assert that the contamination of intraclinical data is *ineradicable* without extensive and essential recourse to *extraclinical* findings is *not*, of course, to declare the automatic falsity of any and every analytic interpretation that gained the patient’s assent by means of prodding from the analyst. But it is to maintain—to the great detriment of intraclinical test-ability!—that in general, the epistemic devices confined to the analytic

setting cannot reliably *sift* or decontaminate the clinical data so as to identify those that qualify as authentic" (p. 245). Grünbaum's final call at the end of his book is, then, for well-designed extraclinical studies, prospective comparative studies, experimentally controlled studies, and epidemiological studies, all vital, he feels, if Freud's theories are ever to be validated, if psychoanalytic propositions are ever to move beyond their acknowledged great heuristic value to a position of truly established probative value (p. 278).

This is, in summary, Grünbaum's passionately argued challenge to the epistemological and logical status of psychoanalysis as a scientific theory that purports to carry within its own methods the possibilities for empirical testing and validation. The challenge is indeed a most serious one and in its turn requires an equally serious response, now that Grünbaum himself has marshaled so effectively all the counterarguments against the hermeneutic effort to draw psychoanalysis away from its claim as science, and the logical positivist as well as Popperian efforts to drive psychoanalysis out of the ranks of science—both of them opposite challenges that he has helped so decisively to blunt.

An effective response to Grünbaum must relate to what I consider to be his two central theses: 1) that the whole of the claim of psychoanalysis to legitimacy as a science rests on Freud's so-called "Master Proposition" built out of and based on the designated Tally Argument; and 2) that should the Tally Argument not hold, the whole psychoanalytic edifice collapses as science, since any other avenue to clinical validation within the psychoanalytic situation is hopelessly contaminated epistemologically by the ever-present possibility of suggestion in its multiple forms and so can yield only heuristic and not probative values. Corollary to these two central theses is Grünbaum's further argument that the only way to rescue psychoanalysis as an enterprise—since, after all, its heuristic values may indeed reflect accurate conceptions of human mental functioning—would be via the validation that must come from extraclinical



testing, prospective, controlled experimental, and epidemiological studies (the obvious designs for which Grünbaum indicates at a number of places in his book).

In response, then, to Grünbaum: To begin with, we have all long ago conceded that the Tally Argument, derived from Freud's earliest convictions that specific symptoms in his original hysterical patients disappeared with the uncovering of the repressed pathogenic traumata specific to each (Breuer and Freud, 1893-1895)—that this specific argument has not held up. Freud was the first to acknowledge this when he pointed to the sudden shifts in transference that could seemingly undo these therapeutic gains so abruptly and allow the return of full-fledged symptoms. In fact, the entire Tally Argument represents (in today's terms) a simplistic theory of neurogenesis, as per psychoanalysis circa 1895-1905. Psychoanalysis has long since ceased to rest on a theory of neurogenesis based on specific repressions of specific traumatic events or on a concomitant theory of therapy based on uncovering those repressions, i.e., simply making the unconscious conscious.

Today, our theories of neurosis, of neurotic character and symptom formation, reflect a more complexly figured developmental process. A life course must be traced through the individual's successive facing of sequentially unfolding developmental tasks, with all the possibilities for dysphoric affect and attendant conflict at each turn in the interplay between maturational unfolding and the happenstance of (more or less potentially traumatic) experience; all of this eventuates, via endlessly reinforcing repetitive lifetime experiences, in particular healthy or neurotic, adaptive or maladaptive, character formations and behavior dispositions. Correspondingly, the psychoanalytic ameliorative and curative process is no longer viewed simply as the successive lifting of repressions through correctly timed veridical interpretations, until id has been everywhere replaced by ego. Again, it is much more complexly configured in terms of repetitive interpretive working over of endlessly recurrent themes linked to the infantile pathological resolutions of

the individual's preoedipal and oedipal vicissitudes—the process that we call working through. What I am maintaining in all of this is that, in his assault on the credibility of the Tally Argument, Grünbaum has been pushing through an open door, one that has been widely open for more than half a century. The disappearance of the Tally Argument from psychoanalytic discourse is not news to either psychoanalytic theorists or psychoanalytic researchers.

However, if we have now given up the beguiling simplicity of the Tally Argument as the linchpin in our efforts to seek validation of our heuristically valuable constructions, then we are indeed faced with Grünbaum's next and more consequential challenge. How will we deal with his charge that, absent the Tally Argument, we are faced with irremediable difficulties of potential contamination of our assessments of therapeutic interventions and therapeutic changes by the power of suggestion? This is what Grünbaum calls "the menacing suggestibility problem" which Freud had tried to hold at bay with his invocation of the Tally Argument. Grünbaum feels this task to be impossible, which is why he talks so repeatedly of the "hopeless epistemic contamination" of all the data derived from the psychoanalytic situation. Holt (1984) has stated the response for most of us with the remark that though the problem is real enough and serious enough, the point may indeed be much overstated by Grünbaum, since contamination of clinical data by suggestion is not necessarily an "all-or-none affair" (p. 11).

For example, Glymour (1974) developed what he called the concept of "logical pincer movement" (p. 17) for the piecemeal testing of particular propositions within the overall theory, which, when applied sequentially, becomes a "logical pincer-and-bootstrap strategy of piecemeal testing," as Grünbaum (1984, p. 98) dubbed it. This strategy can work if the propositions under scrutiny are strong enough, as Glymour felt he demonstrated in his case exemplar, Freud's write-up of the Rat Man. Of this Glymour said: "The kind of testing a theory admits depends largely on the strength of that theory itself.

Weak theories which embody no putative laws, which concern only causal factors or correlations, may perhaps have to be tested with great regard for statistical methods and experimental controls. But the theory Johannes Kepler proposed long ago was strong enough to be tested in the observatory, and the theory Sigmund Freud developed at the turn of this century was strong enough to be tested on the couch" (p. 29). And in answer to Grünbaum's vigorous critique (see especially Grünbaum, 1982, and 1984, pp. 97-103) that Glymour's treatment of the problem of suggestion was overly sanguine, perhaps even naïve, Glymour responded in an Afterword to his paper, written a decade later. I will quote it at some length because it encompasses much (but not all) of my own response to this challenge of Grünbaum's to our possibilities for a true science of psychoanalysis.

In his Afterword, Glymour (1974) said:

Knowing that clinical evidence is subject to suggestion should make us cautious in using that evidence, and it should make us sensitive to indicators that the therapist is determining the responses he receives. I do not see, however, that the experimental knowledge we now have about suggestibility requires us to renounce clinical evidence altogether. Indeed, I can imagine circumstances in which clinical evidence might have considerable force: when, for example, the clinical proceedings show no evident sign of indoctrination, leading the patient, and the like; when the results obtained fall into a regular and apparently law-like pattern obtained independently by many clinicians; and when those results are contrary to the expectation and belief of the clinician. I do not intend these as *criteria* for using clinical evidence, but only as indications of features which, in combination, give weight to such evidence. . . . The knowledge that clinical evidence is liable to suggestion and confounding does not, I think, of itself recommend the policy of dismissing all such evidence, nor does the knowledge that astronomical observations are subject to error recommend the policy of dismissing the evidence of astronomy. In the latter case it is relatively easy to find out some-

thing about the limits of error and its dispersion; in the former case it is more difficult (p. 30).

In following upon this quotation from Glymour's Afterword, how can we indeed satisfy ourselves that we are adequately coping with Grünbaum's challenge? Glymour spoke about the careful search for evidence of overt or covert suggestive manipulation and/or compliance; of the emergence of comparable patterns independently in the observations of multiple researchers with their different emotional predilections, styles, and theoretical preconceptions; of the emergence of results contrary to expectations and belief. This last argument has been significantly elaborated by Edelson (1983, 1984) under the rubric of "surprise" and the evidential value that surprise can provide for hypothesis testing. He stated (1984):

It is neither general explanations nor obvious positive instances of psychoanalytic hypotheses that appear to be especially important to either psychoanalyst or analysand. Rather, what is given special weight by both is the emergence of circumstantial detail, having an astonishing degree of specificity and idiosyncratic nuance. . . . Such details have not previously been remembered by the analysand . . . and almost certainly have not previously been imagined or guessed in advance by the psychoanalyst. A psychoanalysis without surprises cannot properly be termed a psychoanalysis at all. One cannot regard as plausible that such data have been suggested in any ordinary sense of that word. It is these data that may in the end prove to be most relevant to the search in the psychoanalytic situation for probative evidence providing support for psychoanalytic hypotheses (pp. 136-137).

This same valuation of the central place of surprise in the psychoanalytic enterprise was enunciated by Theodor Reik (1937) from a clinical perspective almost a half century earlier. His book on the subject was titled *Surprise and the Psycho-Analyst*.

Put another way, though all serious researchers recognize the ever-present vulnerability to suggestive compliance in all clin-

ical therapeutic settings, many do not regard it as an insuperable epistemological liability. As Edelson (1984) put it:

It might be possible . . . to reduce the adulteration of data by suggestion in the psychoanalytic situation—perhaps to a vanishingly small degree, or at least to a degree it ceases to be a *plausible* alternative explanatory candidate. Many features of the psychoanalytic situation, in contrast to those of other psychotherapies, are in fact designed to control extraneous external influences on the analyst's productions (pp. 129-130).

What such authors emphasize is that, as I earlier quoted from Holt (1984, p. 11), contamination by suggestion is not an “all-or-none affair,” that there are various circumstances in which suggestive influence is far less likely, and that there are varieties of strategies for assessing its impact, or for otherwise minimizing its distorting influence.

And if Grünbaum's sweeping charge that suggestion hopelessly contaminates all data from the consulting room can be reasonably countered by a measured assessment of the impact of such contamination and the strategies by which it can be contained and minimized, then what becomes of Grünbaum's proclamation? What becomes of his notion that in order to give psychoanalysis the opportunity to pass from the heuristic to the probative realm, the scientific investigation of its hypotheses must move out of the clinical psychoanalytic situation and into the extraclinical world of the objective Clinical Trials experimental model, with untreated control groups, random assignments, and all the other accoutrements of that research strategy? Simply put, that argument is no longer overriding.

Which is not to denigrate the values of Clinical Trials research or other varieties of controlled experimental or epidemiological testing of psychoanalytic propositions. They, too, have their value but they, too, have their methodological and logical problems, different from those that beset research efforts within the psychoanalytic situation which Grünbaum has so



painstakingly laid open for us, but equally real and perhaps equally serious. This is not the place to elaborate all the well-known research problems of comparative outcome studies. These include different treatment modalities conceptualized within different theoretical frameworks, with differently conceived outcome criteria and employing differently understood interventions, all applied to patient populations presumed to be equally matched in all the relevant dimensions of personality functioning and illness structure. These problems are indeed well known. Here, I want only to add one less often remarked perspective on the *limitations* of extraclinical testing of psychoanalytic hypotheses, this from Thomä and Kachele (1975). Their point is: "If the Psychoanalytic method is not employed and the process takes place outside of the treatment situation, only those parts of a theory can be tested that do not need a special interpersonal relation as a basis of experience and whose statements are not immediately related to clinical practice" (p. 63). This leads them to state that psychoanalytic practice must be "the crucial place where the proof of its explanatory theories is to be rendered—we would not know where else they could be fully tested" (p. 63), a conclusion the diametric opposite of Grünbaum's. Erdelyi (1985) has described this as the issue of "ecological validity."

Let me at this point summarize my overall response to Grünbaum's multifaceted challenge to the credibility of psychoanalysis as a scientific enterprise:

1. If the Tally Argument is no longer seriously held as the evidential wedge by which the whole of the structure of psychoanalysis must be validated, and if rather, the theory and its propositions concerning development, personality functioning, and psychopathology consist of a far more richly and complexly configured fabric, then its appropriate scientific testing becomes a more complexly and subtly nuanced process than the simple tallying of where the Tally Argument holds and where it does not. By the same token, the demise of our reliance on the Tally Argument no longer heralds the necessary downfall of the

entire explanatory edifice. To hold otherwise is to hold psychoanalysis to the theory and the methods that go back to the early Freud of the turn of the century.

2. If all the possibilities for epistemic contamination via theoretical predilection, circular reasoning, *post hoc ergo propter hoc*, suggestion and compliance, are not all-or-none phenomena, are grave though not fatal handicaps to the hypothesis-testing effort, then ways must and can be found to account for, to contain, to diminish, the impact of inadvertent suggestion, compliance, or other contamination and the possibility that such factors might comprise a *plausible* alternative explanation of the observations being used as tests of particular psychoanalytic hypotheses.

3. If extraclinical testing of psychoanalytic propositions, though useful and important and not to be denigrated, itself carries its own burden of major conceptual and methodological problems, as I have cursorily indicated, and itself may be limited in just that area of most concern to us—how psychoanalytic treatment acts to effect change and cure—as Thomä and Kachele (1975, p. 63) have reminded us, then it behooves us to turn in an intensified way to the systematic testing of our propositions within the crucible of the data derived from our consulting rooms, and in ways that are consonant with the requirements of empirical science. We can neither leave that whole burden to the extraclinical testing held out for us by Grünbaum and his supporters as the only proper proving ground, nor rely on the vestiges of the ill-fated Tally Argument that may still linger in our minds as a conceptual back-up to try to render such testing superfluous.

In concluding, I shall not try to state how, in the light of all the considerations adduced to this point, we can best proceed now with this enterprise of testing psychoanalytic propositions in a way that subjects heuristic contents to truly probative inquiry. That would be another, an empirical research paper, and not my central purpose here. Suffice it to say that I feel it can be done and that my own book, *42 Lives in Treatment* (Wallerstein,

1986), is a full accounting of one such endeavor, the Psychotherapy Research Project of The Menninger Foundation. In that research program the concept of prediction was the central research principle as well as operational tool. In an article published back in 1964, I spelled out at length the crucial role of prediction in relation to theory-testing in psychoanalysis. In recent years Rubinstein, in a succession of methodological articles (1975, 1980a, 1980b), has laid out the whole range of issues around the use of prediction as an effective theory-testing tool in psychoanalysis.

I will not try to develop any of that at this point. I have simply tried to indicate that there is sufficient *warrant* for such empirical testing in ways that are alert to the subtlety and complexity of subjective clinical phenomena while simultaneously loyal to the canons of objective scientific method. Indeed, this *has* been pursued as an activity, albeit a grossly insufficiently developed activity, within psychoanalysis both before and since the rise of the challenges from the different quarters I have addressed in this paper, the hermeneutic-phenomenological challenge in its various expressions, that of the logical positivists, that of Karl Popper, and now the latest, that posed in the writings of Adolf Grünbaum. Although there is much to be pondered in regard to each of these serious philosophical critiques of the scientific credentials of our psychoanalytic enterprise, I hope I have persuaded the reader that our credibility as science—or at least our potential credibility as science—has survived these challenges.

Our task as science, then, as I now see it, is to get on with our development as a body of science. We have always been vulnerable to the charge articulated by Sherwood (1969) that “in perhaps no other field has so great a body of theory been built upon such a small *public record* of raw data” (p. 70, italics added). If we wish to realize our possibilities for the kind of scientific position that our field warrants and that I have tried to demonstrate is inherent in it, this situation described by Sherwood becomes increasingly difficult to tolerate—and to date, grossly insufficient efforts have been directed toward its remediation.

The cadre of serious psychoanalytic researchers—researchers who engage in systematic inquiry and in the testing of propositions through the accumulation of a public record of data that can be studied and checked by multiple, independent observers—that cadre is still pitifully small, considering the numbers in our ranks and the magnitude of the task. Again, I will not dwell on all the difficulties created for those of us who undertake this task. Here I want rather to end with a credo. In words borrowed from Arlow (1982):

We are approaching a *postapostolic* era in psychoanalytic history. In a few years, we will no longer have with us colleagues who had direct or indirect contact with the Founding Fathers. Our confidence in our work will have to rely not on the memories of bygone heroes, but on solid observational data, meticulously gathered in the analytic situation and objectively evaluated, for *it is upon this set of procedures that the claim of psychoanalysis to a place among the empirical sciences is based* (p. 18, italics added).

I believe that this statement sets as well as any other our vital present agenda for psychoanalysis as a discipline and a science. I hope that I have in some measure persuaded my readers likewise. For it is not enough just to respond conceptually, as I have tried to do in this presentation, to the challenges posed to our status as a science from various quarters.

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## Narcissism and the Personal Myth

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## NARCISSISM AND THE PERSONAL MYTH

BY EVA P. LESTER, M.D.

*The concept of the personal myth, the defensive constellation described by Kris in obsessive character structures, can be enlarged to include similar constructs in cases of narcissistic pathology. The conditions necessary for the development of the personal myth are not, as Kris implied, specific to particular types of neurotic disorder only. In addition, the nuclear fantasy of the personal myth is not always of the family romance type. The personal myth of the poet, Nikos Kazantzakis, is outlined, and its origins and defensive functions are traced through the poet's life and work.*

Oh God make me God<sup>1</sup>

Kazantzakis: *Odyssey*, 210-  
212

Freedom was my first passion. The second, still alive in my being and causing me endless pain, is the longing for sainthood: To be a hero and a saint, this is the highest model for man. Since I was a child I had my eyes fixed on this vision.

Kazantzakis: *Report to Greco*

The existence of myth in individual consciousness and in the collective daydreams and desires of humankind was one of the

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<sup>1</sup> Unless indicated otherwise all quotations from Greek texts are translated by the author.



early and crucial insights of psychoanalytic thought. The study of myths has always offered a fertile ground for analytic writers, to elaborate on the meanings of universal symbols, to theorize on the ubiquitousness of specific fantasies during certain stages of development, and to interpret various works of art (Slo-chower, 1970).

Myth is a highly intricate cultural phenomenon that anthropologists, philosophers, psychoanalysts, and poets have defined and explained in numerous ways. Eliade (1963), an anthropologist, stated: "A myth narrates a sacred story, an event which took place in primordial time and which explains how, through the action of Supernatural beings, a reality came into existence, be it the whole of reality or only a fragment of reality" (p. 5). For primitive man, myth was a true story of creation, not simply a tale, which is a false story. Knowing the beginnings of things, and reproducing such beginnings in rites and ritual, offers the only way of control over the environment. "To cure the work of Time it is necessary to go back and find the beginning of the world" (p. 34). This going back is not through objective knowledge of the world but through memory, which implies a personal, previous knowing, a prescience.

Although most myths have been emptied of their religious contents, some of the basic elements of myth have survived in the early philosophical systems of Western cultures. Thus, in the philosophies of Socrates and Plato mythological thought survived in the importance given to the origins of ideas and the belief that knowing is, above all, recollecting. Eliade (1963) stated: "For Plato, living intelligently, i.e. learning to know and knowing the true, the beautiful and the good, is above all remembering a disincarnate, purely spiritual existence" (p. 125). Myths have always been used to sustain continuity in man's consciousness of the world beyond the phenomena, be it the world of divine beings or the world of the ancestors. "This other world represents a superhuman 'transcendental' plane, the plane of absolute realities" (p. 126).

Arlow (1961), discussing the contribution of psychoanalysis to the study of mythology, pointed out the similarities between wishes contained in myths and the wishes met with in the unconscious. "The myth," he stated, "is a particular kind of communal experience. . . . a shared fantasy [which] serves to bring the individual into relationship with members of his cultural group on the basis of certain common needs. . . . [It] can be studied from the point of view of its function in psychic integration—how it plays a role in warding off feelings of guilt and anxiety, how it constitutes a form of adaptation to reality and to the group in which the individual lives, and how it influences the crystallization of the individual identity and the formation of the superego" (p. 375). Arlow quoted Chase as follows: "The myth is an aesthetic device for bringing the imaginary world of preternatural forces into a manageable cooperation with the objective facts of life in such a way as to excite a sense of reality amenable to both the unconscious and the conscious mind" (p. 377).

Homer was the first poet to use myth side by side with historical fact in his poems. Since then, myths have been either incorporated openly or, more often, echoed in the universal themes of the great works of art (Kris and Kurz, 1979). As Frye (1961) observed, "Myths . . . provide the main outlines and circumference of a verbal universe which is later occupied by literature as well. Literature is more flexible than myth and fills up the universe more completely: a poet or novelist may work in areas of human life apparently remote from the shadowy gods and gigantic story outlines of mythology. But in all cultures mythology merges insensibly into and with literature" (p. 600).

In his 1956 paper Ernst Kris introduced the personal myth, a concept he derived from his clinical work. This concept, surprisingly all but neglected in the analytic literature following Kris's publication, offers a clinical basis for the understanding of the defensive function and possibly of the genetic origins of mythopoesis. According to Kris, the personal myth, a basically defensive construct, is a more or less coherent autobiographical

story constructed around key screen memories and unconscious fantasies. Kris remarked that autobiographical memories in the child are continuously fluctuating and constantly being reorganized as new experience accumulates and imposes change. To understand how the personal myth escapes this reorganization, Kris posited that in certain individuals "the interaction of the sequence of early experiences with ego dispositions has made available to them nuclei of memories shaped into fantasy form, which [have] survived the various phases of scanning of memory material. These fantasy nuclei stem from a time when fantasy and reality were not sharply divided, when fantasy was still fully invested as a relatively integral and undistinguishable part of the self" (pp. 679-680).

The ego dispositions essential for this formation, refer, according to Kris, to prematurities in the area of internalization and memory, such as precocious intellectual and fantasy activity. "The memory functions which have seemed to me most characteristic of prematurity have been related to the special investment not only of the remembered object but also of the process of remembering itself" (p. 678). Such ego dispositions, Kris believed, are specific to obsessive character structures, and this led him to propose "a specificity of a personality syndrome of which the personal myth is the secret core" (p. 655). Obsessionality and anality were apparent not only in the particular prematurities in the ego but also in certain drive dispositions as seen in the retentive attitudes toward the past in his three patients. On the basis of these findings, Kris anchored the development of the personal myth on a particular personality structure, the obsessive character structure. Furthermore, he postulated that the repressed fantasy from which the personal myth derives its principal investment represents variations on the theme of the family romance. "This early integration of various fantasy components into the family-romance fantasy is due to the fact that a relatively undisturbed preoedipal development was followed by traumatic experiences during the oedipal phase" (p. 674).

Admittedly, Kris's description of his three patients bears out his diagnostic assessment of obsessive character structure. However, his reasoning that such structure is specific to the development of the personal myth must be questioned. In my opinion, the conditions favorable for the development of the personal myth could exist in other character structures. Thus, the ego precocities favoring fantasy life but also impeding spontaneous drive discharges, upon which Kris based the particular memory functions necessary for the build-up and survival of the personal myth, could also be encountered in pregenital personality organizations. Kris spoke of "a tendency to internalization" by which we may assume he meant the child's ability to learn and absorb in his building up of a fast-growing representational and cognitive world. Although such "tendency to internalization" may be more pronounced in the obsessive than in the hysterical character, it is basically a function of particular sensitivities, of perceptual acuities and intellectual precocities, and of particularly favorable experiences with the early objects. These, rather than a specific character formation, may, at least in the pre-oedipal years, favor the development of what Kris designated as ego precocities. Similarly, the particular memory function ("investment of the process of remembering itself") cannot be designated as belonging to only one type of character structure. My thesis is that in any personality type in which ego precocities and particular environmental influences are present, a personal myth, similar to the ones described by Kris, may become the nucleus of defensive operations. Furthermore, I propose that the central fantasy of this myth would not necessarily be of the family romance variety but instead may contain other mythical elements.

In this paper I will describe such a different type of personal myth and will relate it to a personality organization with narcissistic pathology. The personal myth I will present is not an ordinary autobiographical story but one with marked mythological elements. These had permeated all aspects of a long life and

had profoundly influenced the thinking and the writings of a well-known poet and author.

The personal myth under discussion, which will unfold as we examine aspects of the work and life of Nikos Kazantzakis, served the same defensive functions as did the personal myth of Kris's patients. The myth contained and nourished the guiding fantasies of the writer and is echoed in his principal works, which in turn informed and transformed the myth. In the myth, the origins of the writer are exceptional and preternatural, the parents being archetypical of male power and female saintliness, and the poet himself a superior being, a genius destined to change the world. My thesis is that the elaborate grandiose construct of this myth was erected to compensate for severe narcissistic injuries in the early life of the writer and to defend against frightening archaic introjects. On a secondary plane the myth served to overcome strong oedipal castration fears. I propose that we are dealing here with narcissistic character pathology rather than with the predominantly neurotic structure of Kris's three patients. The mythological personal myth represents an amalgam of the grandiose self of the narcissistic personality, the idiosyncratic talents and ego precocities of the writer, and the particular cultural and social reality of his life, a reality imbued with legends and tales.

## THE WORK

The definitive critical evaluation of Kazantzakis's work has yet to appear. Whether he is a major poet, a philosopher of the stature of Nietzsche, or a novelist equal to Tolstoy (his intellectual equals, as he professed) has been debated for many years. What seems to draw unanimous agreement is that Kazantzakis's mind was the most restless and productive of post-revolutionary Greece. When he died in 1957 at the age of seventy-four he left behind a large number of plays, several works of fiction, philosophical and literary essays, a large body of translations into



modern Greek of major Western and ancient classics, a number of memoirs of his wide travels, thousands of letters, and above and beyond all this, his opus magnum, the book he called "The Work," the *Odyssey*, an epic poem of 33,333 verses. While producing this staggering amount of work, Kazantzakis was continuously on the go, moving and searching, traveling and probing, in relentless quest of a goal which seemed forever to elude him. He was never modest about his goal. He stated repeatedly in his letters and diaries that his primary aim was to change man's vision of himself and of the world, and to form a new religion, a religion without God. Kazantzakis's ambitions were not bound by national confines: he saw himself a messiah addressing man beyond nation, country, or language. He saw his mission as a reformer in the broadest sense, aiming not at the political or social or even the moral conditions of his time, but at the very spirit of man, at man's beliefs about himself and about life.

At the age of forty Kazantzakis wrote his major philosophical essay, *Askitiki*, subtitled *Salvatores Dei* (the saviors of God), a slim volume of pronouncements on a theme of heroic nihilism. Kazantzakis's God is not omnipotent or omniscient: he loses continuously, but "covered with blood and mud," he gets up and begins the fight again. He is not a source of love, but cruel, ruthless, and uncompromising in his justice. Kazantzakis believes it is not God the savior but man who saves God by his relentless struggle, by his own creations and by transforming matter into spirit. Although the idea of man saving God is not new (Rilke, among others, has expressed it in his poetry), Kazantzakis's imagery of the encounter is always of an explosive, combative clash ending in man's triumph, or a bloody embrace ending in the aphanisis of both man and God. The final pronouncement in *Askitiki* is for the courage to accept the nothingness of existence, to glance at the dark abyss with unflinching eye.

*Askitiki* was written in the early 1920's while Kazantzakis was spending a few years in Vienna and Berlin. His letters to his wife reflect his struggle to understand the postwar political and

cultural fermentations in Europe. He wanted to absorb everything, to plunge into all intellectual and political movements and transform them within himself into a few seminal ideas. In addition to *Askitiki* he was writing two other books at this time, one on Buddha and one on Christ. Searching for the salvation of man, he was denouncing all hope for salvation. Christ and Buddha, he said repeatedly, were the two major influences in his life, yet neither love nor detachment mollified his vision of the Abyss. At this time his inner contradictions and profound restlessness led him to communism, and he became obsessed with the idea of visiting Russia. "How could I go to Russia, how will I address the people. At times epic and maniacal visions fill my head. My urge for action is violent, I can't wait" (1958, p. 107), he wrote to his wife. Eventually, he managed to visit the Soviet Union in three trips between 1925 and 1929, but the fever for action, the exalted dream of immersing himself in the human experiment so that he might influence its evolution, was finally abandoned. A few months after he left the country he wrote: "Indescribable disappointment and despair; but I am still too proud to ask to share the burden of the Earth with anyone" (Prevelakis, 1958, p. 233).

The extraordinary creativity of Kazantzakis is best seen in the writing of the *Odyssey*. He began in September 1924 and completed the first full draft by July 1925. In ten months, living alone in a small isolated house, he wrote the 33,333 verses in a rich, colorful, and exuberant language, so diverse in its sources that even the informed reader is often at a loss to understand every word. The English translation by Kimon Friar in 1958 introduced the poem to the English-speaking world. It is the story of Ulysses after Homer left him in Ithaca at the end of his long voyage. As W. B. Stanford (1954) has observed, Ulysses appears in two types in Western literature: the homeric Ulysses, longing for the return to Ithaca, and the romantic wanderer, the incurable adventurer and globetrotter. The second type is the one who inspired, among others, Dante, Tennyson, and Kazantzakis. Dante and Tennyson, however, devoted only

thirty and seventy verses respectively to Ulysses, while Kazantzakis's poem is four times the size of the homeric epic. The poem is an allegory of man's search for an understanding of God and the Universe, the epic expression of Kazantzakis's personal philosophy of *Salvatores Dei*. At the same time it is a book of adventure, of fantastic feats and extravagant tales, in which the historical and the mythical are woven into passages of lyrical beauty or absurd fables of exaggeration, always depicted in exquisite verbal tapestries.

### THE POET

In the absence of an official biography, most information about the poet's life comes from his own autobiographical *Report to Greco* which, written late in life, is a personal account to his fellow Cretan, Domenicos Theotocopoulos, the Renaissance painter El Greco. The *Report* is not an autobiography in the strict sense but a fictional and selective remembering and re-creating of past life. Other sources are the poet's letters to his wives, Galatea and Helen, and to friends, and his diaries, heavily quoted by Helen in her book *Kazantzakis, Uncompromising* (1968). Galatea's fictional *Men and Supermen* (1957) is a thinly disguised biographical account of her courtship and marriage to Kazantzakis, and despite certain biases, it is a valuable document, as it is largely descriptive and faithful in detail.

Kazantzakis was born in Crete in 1883, the first child in a relatively comfortable family. Two sisters followed and then a second son, who died in infancy. Kazantzakis called his father "the Dragon." He was an explosively violent, uncompromising, aloof, unsmiling, and egotistical man who rarely spoke to his wife. Wounded in his narcissism when she gave birth to two daughters, he ruled that they were never to be in the same room with him. He was a heavy drinker, which contributed to his explosiveness and moodiness. Everyone in the family, Kazantzakis said, lived in constant dread of the father's temper; no one ever dared to contradict him or even to argue with him.

Life at home was tranquil and agreeable only when he was absent. The moment he crossed the doorstep, fear and gloom descended upon them all. The great passion of his life was the struggle against the Turks occupying the island long after the mainland had won the war of independence. Kazantzakis's enduring fantasy of his father was of the fearless, heroic Cretan inspiring terror in the Turks. The father is the central character in the novel *Freedom or Death*, the apotheosis of the male's triumph over the sexual drive and of his final sacrifice to the ideal of freedom. Kazantzakis's relation to his father was deeply ambivalent. He feared, hated, and admired him, and forever longed for his approval.

The child of the *Report* is in awe of his father, who is the epitome of power and courage, but also of sadistic cruelty. The child avoids confrontation with the father and defensively renounces any claim of physical strength and manly assertion. We are repeatedly told that the father had only contempt for the child's intellectual precocity, but in this, we suspect the child's own withdrawal into a space safe from confrontation with "the Dragon." The image of the Dragon is central to the myth that Kazantzakis consciously and unconsciously perpetuated all his life. The myth served well the writer's narcissism but at the same time protected him from what seems to have been strong negative oedipal longings. A repeated image in Kazantzakis's writings is that of the hero in a last, fatal but almost tender embrace with the enemy, a fantasy of the final closeness and merging with the father. To a friend he wrote in 1931: "Happiness is to offer your soul to a wild beast and let it be eaten by it" (Prevelakis, 1958, p. 37).

In Kazantzakis's writings only two archetypes of women exist, the saint and the sensual fallen woman. In his autobiography his mother is the Saint, the Madonna, gentle, loving, and tolerant, a woman of infinite patience and fortitude. Her touch comforts, her presence reassures. He describes his early childhood as an idyllic existence near this silent, loving mother, reading to her about the lives of saints. From the book of Ka-

zantzakis's first wife, however, we see the mother as a depressed, withdrawn woman, living in silent hatred of the man who chose her as a wife. She lost her own mother in her youth and was separated from family and kin when she married. Her husband's harshness and his emotional absence threw her into total despair. As divorce or separation were impossible, Kazantzakis's mother gradually sank into what might have been a hopeless but hostile resignation. The poet himself mentions that only once did he see his mother laugh.

Even more than in the transformation of his parents into greater than life archetypes, the mythical quality of Kazantzakis's personal story is betrayed in his recollections of himself as a child. Reading his autobiographical pages, we get the notion of a child born with a prescience through which he will discern the world. Kazantzakis's (1965) very first memory was of approaching the window to the little garden and suddenly: "I didn't just look out for the first time, I saw the world, an extraordinary vision. Our little garden seemed huge, the buzzing from thousands of unseen bees, the maddening smells, the sun warm and dense like honey, the air shining. . . . insects coming toward me with their colored wings like angels. I was seized by terror and I screamed; my eyes filled with tears and then the world disappeared" (p. 50). The affective tone in this act of discovery, with sudden excitement followed by terror and tears, is suggestive of a screen memory (Reider, 1953). The sudden seeing of the world, the vivid sensory perceptions of the buzzing of the bees, the maddening smells, the skin sensations, and probably above all the insects coming toward him, all are suggestive of a primal scene experience. Such experiences were, without doubt, common in the crowded quarters of Cretan family life at the time. In his case involving a primitive and explosive father and a suffering, depressed mother, they must have had a particularly traumatic effect on the young child. The displacement—screening—onto the approaching of the window would not be unusual. What is unusual is the writer's weaving the memory into his autobiographical story by intro-



ducing the exalted element of the sudden discovery of the world, a discovery that is consistent only with some mysterious, previous knowledge of that world. Such weaving of memories and experiences into a solemn self-portrait is indicated also by the following: "I lived and spoke and moved within a fairy tale that I was creating every moment and every hour and within which I was opening paths to go through." (p. 58).

In reading the *Report to Greco*, one is continuously impressed by what could only be described as the absence of any genuine childhood memories. There is no child in the book, and there is no evolution and growth of the personality. In whatever he recalls, the author seems to have repressed the affective, the experiential, and the textural of his memories; he had emptied the remembered from all that was actual and affectively charged and replaced it with the tale. In recollection after recollection he portrays himself as an exceptional being, exemplary, almost sacred, who looks at the world with a mystical sense, since this is the world he is called to explain. Kazantzakis's recall is not of a child building up a reality through action, interaction, and internalization; it is the recall of one pronouncing and judging that reality.

Kazantzakis's unusual intellectual talents were obvious to everyone from early on. He was an insatiable reader and a top student. Like most other youth in the island, he was burning with the desire for freedom, which was expressed openly as a revolutionary fervor against the Turks but internally was experienced as the urge to escape the restraints of a patriarchal family. He lived in a cloistered, oppressed, and oppressive society in which conformity to precise codes and tradition and obedience to family authority were strictly observed. Guilt and, above it, shame were the internalized controls against infractions. To use Dodds's (1951) dichotomy, we may say that the society Kazantzakis grew up in as a child, although basically a guilt culture, was still preserving much of the ethos typical of a shame culture. As Dodds pointed out, in a shame culture the prevailing conflict is between the impulse of the individual and

society's imperative for conformity. "In such a society anything which exposes a man to the contempt or ridicule of his fellows which causes him to 'lose face' is felt as unbearable" (p. 18). According to Dodds, shame culture is related to unchallenged patriarchal authority in the family, while guilt culture signals the emergence of individual rights and, hence, individual responsibility. In Kazantzakis the sense of shame—of being ridiculed and its corollary of being ignored—was exceptionally painful. In his letters and autobiographical writings it was not guilt that made Kazantzakis suffer but fear of disgrace. In a letter to his first wife he complained that his "disembodied" philosophic thought was not sufficient to feed his "carnivorous soul." He needed action: "All is ready but I lack the strength to jump the fence, *to beat my sense of the ridicule*. Will I be able to do it? If not, my life will be a deep, incurable bitterness" (N. Kazantzakis, 1958, p. 178, italics added).

Kazantzakis studied law in Athens and then spent four years in Paris where he prepared a doctoral thesis on Nietzsche, the philosopher he hailed above everyone else. He had a particular admiration for Nietzsche's personal triumph over his half blindness, his crippling migraine headache, and his other physical agonies. Nietzsche's *Urbemensch*—the higher state for man, the man who has overcome himself—is close to Kazantzakis's idea of man who has transformed matter into spirit. All his life Kazantzakis exercised a harsh discipline over his own body, depriving himself of all physical comforts. His asceticism and frugality in food were legendary; he could live for weeks and months on tea and toast and, when possible, some fruit. Up to his fifties, when he married his second wife, he lived mostly alone in spare rooms, often without heat.

Kazantzakis's first marriage, to an accomplished young woman with strong beliefs of her own, lasted fourteen years, but, as she complained in her letter asking for a divorce (in 1924), the times they spent under one roof during this period did not add up to more than four years altogether. He never assumed any financial responsibility for his wife, and their

meager, uncertain income came mostly from his translations and from the writing of history books for school children under her name. Kazantzakis was all his life in perpetual motion, with short intervals of isolation and feverish productivity. He traveled a lot, often with a male friend. He would form passionate attachments to poets or artists, which usually ended as abruptly as they had begun. In his relations to others Kazantzakis left no room for the casual, the ordinary, the everyday human commerce. He was oblivious or indifferent to others if not contemptuous of them, except for the few chosen like himself. This contempt for ordinariness and for the average man reinforced Kazantzakis's self-concept as the exception and provided a source of personal power for him all his life. In 1927 he wrote to a friend: "These were the best months of my life. I managed to free myself from all that is human—succeeded in getting to the very essence of my being. The image I get is not that of a man but of beast and God joined together. I am continuously shedding off my human nature and like an Egyptian god I am struggling to achieve a unity of animal and the deity; a carnivorous animal and a restless, mortal god who dislikes the transitional, ephemeral image of man" (Prevelakis, 1958, p. 253).

The fairy tale Kazantzakis was weaving in his childhood eventually became a tightly knit, defensive armor which he carried all his life. The heroic, the exalted, and the extraordinary became the only reality he could tolerate; everything else only served as the background, contrast and shadow. This characterological straitjacket eventually marred his creativity. Despite his undeniable genius in using and creating language, and despite his unmatched poetic images of the physical world, Kazantzakis's poetry, as many have observed, is uneven and flawed. The plethora of adjectives (one could say the chaos of adjectives) seems to obscure a major weakness, the absence of genuine human emotion. Through the hyperbolic, often teratologic descriptions of events, the ordinary human voices of lives lived beyond the writer's personal agonies are heard only as distant whispers. The reader of the *Odyssey* is often enraptured by

the power of the images and the lyricism of the verse. Yet one remains on the outside, a spectator, never inside in this process of identification and recognition so central in the experiencing of the great works of art. At the age of thirty-one during a visit to Mount Athos with Sikelianos, another poet and for a while a "brother," he wrote in his diary, "At night in our beds we spoke again of our ultimate desire—to create a new religion. Everything seems ripe. Oh how can we express that what is inside, our most sacred our most profound. . . . This evening I was deeply moved by Tolstoy. His tragic exit, an admission of failure. He wanted to create a religion and all he managed to leave behind were a few stories [novels]. . . . His best substance—he knew it well—was never expressed" (Prevelakis, 1959, p. 8).

Kazantzakis's conscious stance toward sexuality betrays the conflict and the inadequacy of the compensatory myth. The sexual woman, the tempting female body, is the eternal enemy, the destroyer of man's creativity. Man is strong only when he succeeds in overcoming the sexual impulse. The highest proof of such strength is the slaughter of the woman herself (the tragic end in *Freedom or Death*), a metaphor for the sacrificial self-castration, so that man may be allowed to express the sacred flame of creativity. Hartocollis (1983) discussed the complex interplay of sexual and aggressive drives resulting in Kazantzakis's problematic sexual relations with women. In particular, he focused on a severe somatizing skin reaction, diagnosed as the ascetic's disease by Wilhelm Stekel during Kazantzakis's stay in Vienna in 1922. Despite these difficulties, Kazantzakis had a large following of women, and at one time, shortly after the publication of the *Odyssey*, something of a cult was developing around him. His physical presence was imposing; he was tall, slender, and dark, with a strongly sculpted face. His dress was simple but revealed definite pretensions: he never wore a tie; in its place he always wore a gold brooch engraved with the face of Alexander the Great. He also wore a silver belt from the Caucasus, but what distinguished him the most was that he rarely

left the house without carrying a pair of gloves in his hands. Even to an admiring friend (Prevelakis, 1958), the gloves, carried by a male in a Mediterranean country, seemed an affectation. We may conjecture that the gloves, more than the other small ornaments, betrayed the exhibitionistic impulse allowed free expression in this otherwise austere and repressed man. It may be said that the narcissistic valuation of the body, denied and displaced onto the overvaluation of the mind, was claiming a narrow path of gratification. It was compensatory, therefore adaptive; at the same time it could betray, by its feminine overtones, an attack on the aggressive masculinity of the father.

Kazantzakis died in 1957 following a trip to China at the invitation of the Chinese government. He had spent the last ten years of his life in France, living in Antibes with his second wife. He was writing just "stories" (novels) like Tolstoy, mostly with a religious theme. In 1951 he wrote to a friend, "I want to renew and complete the sacred myth on which the whole of Western Christian civilization is based. It is not a simple Life of Christ [I want to write] but a determined holy effort to give blood and flesh again to the essence of Christ, and to wipe away all the rust, the lies and the pettiness that the churches and the clerics of Christianity have deposited upon him. My manuscripts are often wet from my tears" (H. Kazantzakis, 1968, p. 591). Although the scope of the project betrays the writer's unabated grandiosity, the wish to give birth to a new Christ may suggest a lessening of narcissistic rage and a possible realignment of earlier identifications into a more coherent sense of self.

## DISCUSSION

Reconstructing the personal myth from biographical information and from material subjected to the sublimatory power of the creative imagination is a process open to doubt and uncertainty. Even establishing some objectivity in recreating this writer's past life seems a difficult task, despite the size of his correspondence and the written accounts of those who lived



close to him. However, Kazantzakis's personal myth so permeated his life and writings that its existence becomes readily discernible to the informed reader. In the *Report to Greco* (N. Kazantzakis, 1965), his autobiographical essay, from the first pages when Kazantzakis speaks of his ancestors to the last chapter when he gives the final account of his life to El Greco ("my destiny like yours was always to wage war at God" [p. 597]), the writer presents himself and his life as predestined to accomplish extraordinary and superhuman goals. "I tried," he said, "to free men from their mediocrity but didn't succeed and at the end only the dead sirens of mankind, Christ, Buddha and Lenin [remained the only guiding voices]" (p. 595). Kazantzakis, in his seventies, was still weaving the personal myth, the story he started as a child: his ancestors, his parents, his island of birth, and his personal endowment, all were destined to contribute to the workings of his genius. He only had to follow his inner voice and continue transforming matter into spirit.

The origins of Kazantzakis's grandiosity are to be sought in the particular personalities of his parents and their forceful interactions. The father, an unusually oppressive and rigid man, overvalued his firstborn male child while, we may conjecture, the mother, young, lonely, and frightened by the harshness of her brutish husband, turned to the child as the only object for comfort and love. This early bliss may have contributed to a primary strong idealization of self- and object representations. At the end of the first year the narcissistic trauma of the birth of a sibling defensively reinforced the omnipotent core of self- and object representations and at the same time became the source of tension and anxiety for the infant. This was strengthened by the father's gradual disillusionment with the child's dreamy temperament. The father was often quoted as saying he did not recognize himself in this faint-hearted, intellectual son. As the child grew older (in the toddler stage), the mother's withdrawal due to her deepening depression must have created a profound sense of loss in the child.

The mother's attitude at this stage was probably of particular



importance for the psychic organization of the writer. Sullen and hating her oppressive husband, she was at once seeking solace and tenderness in the infant and withdrawing from him as representing the despised and feared male-father. The father's open rejection of his daughters, symbolic of his defensive derision of the female and of extreme castration fears, had, we may assume, seriously compromised the boy's attachment to the mother. Male identity could survive only through a refusal of dependency and closeness to the female. Thus, we presume, the mother became both a source of pleasure, comfort, and protection from the Dragon, and a dangerous and contemptible object to be avoided and despised. These two opposites of the maternal representation seem entrenched in Kazantzakis's memories and probably were the source of many of the contradictions of his personality. In addition, it is possible to suggest that many of the early introjects of a harsh, wrathful, and uncompromising father may have had their origins in the fantasies of the mother, transmitted and projected onto the child. The child may have "seen" the father as much through the eyes of the mother as through his own. The multiple early narcissistic injuries, the contrasting maternal introjects creating tension and instability, and the introjected images of a feared and dangerous father all became sources of anxiety.

The defensive grandiose self and the idealized omnipotent object provided the nucleus for the defensive personal myth of the writer. In this nucleus we find elements of the ideal self (the firstborn male child narcissistically invested by the father), the idealized object in the stereotyped and exalted images of mother and father, and finally, the actual self and objects with a particular "Cretan" coloring. The revolutionary passions of the community must have contributed many of the heroic elements in the child's personal tale. The primitive structures of the grandiose self were gradually enriched and crystallized by the illusions of power and grandeur when the child, moved to the world of books, could now read to the mother and recreate for her the mythical world of saints and early Christian martyrs.

The oedipal confrontation with father, leading to a negative oedipal resolution, made, to quote Kris (1956), the "distortion of the life history [more acute] in order to maintain the repression of the negative oedipal attachment" (p. 665). While in his personal myth Kazantzakis remained uncompromising to the end, this oedipal attachment to the father, sublimated in lyrical forms, was played out again and again in his writings. We saw it in the *Odyssey* when Death in person comes to be with Ulysses in his final hour. More explicitly, we see it in *Freedom or Death* when the hero, alone on a mountain top and surrounded by hordes of enemies, is joined by the despised but loved son, to fight and perish together. Significantly, in both scenes icy snow covers the ground, an allegory for the deadly destruction and desolation that giving in to such an attachment will provoke. It is possible to recognize in Kazantzakis what Kernberg (1984) described as condensation of aggression with the pathological grandiose self. This contamination of the self by aggressive drives, partially sublimated and expressed freely in the writer's works, is nevertheless still to be discerned in his relationship to his first wife whom he often treated with subtle cruelty or total disregard for her needs. Such behaviors are abundantly described in her fictionalized biographical *Men and Supermen* (G. Kazantzakis, 1957).

It is of particular interest that most of Kazantzakis's writings draw heavily from myth and mythical or historical characters. This in itself is not unusual since, as Frye (1961) observed, "in every age poets . . . deeply concerned with the origin or destiny or desires of mankind . . . can hardly find a literary theme that does not coincide with a myth" (p. 600). What is striking in Kazantzakis is that the themes he elaborates are so close to his own personal myth, to the point that the myth seems to exercise a constraining influence on the creative activity itself: the need to repeat the story, to recognize himself in his characters, and to revive the unconscious nuclear fantasy in the described events creates a certain static quality in his writing, which no amount of fictional action and extravagance can correct.

The grandiose fantasy (the nucleus of the personal myth, in contrast to the family romance fantasy in the myth of Kris's patients) was continuously reinforced but also sublimated through the creative efforts of the writer. Despite these efforts, however, the anxieties often surfaced, and other defensive operations were mobilized. Feelings of inferiority were constantly split off and projected onto others, a characteristic that may partly explain the extremes of loyalty and animosity that Kazantzakis stirred among his contemporaries. Two interrelated traits of narcissistic character pathology are readily discernible in the life and work of Kazantzakis.

The first trait is the constant sense of dissatisfaction and emptiness defended against by the continuous search for new impressions or the voracious pursuit of new experience and knowledge. Although this served an adaptive function for the artist in his search for material to enrich his imagination, the extreme degree of this behavior until almost the last decade in his life betrays its defensive aspects. In 1923 he wrote to his wife (N. Kazantzakis, 1958): "If I am away from you, if I am continuously on the go settling nowhere, all this is not out of excessive joy but because of excessive pain. My anxieties are larger than my adventure, my needs are so great I don't know how I can appease them" (p. 128).

The second trait is the failure to have an empathic understanding of others, a deficiency that, as mentioned above, accounts for the writer's limitations in the development of his characters. This is probably more apparent in the *Odyssey*, a poem covering all of the Western world from the time of Homer to the present. It is remarkable how in the poem the range of human personae is narrow: the same stereotypes appear and reappear while the historical times or the locales are described with such inventiveness, knowledge, and imagination. The failure of empathic understanding leads to the dramatic but inhuman ending of Ulysses, who perishes alone on top of an iceberg at the South Pole with only shadows surrounding him.

There was no victorious feeling in Kazantzakis, and there was no final inner peace. The ultimate victory was to conquer fear; the supreme achievement was to stand in front of the Abyss without dread. The end of Ulysses has the elements of an oceanic experience but it lacks the most essential one, i.e., the sense of bliss and narcissistic oneness with the earliest omnipotent object. Werman (1982) described the oceanic experience as follows: "Earth, heaven, and sea resounded as one vast world-encircling harmony" (p. 8). Merging within this harmony, transcending one's own personal boundaries and becoming part of the cosmic whole, restores the initial narcissistic omnipotence. Kazantzakis denounced the deepest human longing for such merger and instead pronounced his defiant negation of the cosmos, of God and Man. Accepting the horrendous secret that nothing exists—facing the Abyss without fear—was in some way the ultimate incarnation of the poet's mythological personal myth.

### SUMMARY

Kris (1956) described the concept of the personal myth as an autobiographical story built around a family romance fantasy seen specifically in obsessive characters and serving a defensive function. In this paper the concept of the personal myth was expanded to include similar defensive constellations originating from within the grandiose self, built around omnipotent and omniscient fantasies and occurring in character formations with pregenital, narcissistic pathology. The case of a known author and poet, Nikos Kazantzakis, was used to illustrate the thesis of the paper. The available biographical material and the work of the author offer evidence to support the claim that the author's personal myth was a protective shield against anxiety originating in early narcissistic traumata.

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## Neglected Classics: Hanns Sachs's "On the genesis of perversions"

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## NEGLECTED CLASSICS: HANNS SACHS'S "ON THE GENESIS OF PERVERSIONS"

BY ALLAN COMPTON, M.D.

### INTRODUCTION

Hanns Sachs's "Zur Genese der Perversionen" first appeared in 1923 in the *Internationale Zeitschrift für Psychoanalyse* (Volume 19, pp. 172-182). So far as we can determine, it was not translated into English until 1966, and that translation appeared only in 1978, as an appendix to Socarides's book, *Homosexuality*. Sachs's paper, nevertheless, is one of the most frequently cited references in the psychoanalytic literature on perversion, and especially on the general theory of perversion. Usually, in the English language literature, the reference is to a summary (for example, that of Gillespie, 1956). The influence of this work has been significant enough that a partial theory of perversion formation came to be called "the Sachs mechanism" by Socarides (1978), who especially has been responsible for focusing attention on this paper, and by others.

The paper was written in unusually dense German, which probably accounts for the slow emergence of translations. If one penetrates the difficulties of language, it is evident that Sachs, utilizing Freud's evolving insights on mental functioning, was able to discern one of the central problems of the different outcomes of mental functioning: How is it that there may result in some cases a symptom, in others a character trait, in yet others a sexual perversion? Sachs pursues the issue for perversion formation largely in terms of the pre-ego-id-superego model of

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psychoanalysis: this paper was published in the same year as Freud's *The Ego and the Id*. The limitation of the theoretical framework has the effect of exposing some of the basic problems about the relation of different types of behavioral phenomena and also of illustrating how theories are constructed to explain such differences. It affords, in addition, the opportunity to see some of the areas in which the "structural theory" offers improved constructs.

Freud's ideas that neurosis is the negative of perversion and that sexual perversion is the expression of a component sexual drive are elegantly simple and powerful. They also proved to be modifiable in response to the clinical data which accumulated. The ideas required modification for at least one clear reason, which Sachs emphasizes: what would satisfy a component drive is far broader in its scope than the specific and restrictive requirements that are usual for perverse gratification. For example, someone with a sadomasochistic perversion will not be excited or gratified by just any sadistic act or fantasy; usually very specific conditions must be met, to the point that rigid specificity for excitement is one of the ways of characterizing perversion. We would ascribe the conditions today to the limitations imposed by the conscious and unconscious components of fantasy which dictate the "script" to be enacted (Stoller, 1975), a formulation not terribly different from that of Sachs.

Sachs in 1923 was following Freud in raising questions about Freud's earlier explanations and taking some of the first and most crucial steps toward a more sophisticated and accurate theory of the formation and expression of sexual perversions.

This is a new translation. It was initially prepared for a course on sexual pathology and sexual perversions at the Los Angeles Psychoanalytic Institute and subsequently corrected for this "Neglected Classics" series. We have dealt with Sachs's footnotes either by incorporation in the text in parentheses or by transposition to the list of references at the conclusion of my discussion following the paper. Square brackets are used to indicate edito-

rial comments or to give the original German of certain particularly ambiguous phrases. The reader should note that Sachs uses the term “repression” (*Verdrängung*), as Freud often did (Brenner, 1957), both to indicate the specific mechanism of repression and as a general term for what we would call “defense.”

## On the Genesis of Perversions

Hanns Sachs

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## ON THE GENESIS OF PERVERSIONS

BY HANNS SACHS

TRANSLATED BY RUTH B. GOLDBERG, PH.D.

We owe to Freud's "Three Essays on the Theory of Sexuality" (1905) the understanding that a perversion is the expression of an excessively strong component drive which is not satisfied through the gratification offered in forepleasure, as occurs upon normal maturation with the establishment of genital primacy; it becomes displaced onto a different erogenous zone and thus onto a different sexual aim incompatible with that of genital primacy. Freud's assertions have been amply confirmed, but psychoanalytic work with the perversions has revealed new problems which require supplementary formulations.

The most important of these problems concerns the relation between perversions and (1) the oedipus complex, (2) the unconscious, and (3) repression. These questions are closely related and may be viewed from the standpoint of the case material or from the standpoint of mental topography [that is, from the theoretical side]. In " 'A Child Is Being Beaten' " (1919) Freud emphasized that our understanding of perversions will remain very incomplete unless the regular role of the oedipus complex is given sufficient weight. In one of the cases he showed that there were remnants of the oedipus complex, and he concluded, therefore, that the excessively strong component drive did not lead directly to the perversion, but rather had been deflected as it was forced to pass through the oedipus complex—as light rays are refracted passing through a lens. This is in accord with the observation that perverse satisfaction as a rule is linked to quite specific, often strange and narrowly defined conditions which, in their individuality, go far beyond the demands of a component drive. Therefore, they are not un-

derstandable on the basis, simply, of component drive expression.

Moreover, even though the component drives in question belong to a very early phase of sexual organization—for example, the oral, anal-sadistic or narcissistic stage—their expression in the perversion is only rarely in the older, objectless mode (autoerotic or primary narcissistic); more generally, expression of component drives in the form of perversion is preceded by a working-over which raises them to a higher stage and gives them the capacity for normal libidinal cathexis of an object, reaching at times even the most refined psychic expression. The formulation that neurosis is the negative of perversion implies, as its corollary, that fantasies, which in the neurotic are repressed and become the basis of symptom formation, become the conscious sexual aim for the pervert. But then, what is the relation of the perversion to the unconscious? A perversion, too, must have unconscious determinants. Perversion does not exempt anyone from infantile amnesia, which we view as a scar left by large-scale warding off of infantile sexuality. And, in fact, the analysis of a perversion leads as inevitably to unconscious material as does the analysis of a neurosis.

In the case of neurosis a repressed fantasy finds expression at the expense of the repressing agency, but only in the form of an ego-dystonic, neurotic symptom; in the case of perversion, a repressed fantasy is capable of becoming conscious and remaining ego-syntonic and pleasurable. (According to a verbal remark by Professor Freud, pleasure must always be capable of being conscious. Repressed pleasure as such does not exist; the repressive process transforms it into unpleasure.) This becomes even clearer if we look at the material of perversion itself as it can be directly observed, and if we compare perverse satisfaction, whether in action or fantasy, with neurotic symptoms. In other respects, apart from the change in the pleasure-unpleasure polarity, perversion and neurosis have much in common. Both are outgrowths of infantile sexual life which has been largely overcome and repressed. Both are relatively insignificant residual



phenomena of an extensive developmental process, conscious representations of unconscious drive vicissitudes. Both merely represent in enlarged and intensified form processes which occur in normal psychic life. A neurotic symptom must be tolerated in consciousness because it affords an adjustment in a disequilibrium between the ego and the repressed. Could it be that the situation is similar for a perversion?

Do these apparently close similarities correspond to what can be observed in analytic work? Genuine similarity seems most likely to be evident in those cases of perverse satisfaction which the individual accepts only with reluctance and in continuous conflict with moral, religious, and aesthetic compunctions. For these patients satisfaction itself is, of course, pleasurable, even if limited by abrasive defensive struggles beforehand, and by remorse, shame, and self-condemnation afterwards.

We can see an even closer correspondence to the neurotic symptom in those instances when the certain condition is exceeded. For example, when the satisfaction takes place in reality rather than in fantasy, or when the victim of a sadistic act feels physical pain (while the pleasure is contingent upon sparing such pain), the reaction is by no means neutral. It is not unlike the mechanism of a neurotic symptom: defense with strong components of anxiety occurs. Freud said, "The experience of real scenes of beating at school produced in the child who witnessed them a peculiarly excited feeling which was probably of a mixed character and in which repugnance had a large share. In a few cases the real experience of scenes of beating was felt to be intolerable" (1919, p. 180).

In one case, I was able to follow in detail the transition from a neurotic phobia to a perverse satisfaction. A severely neurotic young woman suffered from a memory that once, when she was half grown, she had beaten a child with sadistic pleasure in the course of playing and in a way that produced no harm. She also remembered that, shortly after puberty, she sometimes at night beat herself on the buttocks and obtained pleasurable sensations in that way. This patient was barely able to utter ex-

pressions meaning “beat,” especially common nursery words. Every noise reminiscent of beating, such as carpet beating, would drive her wild with repugnance and loathing. After a particularly difficult piece of analysis, masturbation, which had until then been completely repressed, suddenly erupted. The kind of masturbation she engaged in from then on may be considered a form of perverse satisfaction because it took place accompanied exclusively by the fantasy that she was being beaten. From then on her sensitivity to expressions and noises related to beating disappeared completely, and these were treated as commonplace. Initially, repression of the perverse impulse had produced the phobia; now the phobia was again replaced by the perversion. During the rather lengthy, drawn-out repressive process, which had not begun until after puberty, as well as during that portion of the analytic work during which the repression was being lifted, there were intermediate stages where one could not be sure whether one was dealing with a neurotic symptom or a form of perverse gratification. Such a blending is, in fact, not so very rare an occurrence; for example, a masochistic patient who in general did not limit himself to fantasies, but rather arranged for live events, was nevertheless unable to utter certain slang and nursery expressions which designated his favorite instrument of torture without experiencing vivid feelings of dread.

In another case a patient reported that on walking home after his first coital experience, which had been highly satisfactory, he was gripped by an irresistible urge to expose himself and to masturbate in the street. As a compromise, he stood against the gate of a railroad crossing—it had turned dark in the meantime—and masturbated in view of the passing train, thus seen by the eyes of many and yet, perhaps, not seen, certainly not recognized, by anyone. No other outbreak of such exhibitionistic tendencies ever occurred. He came for treatment because of psychical impotence, with only one additional symptom of no practical importance: he was unable to urinate in the presence of others, for example, in a public lavatory. Thus the perverse

satisfaction became transformed into a neurotic inhibition. In the course of the analysis, the patient, a school teacher, dreamed repeatedly of exhibiting himself to his pupils.

It seems to me that a connecting link of basic theoretical as well as practical significance may be found in the so-called addicts—alcoholics, morphine and cocaine users, and those with dependency on smoking or chewing tobacco. These cases are often classified with the compulsion neuroses, because they give such clear evidence of compulsion, in which the individual is overpowered by libidinal forces that have split off from the ego. On the other hand, addictions share with the perversions the feature that one is dealing not with ceremonial actions which are consciously inconsequential or, more often, unpleasant, useless, and time consuming, as is the case with the compulsion neurotic symptom, but rather with uncontestably gratifying acts. Yet again, this gratification is more like a neurotic symptom in that it is a displacement from the originally sexual onto something innocuous, something not belonging to the infantile sexual life. To that extent, the gratification resembles a substitute for sexual pleasure which has been repressed and become inaccessible.

A patient who had taken opiates for some time, always by mouth and never morphine, reported that this limitation had once become disrupted. At the end of an affair with the wife of a colleague, he had for a while taken morphine, once even by injection. He had been aware that the husband of this woman was a morphine addict who gave himself injections. I pointed out to him that he had identified with the “injured third party”—apparently for the purpose of self-punishment. To this, he associated another episode in his life when he had suffered temporarily from a syphilophobia. This had happened after ending an affair with a woman whose husband was already demonstrably paralytic at that time. Here, again, the relationship to an “injured third party” is evident. The patient had reacted to the two essentially similar situations according to the circumstances of each—at one time with an “addiction,” or

more precisely, a significant change in the already existing one, at the other time with a neurotic symptom, a phobia. These data, it seems to me, convincingly demonstrate the similarity in the psychic substructure of the two phenomena [i.e., addiction and phobia].

Thus, with the insertion of the “addicts” as a connecting link, it is possible to construct a continuum with perverse gratification at one end and the neurotic symptom at the other.

An additional and illuminating feature is demonstrated in Freud’s analysis of the fantasy, “a child is being beaten,” which is thus far the most thorough elucidation of a form of perverse gratification. We see that the fantasy passes through three phases: (1) father beats the child I hate; (2) father beats me; (3) a child is being beaten. As this process occurs, nearly everything about the fantasy is transformed: the person doing the beating, the one being beaten, and even the motivation. The motivation is at first jealous hatred against a rival, later on feelings of guilt over incestuous wishes, and the regressive substitution for those wishes by the beating fantasies. Yet one component remains constant; it is already present in the first version, continues into the second, and remains in the third, capable of being conscious even though pallid and ill-defined. That element is the image of a beating taking place, and that is precisely the fantasy linked to perverse gratification which leads almost compulsively to masturbation. In my experience the pattern is similar in other forms of perversions; in their development up to puberty and even beyond, they undergo many transformations; the scenes of action and casts of characters change, but one particular component or a small group of them survives the changes and then becomes the carrier of pleasure. All of the pleasure contained in the other components is transferred onto this remaining one, which then represents them in consciousness, while all the others are repudiated and completely repressed in the course of development—just as the neurotic symptom represents unconscious fantasies. These events are particularly evident in fetishism, in which a fragment of the repressed complex is preserved in consciousness, in a fashion similar to the stead-

fast preservation of a harmless screen memory behind which the essence of repressed infantile sexuality is being concealed. The difference is that in fetishism an extensive displacement of affect results in fusing all of the (sexual) pleasure preserved from childhood with this one remaining fragment. Many years ago, Freud reported to the Vienna Psychoanalytic Society the case of a man who had remained fetishistically fixated on women's thin and unattractive ankle bones and lower calves. This traced back to a lesson with his English governess when she had something wrong with her foot and had her leg (by the way, most properly covered up) raised up onto a chair while he was sitting opposite her. The sexual curiosity which had led the boy to ascend in fantasy to the genitals had been completely wiped out of memory, repressed, as had been the memory of a similar earlier experience with his sister when possibly his wish had been fulfilled. Instead of these memories he kept as a fetishistic wishful aim the image of a harmless scene which was, however, intimately connected with the repressed.

The odd and often grotesque features of some perversions can be explained by the fact that we are dealing with only a single fragment torn out of the context of the infantile experiences and fantasies which celebrate their resurrection through it. By itself this fragment is as unintelligible to the pervert himself as it is to others. Thus, for example, a serious and educated man reported in analysis that he knew only one kind of sexual satisfaction: hearing a woman urinate. Who the woman was did not concern him, nor was he interested in watching her urinate—just the sound itself was arousing to him. When he wanted sexual satisfaction, he would go to a specific public toilet where, he knew, the sounds were audible through the dividing partition. There he would masturbate in his toilet stall after becoming sufficiently aroused by listening. I had to discontinue his analysis for extraneous reasons. From the material produced until then, however, one could conjecture with confidence that here again there was a remnant of infantile sexual curiosity directed toward the female genitals.

Thus perversions are brought about by the preservation in



consciousness of a particularly suitable bit of infantile experience or fantasy life, preserved through all the storms and stresses of development, even that of puberty, and remaining fixed in consciousness. The pleasure belonging to infantile sexuality becomes displaced onto this small fragment while the other drive representatives have fallen victim to repression; undoubtedly this process occurs under the guidance of those component drives which predominated, either by reason of predisposition or by virtue of having been excessively gratifying. But-tressed in this way and endowed with a high pleasure premium, the remnant proves itself strong enough to compete successfully with genital primacy.

The question is: What constitutes this "particular suitability" of the fragment that accounts for its success? We already have a partial answer: it must represent that pregenital stage of organization to which the individual is fixated especially strongly. The overpowering component drive must find its particular form of expression and satisfaction through the conscious fragment. In addition, we may assume that this particular fragment stands in some special relationship to the ego which enables it to escape repression. In the case of screen memories the fragment has remained outside the repressive process by virtue of its apparent harmlessness, its inconsequentiality. Experiences which become the building blocks of a compulsion neurosis are likewise allowed to be maintained in consciousness. They owe this to the process by which the affect is split off from the ideational content to which it belongs, in other words, to the mechanism typical for the compulsion neuroses.

In the case of perversions, however, the perverse satisfaction by no means appears harmless or inconsequential to consciousness, nor has there been any splitting off of affective content, as evidenced by the high degree of pleasure gain derived from it. Thus there must be something else, something unique, to which the manifestation of a perversion is quite specifically linked.

To reach an understanding of this process, we must remember something that Freud emphasized in his lecture at the

Seventh International Psychoanalytic Congress, namely, that the repressed drive impulses which became unconscious by virtue of their being expelled are not alone in being unconscious; there also exist unconscious components in the ego itself. The explanation for the two most conspicuous phenomena of this kind, resistance and guilt feeling, is that the agents of the repressive process are brought into such intimate contact with their opponents that they in turn can no longer maintain the capacity of becoming conscious—as in former times, when bailiffs and catchers of thieves were excluded from decent society because of the onus of their occupation. This suggests that the term “ego-syntonic” can include many different kinds and modes of adaptation. In particular, we must always keep in mind that repression is a dynamic process, not vanquished by reason, a process in which the stronger drive organization supplants the weaker one and may in turn be supplanted at a later stage of development. In such a struggle of instinctual drives, the long-term victor will, of course, be the one which yields the greatest premium of pleasure. It follows that an unusually strongly developed component drive will be particularly difficult to vanquish; indeed, complete subjugation of such a source of pleasure may perhaps be quite impossible. In such a case a certain measure of repression may still be achieved by a compromise. The partial complex may be allowed to retain the pleasure belonging with it and is admitted into the ego; it is, so to speak, endorsed. The other components, now dissociated from it and weakened by the change of sides of their former confederate, are then easily enough repressed and held in repression. This method of division [*Dieses Auskunftsmittel der Teilung*], by which one fragment enters into the service of the repression and thus takes with it into the ego the pleasure of a pregenital developmental stage while the balance falls into repression, seems to be the mechanism underlying perversions.

The principal and most difficult task of repression generally concerns the detachment from the infantile object choice—the oedipus complex and, to a lesser extent, the castration complex

which lately has become of increasing interest to analysts. (See the writings of Starcke, Abraham and Alexander, among others, in this Journal.) One can expect that a mechanism, such as that described above, would play a considerable role in regard to these important tasks of repression. This is especially true in cases where the fixation on the love object and hence the repressive struggle are excessively strong, and therefore the attachment of the libido to a constellation outside the sphere of later genital gratification, or its regressive cathexis, offers a possible alternative. Thus the component drive does not simply continue directly into the perversion, but rather does so only after passing through the oedipal conflict and entering into a specific relationship with it by virtue of the involvement of repressive processes.

This mechanism is particularly noticeable in the fantasy "a child is being beaten." In the initial version the fantasy is only an extension of the oedipus complex with special emphasis on the hostile sadistic attitude toward the rival. It probably would fall victim to repression, just like many similar fantasies, except that with a minor working over, it lends itself as a means of replacing the forbidden, genital oedipal wishes with a wish attuned to the prevailing anal-sadistic component drive. A further working over then erases the last traces reminiscent of the oedipus complex: the persons of the father and of oneself are eliminated, resulting in the final product of the perverse fantasy, capable of being conscious and of yielding pleasure. Our attempted explanation is equally applicable to the average case of male homosexuality: fixation on the mother is too strong for a normal process of detachment. In order to become possible at all, fixation on one's own sex—that is, a product of narcissism and retreat before the dread of castration—must be sanctioned and become incorporated in the ego. In the case of exhibitionism discussed above, it would seem that for this man, who was to suffer later from impotence, the liberation from the mother and sexual intercourse with other women were tied to an inner proviso of a one-time breakthrough of the exhibitionistic tend-

encies. It is no surprise that the first occurrence of impotence, a few years later, was with the same woman and, indeed, while they bathed nude in a stream together.

As a matter of fact the mechanism just described allows us to understand the transition from perversion to neurosis if we keep in mind that repression proceeds stepwise in accord with the respective developmental stage of the libido organization. It is therefore quite likely that a complex employed in the service of repression will itself in turn fall victim to repression at a subsequent developmental stage. But it may also happen that under the right external conditions, this same formation will again be retrieved. In that event frustration will produce not a neurosis but a perversion, as is observed with some frequency. The latter, however, only gives the appearance of being a new formation; in actuality it had already acquired the right to exist during early struggles around the oedipus complex. Later, in more quiet times, this privilege was lost and then again renewed, like the renewal of a lapsed patent of nobility previously granted and then again withdrawn when the family fell out of favor.

Now we can also understand why one does not find fewer neurotics among perverts than among normal individuals. Such a co-existence of the positive and negative develops when, subsequent to the splitting off of a fragment which is then incorporated into the ego and raised up to become the aim of perverse gratification, the rest of the repressed components retain—or subsequently reacquire—sufficient strength to gain expression through the compromise of a neurosis. The more simple case in which various fixation points have been resolved in a variety of ways does not need elaboration here.

The weakening of censorship during dreaming results in the enlargement of ego boundaries at the expense of the repressed. Accordingly, it is easy for the dream work to make use, on occasion, of a mechanism similar to that just described, which we know to be the general one for bringing repressive struggles to a close, that is, to take a fragment of the repressed into the ego

(that is, into the manifest content of the dream). The case reported by Rank (1922), as well as the exhibitionistic dream of the teacher reported above, are good examples in which dream and neurosis represent opposites, similar to the contrast of perversion and neurosis. In the anxiety dream the success achieved by means of a final reinforcement of the repression through a transformation of affect is again reversed, but the expression in the ego is maintained [in the form of the fragment of the repressed] and is particularly apparent in the greater transparency of the anxiety dream.

Thus, in the formation of a perversion, a component drive is treated in an exceptional way, and a portion of the ideation cathected by it is allowed admission into the ego as a wishful pleasure aim, in order to obtain its support in the repressive struggles, particularly against the oedipus complex. It must be stressed, however, that this describes only the mechanism, not the motivation for its expression. The component drive does not gain strength only by virtue of this alliance; on the contrary, the reason for the selection of a particular drive for special treatment is that it had previously developed greater than normal strength, whether through constitutional-hereditary predisposition or because of unusual gratification experiences.

## Discussion of Sachs's "On The Genesis Of Perversions"

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## DISCUSSION OF SACHS'S "ON THE GENESIS OF PERVERSIONS"

BY ALLAN COMPTON, M.D.

When Sachs wrote this paper, Freud's *The Ego and the Id* had not yet been published, nor had Freud interpolated the phallic-oedipal phase into his developmental scheme of infantile sexual organizations. (Both of these developments occurred later in 1923). The full significance of castration fear was not yet appreciated. In fact, the first theory of anxiety—anxiety as the result of the transformation of libido by repression—remained *the* psychoanalytic understanding of anxiety. In that theoretical context, Sachs's paper approaches some strikingly modern issues and formulations, while nevertheless remaining in the model of the mind comprised by the topographic mental apparatus and the classical theory of instinctual drives.

The issue that Sachs was addressing is: How does a perversion arise? It had become clear that the formulation that a perversion represented the direct expression or "prolongation" (Freud, 1905) of an infantile component sexual drive (oral, anal, urethral, sadomasochistic, scopophilic/exhibitionistic) was inadequate. Sachs presents several of the observations that demonstrate this inadequacy. The idea of a component drive which is excessively strong, either because of genic endowment or very early experience, remained, however, his central explanatory device.

Sachs made use of Freud's ideas from "A Child is Being Beaten" to improve the earlier theory of perversion formation. In that paper Freud traced changes in the content and topographic position of a pleasure-laden fantasy and pursued the

eventual reflections of these changes in character formation. Sachs focused on the maintenance, through all of these changes, of one element: the activity of beating ("spanking" probably renders the idea most closely for Americans). He saw this persistence as a paradigm for perversion formation. In the present paper he proposes the following sequences of events. The overly strong component drive has effects in determining the nature of infantile (preoedipal) sexual experience, resulting in the formation of certain pleasure patterns in behavior and in fantasy. As development proceeds, however, and the child becomes more intensely object directed, new pleasure patterns and fantasies also arise. The oedipal phase, in particular, influences and is influenced by the ongoing component-drive determined fantasies. In the course of the defensive struggles of the oedipal phase, one element of the pre-existing pleasurable fantasy is reinforced. This occurs for several reasons: (1) it proves impossible to ward off this overly strong component drive altogether; (2) the particular element is less unacceptable than the other elements; (3) this element and its pleasure aspect are of use in warding off oedipal impulses, as well as other elements of the preoedipal fantasy. The result of this process is that this element is "accepted" in consciousness, in a manner analogous to, but not identical with, the manifest content of a dream or the conscious aspects of a neurotic symptom. In particular, the positive pleasure "valence" is retained and pursued in waking life.

Thus, some particular element of early infantile experience, the importance of which is determined by its serving as an expression of an unusually strong component drive, retains access to consciousness as a vehicle of pleasure, while the balance of related elements are warded off and remain as unconscious fantasy, altered by the oedipal transition. The retained element simultaneously serves the purpose of defense against oedipal impulses and fantasies. It is this conjunction of forces and functions that results in the perverse behavior and/or fantasy.

By "modern" standards a good deal is missing from Sach's formulation of how a perversion is formed: the role of the su-

perego, aggression, castration anxiety, and more sophisticated concepts of defense are the most obvious omissions. Given the absence of most of these concepts at the time Sachs wrote the paper, however, the similarity of his theory to a number of recent ideas is striking. In effect, although he does not use the words, Sachs has seen that perversion, like symptom and character trait, is a compromise formation, and that various aspects of drive and ego functioning play shifting roles in defense. Thus, his ideas of perversion formation fit very well with Brenner's (1982) formulations of the role of compromise formation in mental life and with Arlow's (1971) observation that incipient perversion and subsequent character traits may have a common origin, structure, and function.

Sachs was also perspicacious in discerning some very crucial ideas about development in Freud's 1919 paper, including the transformation of the fantasies and structures of one developmental phase by subsequent developmental events. In particular, the developmental passage of earlier material through the oedipal funnel, or "lens," as Sachs prefers, has a determining influence on the formation of perversion: the perversion in its eventual form most certainly does not exist prior to the phallic-oedipal phase.

Also impressive, and in favorable contrast to a good deal of more recent work, is the closeness of Sachs's explanatory constructs to clinical observation. The "Sachs mechanism" is put in terms of mental content, both conscious and unconscious, and observable behavior. Is it possible to arrive at an adequate explanation of perversion formation and perverse sexual behavior without some set of constructs which specifically provides, as Sachs's constructs do, for the simultaneous augmentation of pleasure and the function of defense?

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## Margaret S. Mahler 1897–1985

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## MARGARET S. MAHLER

1897-1985

On October 2, 1985, Margaret Mahler died at the age of eighty-eight. She lived to see her work become a major factor in the enlivening and enrichment of psychoanalysis that has taken place in the last quarter century. She was a central figure on the world stage of psychoanalysis.

Mahler's contribution, like most major contributions, stemmed from a fortuitous blend of circumstance and personality. The circumstance was her opportunity to observe mother-infant interactions close-up during her work in a well-baby clinic in pre-World War II Vienna, this coincident with the observational opportunities provided by clinical psychoanalysis. And the personal contribution came from an intense creative drive coupled with an exquisite sensitivity to certain features of the human condition—a sensitivity that could only be a product of a deeply personal history and which, to our gain, she was able to transform into creative thought.

As is well known, the central thrust of her major work took shape four decades ago with the study and explication of what she referred to as “symbiosis” and its place in certain severe pathology of very early childhood. This evolved into the study of normal development of mother-infant pairs, an effort which, in turn, led her to the formulation of a separation-individuation process with its now-familiar subphases: differentiation, practicing, rapprochement, and object constancy. A clinical-observational researcher and theorist in the best sense, she always had a respect for data and continued to refine and alter her thinking—even into her last years and months.

While her mode of thinking was very much that of a pioneer, Mahler nonetheless always comfortably placed herself and her work in the mainstream of psychoanalysis. Without any discern-



ible conflict she was, however, able to follow the tributaries of her own thought and not be caught totally in the mainstream. She is considered an “object relations theorist” by many people today; but, from early on, she viewed her work as the study of early ego development, specifically of the development of object relations from the standpoint of the ego—that is, the developing awareness of the child. This she saw as supplementing Freud’s work on the place of object relations as the end point through which drive gratification is achieved. In following her own thought, she ultimately gave us a framework for understanding the emergence and consolidation of a differentiated self, a self in relation to others. I mean to suggest neither virtue nor vice in her placing herself squarely in the mainstream, but only to convey the sense of the woman—her relation to her history, her training, her mentors, and her view of herself. Among those she referred to in an admiring personal way, with a sense of the continuity of her work with theirs, were Freud, of course, and Ferenczi and Spitz.

Mahler was very much aware of the divided reaction that her work received among analysts—that is, its being welcomed and utilized by the many who saw its place in development and its use in clinical work, and the skeptical view of it taken by another large number, those who questioned our ability to make inferences about the preverbal period. Early on, the latter reaction distressed her; in more recent years, she seemed to accept it with near-amusement as a fact of life in the field. Ever the researcher, she tried to marshal compelling arguments regarding the inference possibilities that are available to us. And ever the clinician, she felt clear that the phenomena of separation-individuation had a compelling place in human life and thus required us to study their origins. But mostly she just went her way, buoyed by the widespread acceptance of her contributions which enabled her to continue in her path.

Following the publication of her major work on the separation-individuation process, Mahler became strongly invested in bringing the work to mothers and their infants. Her goal was to

make her work useful, to enable mothers to understand their infants and toddlers better, and thus to help the children in their course through these early stages. She never ceased being active. Right up until a few days before her death, she was planning, thinking, studying. She had planned to attend the International Symposium on her work to be held in Paris in November 1985. She had an unceasingly active mind.

Personally, Margaret Mahler was a demanding colleague. She saw through sham in a moment and was capable of wonderfully frank assessments of those who surrounded her. She demanded honesty and she was intellectually and personally honest herself. She demanded work and she worked hard in return. And she demanded, really thrived on and required, personal loyalty; and she was loyal in return. Her relationships were not easy; the quality of intimacy is often not easy.

At a celebration in her honor on the occasion of her eightieth birthday, a day that included a symposium built around her work, I had the opportunity to say: "Margaret, we give you the gift of this day in your honor. You have given the profession, and all children, the gift of your special illumination of the life process." That gift to psychoanalysis, to practicing clinicians, and to children remains with us. Her personal loss is a loss to each of us who were inside the force field of her energy, who knew her imaginativeness, her playfulness, and her friendship.

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## The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887–1904. Translated and edited by Jeffrey Moussaieff Masson. Cambridge, Mass./London: The Belknap Press of Harvard University Press, 1985. 505 pp.

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## BOOK REVIEWS

THE COMPLETE LETTERS OF SIGMUND FREUD TO WILHELM FLIESS, 1887-1904. Translated and edited by Jeffrey Moussaieff Masson. Cambridge, Mass./London: The Belknap Press of Harvard University Press, 1985. 505 pp.

This is a most scholarly work that belongs in every psychoanalyst's library. *The Origins of Psychoanalysis*<sup>1</sup> contained only a little more than half of the Freud-Flieiss letters. We can now read all 284 letters, including 133 which did not appear before. There are no deletions except for the disguising of patients' names and the omission of the "Project for a Scientific Psychology," which is available in the *Standard Edition*, in an excellent translation, and in *The Origins*. Included are both newly discovered letters and letters which were intentionally omitted in *The Origins*.

The scholarship appears immaculate. Lotte Newman prepared a draft of the translation, and Masson and Marianne Loring revised it several times. Anna Freud and others were consulted when needed. Footnotes identify persons who are mentioned and clarify some confusions. Most of these are helpful, but a few seem unnecessary. For those who do not know the languages, translations of the German titles of articles and of Latin and French quotations would have been useful.

Readers are expected to be able to place the letters in historical perspective, either through knowledge they have accumulated or by concurrently reading books and articles which Masson suggests. These include the Jones and Schur biographies of Freud<sup>2</sup> and Kris's introduction to *The Origins*. Personal views of the editor, which have aroused controversy,<sup>3</sup> are hinted at only minimally in the footnotes. Objectivity is aimed at and achieved.

<sup>1</sup> Freud, S. (1887-1902): *The Origins of Psychoanalysis. Letters to Wilhelm Flieiss, Drafts and Notes: 1887-1902*, ed. M. Bonaparte, A. Freud & E. Kris. New York: Basic Books, 1954.

<sup>2</sup> Jones, E. (1953, 1955, 1957): *The Life and Work of Sigmund Freud*, Vols. 1, 2, 3. New York: Basic Books.

Schur, M. (1972): *Freud: Living and Dying*. New York: Int. Univ. Press.

<sup>3</sup> I refer to Masson's contention that Freud abandoned the seduction theory totally and thus rejected the truth. See Masson's *The Assault on Truth: Freud's Suppression of the Seduction Theory* (New York: Farrar, Strauss & Giroux, 1984).

Freud did not want his letters published. After Marie Bonaparte purchased them from a book dealer to whom Fliess's wife had sold them, Freud wanted them burned, but Bonaparte refused. Eventually, after the letters escaped the Nazis in Vienna and the German torpedoes that might have destroyed the ship that carried them to England, they were published in edited form after Freud's death. That edition omitted or abbreviated "everything publication of which would be inconsistent with professional or personal confidence."<sup>4</sup> Even before the present volume, some researchers obtained access to the unpublished letters and included reference to them in articles or books, particularly Max Schur and Frank R. Hartman, who wrote about the Emma Eckstein episode.<sup>5</sup>

In February 1895 Fliess operated on Emma Eckstein, a patient of Freud's, and unknowingly left a half meter of gauze in her nasal passages. The resulting infection and hemorrhages nearly killed her, but she was saved by an otolaryngologist who discovered and removed the gauze. Schur convincingly suggested that Emma was the Irma of Freud's famous specimen dream of 1897. Hartman ascertained that Irma was a pseudonym for Anna Hammerschlag, not Emma Eckstein. Then, arguing that Schur was wrong in calling the Emma Eckstein episode the "day residue," indicating a "current conflict," he pointed out that the Irma dream occurred several years later. He appeared skeptical of Schur's position that Emma's operation "might have been an important element in Freud's self-analysis because it was a repetition of his childhood conflicts."<sup>6</sup>

The reader of the letters cannot but be struck by Freud's apparent identification with Emma Eckstein. Freud, who was very concerned about his health even before her surgery, and who at the time considered Fliess one of his best personal physicians, along with Breuer, had been operated on by Fliess around the

<sup>4</sup> Freud, S., *op. cit.*, p. ix.

<sup>5</sup> Schur, M. (1966): Some additional "day residues" of the "specimen dream of psychoanalysis." In *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*, ed. R. M. Loewenstein, L. M. Newman, M. Schur & A. J. Solnit. New York: Int. Univ. Press, pp. 45-85.

Hartman, F. R. (1983): A reappraisal of the Emma episode and the specimen dream. *J. Amer. Psychoanal. Assn.*, 31:555-585.

<sup>6</sup> Hartman, F. R., *op. cit.*, p. 583.

same time as Emma Eckstein! He wrote of Emma's serious nasal infection and of his own milder one in the letters of that time. Following Fliess's precepts, he cocaineized his own nose and found that his headaches were relieved by the draining of pus that followed. Must he not have fantasied that Fliess mistreated and tortured him as well as Emma but repressed or denied these ideas as he idealized his colleague?<sup>7</sup> When Freud watched Emma hemorrhage, he became ill and nearly fainted, probably not only out of guilt for sending his patient to Fliess and thus participating in the mistreatment, but also because he too felt like a victim. Couple this with Freud's obvious affection for Fliess and one must assume at least a temporary sadomasochistic relationship evoked by the events. As Grinstein observed, Freud must have been wary of his upcoming nasal operation at Fliess's hand.<sup>7</sup>

Whatever the unconscious significance of the Eckstein episode, I think Kanzer,<sup>8</sup> following Schur, was correct when he said it played a significant role in Freud's self-analysis and in his disillusionment with and detachment from Fliess. Perhaps the actual impetus to end the relationship came from Fliess, as Masson suggests, but it appears to me that it was mutually motivated. Fliess *did* close the door to Freud's friendship when he accused him of stealing and abetting the theft of his idea of bisexuality. The final letters of the book include several by Fliess that demonstrate this. But Freud did give him a degree of justification when he earlier forgot Fliess's having introduced the idea of bisexuality and claimed it as his own.

The drama acquires a quieter tone when the letters reveal more about Freud's self-analysis. In October 1897, Freud wrote, "There is still very little happening to me externally, but internally something very interesting" (p. 268). He then revealed a number of interweaving oedipal and preoedipal themes. In a single letter, he associated the seductive but punitive maid who was the "prime originator" of his neurosis with his mother whom he saw *nudam*, awaking his libido, at about two-and-a-half years of age. Then, perhaps as a regressive expression of his oedipal guilt, he recalled

<sup>7</sup> Grinstein, A. (1968): *Sigmund Freud's Dreams*. Second Edition. New York: Int. Univ. Press, 1980.

<sup>8</sup> Kanzer, M. (1979): Introduction: a map of a psychoanalytic journey. In *Freud and His Self-Analysis*, ed. M. Kanzer & J. Glenn. New York: Aronson, pp. 3-19.



that he greeted his brother's death when he was about one and a half years old with "adverse wishes and genuine childhood jealousy" and added "that his death left the germ of [self-]reproaches in me" (p. 268), a translation more accurate than the one in *The Origins*. This material and what follows is rich and pithy, full of valuable ore waiting to be mined. Indeed, Blum<sup>9</sup> has observed that we have here the first preoedipal reconstruction. Grigg<sup>10</sup> pointed to the importance of the nursemaid, who was Catholic, in structuring Freud's oedipus complex and determining his inhibition about travel to Rome. In addition, I believe Freud's relation to the nurse formed a basis for his countertransference to Dora, who identified with a maid and who was seductive toward him and deserted him as the nurse of childhood had done.<sup>11</sup>

Freud, the human being with major foibles, dominates the letters, more so in this volume, because the editor has retained every word. We find the early Freud worrying about his heart, trying to decide whether his pains are due to intrinsic cardiac disease, nicotine poisoning, "actual neurosis," or psychoneurosis. He struggled to learn the truth from Fliess and from Breuer, his physicians. He fell for Fliess's fantastic theories and applied them to himself, applying cocaine to his nose and finding relief from depression and headaches.

Freud attempted to obey Fliess and to give up smoking and remain "abstinent" (his word), but found it difficult to renounce the pleasure. Later, as Freud analyzed himself, the idea dawned on him that masturbation is the primary addiction that is replaced by such other addictions as morphine and tobacco (December 22, 1897). Here also we find Freud suspecting strongly that coitus interruptus and the use of condoms produce neurasthenia and then announcing to Fliess that Martha was happy because she would not become pregnant soon; their contraceptive method was abstinence, rather than the methods he thought would produce actual neurosis.

<sup>9</sup> Blum, H. P. (1977): The prototype of preoedipal reconstruction. *J. Amer. Psychoanal. Assn.*, 25:757-785.

<sup>10</sup> Grigg, K. A. (1973): "All roads lead to Rome": the role of the nursemaid in Sigmund Freud's dreams. *J. Amer. Psychoanal. Assn.*, 21:108-126.

<sup>11</sup> Glenn, J. (1986): Freud, Dora and the maid. *J. Amer. Psychoanal. Assn.*, in press.

Freud's relationships with his wife and children appear in the letters, but less clearly than his tie to Fliess. A lost dream about Martha which Freud was going to publish in the Dream Book, one which was more fully analyzed than the Irma dream, is still absent. Fliess insisted that it not be published as it was too revealing, and Freud finally agreed. It is not certain whether this dream's indiscretion concerned Martha or some political matter. Another dream (February 9, 1898), the content of which Freud also did not reveal, associated Martha, Freud's nursemaid, and his mother with one another. Freud wrote, "One cannot really subject one's wife to reproaches of this sort" (p. 299), and hence could not publish it.

Freud's tender concern for his family, his attempts to indulge them during vacations, his worries about their health, his pleasures in his "rascals' " activities peep through. Martha does not appear to have enjoyed travel as much as Freud does. Further, she seems to have been too busy looking after the children and too conscientious to wander off. Freud was pleased when she ventured further than usual.

Martha Freud figures in the letters to only a limited degree. She encouraged Freud's friendship with Fliess while Ida Fliess, out of jealousy, tried to disrupt it (p. 196, n.). A major factor in the decline and ultimate demise of the relationship was the unconscious homosexual current which for a long time had strengthened and propelled it. On August 7, 1901, Freud wrote: "There is no concealing the fact that the two of us have drawn apart. . . ." He quoted Fliess as telling him "that 'the reader of thoughts [Freud] merely reads his own thoughts into other people' which renders all my efforts valueless." He replied with a powerful interpretation of their relationship which Schur published but which did not appear in *The Origins*: "I do not share your contempt for friendship between men, probably because I am to a high degree part of it. In my life, as you know, woman has never replaced the comrade, the friend. . . ." He then remarked on "the nice example of the accomplishments into which the androphilic current in men can be sublimated" (p. 447). Fliess, who had alerted Freud to universal bisexuality, backed away from its manifestations in the two men. Freud struggled with the homosexual currents within himself—he rejected the concept at first and then repressed the fact that Fliess

had told him of it—and finally used his self-observations to help him acquire insight into creativity.

As we read the correspondence, we see that Freud's scientific thinking grew stronger as he acquired experience and maturity, but he never fully freed himself from the influence of Fliess, whom he idealized. Freud accepted Fliess's extravagant ideas about the nose and periodicity on faith, and then provided seeming evidence to support his friend's theories. He said he could not understand all of it because of his lack of mathematical ability. He was seriously offended when Fliess proclaimed that, due to a biological rhythm, Freud's patients would recover regardless of the psychological treatment.

In the letters, Freud repeatedly stated that he needed Fliess to continue his work. Fliess was the "secret sharer" that Meyer<sup>12</sup> found many creative persons need, i.e., an alter ego, a real or imagined person similar to them, for whom they write.

Jones<sup>13</sup> demonstrated that men of genius often harbor irrational and superstitious ideas that contrast with their scientific achievements. Certainly this was true of Freud. The fact of his genius should not blind us to his irrational qualities, which can jar our sensibilities even as they bear witness to his humanity.

*The Complete Letters*, which provide even more information than those in *The Origins*, contain no surprises for the reader, since we have learned much about the heretofore unpublished letters from books and articles by Jones, Schur, Hartman, and others. Nevertheless, reading the letters first hand etches more sharply a picture of the Freud of 1897-1904. These letters to Fliess, together with his correspondence with others that has been and will be published, will help us to further understand Freud's achievements in particular and the psychology of creativity and genius in general.

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<sup>12</sup> Meyer, B. C. (1972): Some reflections on the contribution of psychoanalysis to biography. *Psychoanal. Contemp. Sci.*, 1:373-391.

<sup>13</sup> Jones, E. (1956): *Sigmund Freud. Four Centenary Addresses*. New York: Basic Books.

SEVERE PERSONALITY DISORDERS: PSYCHOTHERAPEUTIC STRATEGIES. By Otto F. Kernberg. New Haven/London: Yale University Press, 1984. 381 pp.

In a 1976 book review, Kernberg stated that "psychoanalysis has yet to develop a systematic theory and technique of psychotherapy, and . . . the development of such a theory and technique would expand psychoanalytic knowledge and its application to the large number of patients who require psychoanalytic psychotherapy, but who cannot benefit from non-modified psychoanalysis. . . ."<sup>1</sup> This statement describes the thread that runs through and binds together the twenty-two chapters of this book on the diagnosis and treatment of patients with severe psychopathology. The book is a quest for the expansion of psychoanalytic knowledge through psychoanalytically informed diagnostic and psychotherapeutic work.

Fenichel also expressed a hope for attainment of the elusive goal of psychoanalysis establishing a systematic basis for psychotherapy. He stated: "An analyst is able to use the patient's symptoms, history, behavior, and utterances for the purpose of establishing a 'dynamic diagnosis' about the patient's leading conflicts, the relative strength of repressing and repressed forces respectively, the defense system and its weak spots, the patient's rigidity and elasticity, and his general accessibility."<sup>2</sup> He listed different kinds of therapeutic interventions, including interpretation, and predicted that "a psychoanalytic theory of non-psychoanalytic influence [would] soon be advanced."

In his search to reach this goal, Kernberg emerges as a skilled psychiatric diagnostician, a resourceful clinician, a consultant who has experience with a wide variety of treatment cases, and a hospital director with a wealth of knowledge about inpatient groups and inpatient management. The first chapter, "Diagnostic Considerations," sets the stage for understanding the intrapsychic structural characteristics of patients with severe pathology. The next chapter, "The Structural Interview," sharpens the concept of dif-

<sup>1</sup> Kernberg, O. F. (1976): Review of G. Blanck & R. Blanck: *Ego Psychology: Theory and Practice*. *Int. J. Psychoanal.*, 57:363.

<sup>2</sup> Fenichel, O. (1944): Brief psychotherapy. In *The Collected Papers of Otto Fenichel*, Second Series. New York: Norton, 1954, p. 256.

ferential diagnosis and helps the clinician close in on information with important prognostic and therapeutic implications. These chapters recapitulate Kernberg's well-known theoretical views on the quality and organization of internal object relations, considered as substructures of the ego. Neurotic, borderline, and psychotic organizations are differentiated in terms of the degree of identity integration, habitual modes of defense, and the capacity for reality testing.

The chapter on "The Structural Interview" is a model of clinical skill and experience. Like many of the clinical sections in the book, it offers valuable guidance to those who work with sicker patients. Kernberg's approach includes a focus on patient-interviewer interactions as they are elicited during a probing of the patient's conflicts and defenses. He presents an orderly progression of an initial focus on symptoms, questions eliciting information about the way in which the patient feels about himself as a person, and questions about the patient's relationships with significant people. These questions expose disturbed reality testing in psychotics and identity diffusion and primitive defenses in borderlines, which then serve as the focus for further investigation. In the diagnostic interview, the therapist "utilizes his own affective reactions to the patient in order to clarify the nature of the underlying activated object relations" (p. 50). One caution for the reader is that Kernberg's interest in and emphasis on contradictory attitudes expressed by the patient can leave the reader with the impression that such contradictions usually reveal unintegrated self-experiences which overlay split self- and object representations expressed by borderline patients in regressed transference phenomena. Actually, of course, there are many motives and underlying structures for these contradictory attitudes, of which split representations are only one.

In Part Two, several chapters on expressive and on supportive psychotherapy take up the indications and contraindications for each of these treatment modalities. Case illustrations are liberally provided. Kernberg is an astute, sensitive, active clinician, who is able to apply a wide range of types of psychotherapy. He comes through as an authoritative and sometimes authoritarian person to his patients. Setting limits upon behavior and upon extratherapeutic communication is often necessary when treating severely disturbed patients. Nevertheless, Kernberg's frequent assertion



that he is maintaining a position of "technical neutrality" when in fact he is taking an active role in the patient's life, does not sufficiently differentiate this transference compromise from the neutrality of psychoanalysis proper. Kernberg also does not clarify the extent to which the data from which he draws his theoretical conclusions have been influenced by this compromise.

Chapter 5, "Problems in the Classification of Personality Disorders," is a tour de force. Kernberg tackles DSM III on its own ground of descriptive diagnosis, where he is a master. Using clinical evidence derived from psychoanalytic understanding, he argues cogently in favor of organizing personality disorders into three levels of functioning, according to psychostructural criteria. He would include hysterical and depressive-masochistic personalities and obsessive-compulsive personality in the highest, or neurotic, group, hoping to restore the relation between symptom neurosis and personality disorder that was severed in DSM III. This would infuse prognostic and therapeutic relevance into diagnosis.

Kernberg's interest in diagnosis is rare among psychoanalysts, most of whom regard psychiatric nomenclature as a nuisance that exists to satisfy third-party payers. His position is consistent with his goal, like that of Fenichel forty years ago, of correlating therapeutic intervention with diagnostic entity. I wonder, however, whether a high degree of success in matching diagnosis with psychotherapy is possible on the basis of diagnostic interviews with people who have severe personality disorders. The undertaking is worthwhile because it sharpens perceptions and leads to new insights, but the search for finer structural distinctions can lead, as I think it does in this book, to overcategorization and overformulation. It is often difficult to see how Kernberg derives his complex theoretical constructions from his clinical examples.

Part Four deals with the diagnosis and treatment of severely regressed patients. Therapists will find new insights into the transference-countertransference reactions elicited in work with suicidal, acting out, antisocial, paranoid, and "malignant" narcissistic patients.

The theoretical chapters comprising Part Three contain an excellent critique of Rosenfeld's and Kohut's views on narcissism, followed by a presentation of Kernberg's own views. He defines the self as the integrated sum total of all the self-representations. He



sees pathological narcissism as characterized by a pathological self made up of split self-representations and a pathological superego, very different from the normal internalized object relational world. Kernberg would retain the self as an intrapsychic structure "embedded in the ego." He argues that Freud always maintained a certain ambiguity and tension between the words "self" and "ego" by using the word *Ich* both for mental structure and for experiential self. He has joined those who blame Strachey's translation of Freud's *Ich* as "ego" for separating the experiential self from structure, since ego is a less fitting term for the subjective self. His focus on translation seems to be misplaced, however, since both Hartmann and Rapaport, to whom Kernberg ascribes an emphasis on an experience-distant ego and a nonstructural self, developed their main theories before the publication of the *Standard Edition*.

Kernberg describes an intimate unfolding relationship among affects, drives, and object relations. He postulates that the earliest self-object representations are constructed within two categories of affective experience, pleasurable and unpleasurable. Affects form the earliest motivational system, linking internal object relations within two parallel series of gratifying and frustrating experiences, that is, into "good" and "bad" internalized object relations. "Love and hate thus become stable intrapsychic structures . . . in genetic continuity . . . they consolidate into libido and aggression" (p. 236).

In psychoanalytic theory construction, it is axiomatic to connect stages of normal development with features of later clinical psychopathology, and to ascribe the most severe pathology to failures of earliest development. Some theorists go a step further by postulating schemas in which early normal development bears an actual structural resemblance to later pathology. Kernberg has criticized Kohut on this score, maintaining that the *pathological* self of adult narcissistic disorders cannot derive from developmental arrest in the *normal* self of infantile narcissism.

Kernberg has developed an internally consistent theoretical position. Yet, despite his criticism of Kohut, he appears to have built his theory the same way that Kohut did: he derives his idea of the manner in which young infants normally internalize their experiences from observations he has made during work with adult borderline patients. Kernberg does not give a timetable for the following events of infantile life: the internalization of the dichoto-

mous pleasure and unpleasure, the shift to love and hate as stable structures (I believe that Kernberg does, however, use poetic license to describe internal object relations organized by affect), and the accretion of or transformation to libido and aggression. One gets the impression that he attributes unwarranted psychic structure to young infants. Child observation suggests that instead of a dichotomous experience of pleasure and unpleasure, there is a continuum of infantile affective experiences. As Brody put it, "And since we assume that from the first days of life many kinds and grades of pleasure and unpleasure of varying duration, intensity, and frequency are felt, to retain 'good' and 'bad' as simple felt qualities of the mother or her surrogate does not seem to be justified. . . ."<sup>3</sup>

Kernberg does not tell us how and when the earliest motivational system of affects is taken over by the drives. But he does have an answer to those critics who question how internal objects can have motivational force that is manifested in transferences: ". . . drives are manifest not simply by affects, but by the activation of a specific object relation, which includes an affect and in which the drive is represented by a specific desire or wish" (p. 237). The internal object, then, is both a representation of an object relationship and a vehicle for the manifestation of a drive derivative.

Kernberg defines inner objects as part of the ego structure, yet at times he describes them as separate. For example, he states that "[in] psychotic illness [there is] consequent blurring not only of boundaries between self and object representations but of ego boundaries as well" (p. 190). He also asserts that "systematic analysis of narcissistic character resistances . . . activates in the transference primitive object relations, conflicts, ego structures, and defensive operations . . ." (p. 191). These statements are confusing, since they set the representational world apart from the ego.

"Projective identification" is described in this book as a defense characteristic of severe personality disorders. The term is controversial, however. Meissner<sup>4</sup> would abandon it as adding nothing to

<sup>3</sup> Brody, S. (1982): Psychoanalytic theories of infant development and its disturbances: a critical evaluation. *Psychoanal. Q.*, 51:539-540.

<sup>4</sup> Meissner, W. W. (1980): A note on projective identification. *J. Amer. Psychoanal. Assn.*, 28:43-67.

what is already subsumed under the term "projection." Kernberg<sup>5</sup> has defined projective identification by three narrow criteria: lack of differentiation between self and object in the area of the projection, experience of the impulse as well as of fear of the projected impulse, so that it is not felt as alien as it is in projection, and a need to control the external object because of fear of the projected impulse. Yet, on one occasion, Kernberg uses the term teleologically to refer to more than defense: "By means of projective identification, the patient unconsciously *attempts to induce* in the analyst the animosity, hatred, dishonesty, or manipulation of which the patient now accuses him" (p. 291, italics added). This use of the term is consistent with an earlier statement that "projective identification is a powerful interpersonal weapon that 'unloads' aggression onto the analyst. The patient may provoke the analyst into counteraggression. . . . There are times when paranoid fantasies regarding these patients may *invade* the analyst's free time in almost uncanny ways" (p. 269, italics added). Here, it seems, the presence of projective identification is revealed by the vivid countertransference of the therapist—a weak argument indeed. Countertransference is customarily counterpoised with transference, as, for example, in Sandler's<sup>6</sup> exposition of the way in which character traits can evoke, through the transference, particular responses in others, thus actualizing wished-for relationships existing in unconscious fantasy. Does the concept of projective identification infer that it is a form of transference?

This book is more difficult to read than it need be, in part due to occasional complexity of the writing and in part, especially in the early chapters, due to poor organization. The fault lies both with the writer and with the editor. At times, I wished Kernberg had had an editor who had set as firm requirements for him as Kernberg does for his patients. In the chapter on Structural Diagnosis, for example, there is a long section that is irrelevant to diagnosis, and the conclusion introduces two clinical entities that were not previously discussed. In the Structural Interview chapter, the sec-

<sup>5</sup> Kernberg, O. F. (1975): *Borderline Conditions and Pathological Narcissism*. New York: Aronson.

<sup>6</sup> Sandler, J. (1981): Character traits and object relationships. *Psychoanal. Q.*, 50:694-708.

tion on neurosis contains a discussion of borderlines, and the section on the Middle Phase reintroduces much material on the initial phase. The case illustration at the end of Chapter 6, containing a description of transferential and behavioral changes, does nothing to illuminate the technique of expressive psychotherapy which is the subject of the chapter. A complex sentence with at least five antecedents is followed by a sentence which begins "The latter . . ." with a highly confusing effect.

This book is a major work that brings together in one volume a host of clinical insights into people with a variety of severe personality disorders. Kernberg shows himself to be a resourceful and experienced clinician, both in his diagnostic acumen and in his repertoire of therapeutic modes of intervention. He gives guidance for the selection of the treatments of choice for the different diagnostic entities. (Unfortunately, only a few patients will be able to afford the optimal intensive psychoanalytic psychotherapy he recommends.) Despite the questions and criticisms I have raised, anyone who has attempted to work with patients with severe personality disorders will be rewarded by studying this book.

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**THE STRUCTURAL HYPOTHESIS: AN EVOLUTIONARY PERSPECTIVE.**

By Arnold Rothstein, M.D. New York: International Universities Press, Inc., 1983. 194 pp.

A paradigm, that body of theory which provides an outline within which the creator of the paradigm can function, is always subject to change, to distortion, and to evolution. The psychoanalytic paradigm is no exception. Rothstein's premise is that narcissistic investment of the analytic paradigm has introduced irrational factors into its evolution. He feels that narcissistic adherence to Freudian metapsychology is a defensive encrustation that limits the development of new ideas. The creator of new paradigms needs a feeling of narcissistic investment in his own self-representation rather than a tendency to idealize others' paradigms. Rothstein states that awareness of the therapeutic limits of psychoanalysis has led its practitioners to seek modifications that might yield more favorable results. Meanwhile, they have become progressively less

willing to accept biologic and energetic explanations for treatment failures (p. 16).

Rothstein reviews the writings of several authors whose emphasis has shifted away from classical analysis of oedipal conflict. Mahler has focused on preoedipal factors, the role of environment, and the vicissitudes of aggression in the genesis of character development. Gedo and Goldberg have attempted to mobilize a shift in the narcissistic investment in Freud away from his metapsychology toward the paradigm of the tripartite model. Kohut and his followers have sought to shift it to a psychology of the self. Schafer proposes a radical revision in the language of psychoanalysis to integrate the "I" into his paradigmatic alternative of "action language."

Why does Rothstein focus on the recent contributors who have proposed alternatives to or major revisions in psychoanalytic structural theory? He states, "In the spirit of pursuit of a more objective reality, the interests of our science justify inquiry into the limits and irrational motives of all theoreticians" (p. 27). While such an inquiry may indeed be justified, the extent of his inquiry bespeaks Rothstein's investment in his particular subject, the narcissistic investment of theories. He expresses the hope that a relative diminution in the narcissistic investment in paradigms by their creators can contribute to the reduction of irrational, polemical aspects of paradigm competition. In his dissatisfaction with the current state of psychoanalytic metapsychology, he would rather adopt an evolutionary perspective toward change than a revolutionary one. Thus, throughout this book, Rothstein assumes the role of a mediator or arbitrator among alternative paradigms.

Several chapters are devoted to delving into current controversies over certain Freudian concepts. The author opts to preserve the theoretical and clinical usefulness of the structural hypothesis against critics who would offer new paradigms organized around "the self." In doing so, he feels it necessary to elaborate upon Freud's developmental and representational definition of the ego. He is attracted to Waelder's concept of the ego as primarily serving integrative and synthetic functions. He attempts to bridge the gap between classical views and alternative ones by viewing the representational world as a substructure of the ego equal in importance to the functions served by the ego. This representational



world has as its nucleus "the self-representation as agent" or the "I" experience, according to Rothstein. An emphasis on the functional aspect of the ego is more useful in understanding neurotic disorders, while an emphasis on the representational helps to organize understanding of the narcissistic and borderline disorders. Rothstein feels that the two together contribute to a more balanced view of the ego than either of them alone.

With respect to superego development, Rothstein states, "Excessive emphasis has been placed on the resolution of the Oedipus complex as the most important nodal point in superego development" (p. 52). The work of Melanie Klein and of Mahler appeals to him for their elaboration of the early preoedipal precursors of structural development and of superego development. He would try to avoid polarization in considering the relative importance of preoedipal versus oedipal issues by adopting a point of view in which all levels of development are seen as almost equally important. He is also critical of Hartmann's emphasis on the autonomy of the superego's conscience function. He would prefer holding to variability of superego integration, arising out of variable conflict. Rothstein stresses the importance of postoeidipal superego development, including the importance of real, respected parents throughout adolescence to serve as identificatory objects. The search for surrogate idealized objects during adolescence can be a defense against the mourning for lost, disappointing, or inconsistent parents. It can lead to narcissistic, masochistic, and sadistic ego attributes. For patients with such difficult character disorders, the concept of a preoedipal superego can aid in organizing clinical data. It can throw light on traumatic nodal points, which can occur at any developmental stage, serving as organizers of pathology at those levels.

The concept of the repetition compulsion is critically explored. Rothstein finds fault with a purely instinctual explanation of this concept. He views it more in terms of an immature ego's attempt to integrate passively experienced primal scene and other traumatic episodes. He hopes to elucidate the way in which traumata during the preoedipal and postoeidipal periods reverberate with and influence oedipal conflicts. His idea of an entity he calls "traumatic character organization" is interesting.

The chapter on narcissism summarizes the definitions of narcis-



sism and narcissistic character disorder which Rothstein gave in his book, *The Narcissistic Pursuit of Perfection*.<sup>1</sup> He limits narcissism to a "felt quality of perfection," neither healthy nor pathological, ubiquitous as a defense. He does not equate it with "the self." Whether narcissism manifests itself as a narcissistic personality disorder or is better integrated into the developing ego is a matter of the degree of investment in the self-representation.

Rothstein provides an extensive review of the post-Freudian literature on masochism. He organizes it into three groups—those that stress the influence of the object world, those that emphasize trauma in creating narcissistic injury, and those that reaffirm Freud's observations on the subject. He finds Freud's ideas inadequate because they rely considerably on such experience-distant energetic hypotheses as the death instinct, and reveal little interest in the sadistic infanticidal wishes of parents. He again emphasizes the importance of preoedipal fixations and traumata in the establishment of masochistic, sadistic, and narcissistic positions.

The dream work draws the author's attention as his final topic. Here he introduces the concept of the narcissistic function of the dream, a bridging concept between Freud's original and wish-fulfilling functions. Dreams are seen both as providers of gratification and as defenders against traumatic states. Issues such as dream interpretation from above and from below, use of the manifest content of dreams, and research from the sleep laboratory are discussed. Rothstein's tendency is to move away from the unconscious elements of dream interpretation, especially as seen from a topographical point of view. The significance of his emphases diminishes when we consider that in doing clinical analysis we analyze a patient, not the patient's dream.

Throughout this book there is an assumption that the established mode of psychoanalytic thinking not only has difficulty encompassing new ideas, but tends to suppress their introduction. Unfortunately, little attention is paid to the validity of those established theories. Destructive alteration of older ideas is a worthwhile contribution only if there is a replacement with newer ones that are

<sup>1</sup> Rothstein, A. (1980): *The Narcissistic Pursuit of Perfection*. New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1982, 50:439-443.

closer to the truth. The latter is insufficiently present in Rothstein's book. Overly simplistic, truncated conclusions are used to cast a shadowy light on Freud and his work. One example is the following: "Among the many factors of Freud's development that influenced . . . the narcissistic investment of his thinking was his position as a firstborn, adulated male child, which contributed to the maintenance and intensity of his deeply felt sense of perfection. The death of a sibling at the height of his rapprochement sub-phase very probably reinforced his sense of the omnipotence of his wishes and thoughts. The rest is history" (p. 15). Here the historical facts may be correct, but the conclusions drawn from them are speculative and questionable. Rothstein also makes the following statement: "The changing nature of psychoanalytic practice requires greater use of 'modifications' or 'parameters' and this may be associated with feelings of diminished self-esteem [in the analyst]" (p. 17). Such comments, although couched in appealing intellectual terms, appear to reflect ambivalence toward basic psychoanalytic theory and technique.

There are many strengths in this book, however. Its main one is in the critical airing of many controversial and debatable points of psychoanalytic theory of our time. There is astute coverage of relevant literature. To feel at ease with the book, however, the reader ought to be quite familiar with the topics, for the discourse is condensed and is not always simple to follow. Because of a paucity of clinical examples, there is little respite from the preponderance of close, intellectual argument. An overemphasis on the importance of narcissism and of preoedipal structuralization gives the book a rather forced quality, not the sense of conviction that comes with the analysis of oedipal phase conflicts.

In the practice of psychoanalysis the core of infantile neuroses is to be found in oedipal conflict. We work mainly with regression from oedipal level conflicts and hope for progression through reparative reconstruction and analysis of the traumatic experiences that had induced the regression. This is not merely theoretical; it is a clinical matter. The difficulty with approaching psychoanalytic theory from an intellectual point of view is that it tends to skew psychoanalysis toward cases in the more disturbed end of the clinical spectrum. Rothstein's overemphasis upon the importance of narcissism in the developmental scale is an example of this. Some

patients may suffer from hypertrophic narcissism, but observations from their analyses do not necessarily justify a paradigmatic alteration of structural theory. For this reviewer, Rothstein's proffered role as arbitrator is not crucial, for clinical data do not yet require major revisions in the psychoanalytic paradigm, despite the widening scope of the clinical application of the psychoanalytic approach.

S. WARREN SEIDES (NEW YORK)

KOHUT'S LEGACY. CONTRIBUTIONS TO SELF PSYCHOLOGY. Edited by Paul E. Stepansky and Arnold Goldberg. Hillsdale, NJ: The Analytic Press, 1984. 264 pp.

This book is more than just a tribute to Heinz Kohut, although it is the kind of tribute that any creative scientist would value most. Its central organizing principle is that Kohut's thought and work were of such a character as to set in motion ongoing acts of creation in the field of his investigations and to establish new linkages with other areas of scientific inquiry. The essays are taken from papers delivered at Self Psychology Conferences, in Berkeley in 1981 and in Atlanta in 1982.

A prologue, by Michael Basch, attempts to place Kohut's contributions in historical perspective. This is followed by a group of papers that begin to elaborate and sometimes to question some of the current views about self and selfobject. The next section of the book contains clinical studies of ways in which self psychology can illumine—though not make easy—the work with difficult patients who are not easily understood or influenced by “classical” psychoanalytic approaches. This group of papers includes some fine descriptions of actual work with patients in psychoanalysis and psychotherapy.

In the concluding section are four papers dealing with applications of self psychology to other areas: assistance to learning-disabled children, certain group processes, Shakespeare's *Othello*, and, in a most interesting and moving paper, an examination of a life-long pursuit of a feeling of self marked by safety, wholeness, relatedness, and effectiveness.

The preface concludes, “That Kohut's work has generated lively

controversy among analysts is by now apparent to friend, foe and bystander alike. But that this revitalizing controversy is itself predicated on the magnitude of Kohut's personal achievement is a fact that certain 'opponents' of self psychology would rather leave unsaid. With this collection, we vouchsafe this achievement by demonstrating its continuing fruitful yield at the level of theory, clinical practice and application" (p. xiv). It is appropriate to state that this reviewer is more properly characterized as a "bystander" than as either a "friend" or a "foe." Some of my reactions may therefore offend some who are more partisan.

One reaction I have to this volume is gratitude for the very valuable introduction it provides to the history and nature of self psychology. Basch's prologue is specifically about the origins of self psychology, but the development of Kohut's clinical and theoretical ideas is described in several other papers as well.

It is very easy to identify with the clinical predicaments that gave rise to Kohut's inquiries, i.e., with the frustrations of working with patients who demand nurturance, fear understanding, and reject interpretation. The description of some, but clearly not all, of these patients as suffering less from conflict between drive and defense than from the incomplete development of a feeling of intactness, completeness, and cohesion is valuable. What is even more valuable is the demonstration that this failure to mature is more often treatable by psychoanalysis than we have hitherto supposed. And in this connection, it should be stated, as it is repeatedly stated in the essays, that this is done not by an exercise of reparenting but by interpretation. This is one aspect of a major concern shown by the authors. They take care to show that the clinical and theoretical contributions of Kohut and his colleagues belong clearly within the theoretical and clinical formulations of psychoanalysis. Actually, I am not sure that this particular point, concerning interpretation, is worth such a battle. Does any analysis progress purely by means of interpretation alone? Could not a new and deepened sense of being understood be described as having been "reparented" a little, repugnant as the word may be?

The questions self psychology raises about the validity of the traditional theory of drives I will leave for theoreticians to continue to work out. The authors of these essays, especially Basch, present a very good case, based upon newer developments in infant and

child observation, long-term developmental studies, etc., that the sense of self may have its own thrust and its own developmental line and that interruptions in it may have fateful, describable consequences.

I am left with some uneasiness about one of the major premises of the book. It is that current psychoanalytic drive and developmental theories fail us because they are based upon data from patients suffering from psychoneuroses. It seems possible that deriving a general developmental theory from work with patients with narcissistic personality disorders might also be limiting and restrictive. The authors would respond that there are many other supports for the view that the narcissistic line of development is the basic one.

In this area, Basch is a tough, clear advocate for re-evaluating our traditional psychoanalytic views, especially of drive and development, and this reader found his several contributions to be of great interest and value. Basch also manages to give us some of the feel and flavor of how intensely emotional scientific controversies can become.

I have to report another general impression I have received from reading the book. Throughout, there is a striking air of optimism, freedom, even pleasure in clinical work. Part of it is surely to be explained by the gratification that comes from finding a significantly large group of patients who previously were thought to be beyond our analytic competence. But there seems to be more to it than that. I wonder if the process of re-examining fixed points of doctrine may not yield an unexpected benefit, viz., a more balanced view not only of Freud's life and work but also of his limitations and his death. Is overidealization of Kohut also inevitable?

Another reason for gratitude at having had the chance to read this book is that it brought the realization that I had been learning more about the ideas of self psychology than I had known. I was not as much of a bystander as I had thought. It is interesting that my teachers in this have been younger colleagues, students, and, as always, patients.

For me, the chapter, "A Current Perspective on Difficult Patients" by Bernard Brandchaft and Robert Stolorow, is representative of the philosophical and scientific ideas of the book as a whole. The ideas are presented with less stridency in this paper than, say,



in the papers of Basch. Beginning with the idea that the way of looking at the field shapes the view and one's theories about it, they review the history of psychoanalytic work with difficult patients. In reviewing the case of Anna O., they find support for their idea that part of the "difficultness" of such patients is difficulty in the "patient-therapist system." Freud was able to get around some of the frustrations by being able to get inside the patient's "subjective frame of reference." Abraham described the conflict between the (difficult) patient's narcissistic interests and the therapist's plans and intentions. Stern, in 1938, using the term "borderline" for the first time, highlighted the injurious effects of a "deficiency of spontaneous maternal affection" (p. 96). Kernberg's view of the narcissistic personality disorder as one type of borderline also is briefly described. Brandchaft and Stolorow's view of the varying views is that the observer's stance varies. They emphasize Kohut's insistence "on understanding the impact of the analyst from within the patient's subjective frame of reference" (p. 110).

A case is presented to show not only the characteristics of the "difficult patient" in analysis but also what is meant by the (inevitable) "empathic failure" of the analyst and its consequences. Selfobject relations and selfobject transferences are described. Such terms as "mirror transferences" and "idealizing transferences" are explained as extreme manifestations of the child's wish for loving support of his attempts at mastery (mirroring), idealizing the other when the need for soothing and safety is most pressing. "Countertransference reactions cut through all conceptual frameworks" (p. 110), we are told. I find the description of the identification, understanding, acceptance, and interpretation of the demands of these immature patients to be convincing and encouraging. Some of the self psychologists' pleasure I described above may also be due to their expectation that the repeated failures will eventually lead to therapeutic gains. But this "need not imply compliance or enslavement of the analyst" (p. 110). This chapter is a tribute to Kohut and to psychoanalysis.

I find it difficult to estimate how this book will be received by those who have started out with Kohut clinically and theoretically. Its contents will be familiar to them, but they will read it with special memories and satisfactions. I warmly recommend it to all the rest of us. It is an excellent introduction to self psychology.

LAURENCE B. HALL (DENVER)



DYNAMIC THERAPY OF THE OLDER PATIENT by Wayne A. Myers, M.D. New York/London: Jason Aronson, Inc., 1984. 257 pp.

Dynamic therapy for older people is an idea whose time has finally arrived. I mean simply that in view of the recent explosion of interest in geriatric psychiatry, this information, which was known only to a few of us in the past, is now known to a very large and receptive audience. Psychoanalysis and dynamic therapy for old people has finally emerged from the closet.

There has been some trepidation that the recent explosion which has made geriatric psychiatry fashionable might lead to the entrance into the field of untrained, "instant," overnight geriatricians. Indeed there are such people, but Wayne Myers is not one of them. His case reports indicate that he has had years of intensive work with the elderly, and his theoretical formulations reveal the depth of his studies.

Today's acceptance of dynamic therapy for older people has a rocky history, beginning with Freud's feeling that psychoanalysis was not helpful for patients over fifty. As Myers points out in his review of the literature, Abraham disagreed with Freud. Still, almost forty years elapsed before this issue was seriously studied. My own interest began in the early 1950's, and by 1960 the Boston Society for Gerontologic Psychiatry was founded, dedicated to the psychoanalytic understanding and treatment of the geriatric population. Myers, in his review, gives due credit to the early pioneers.

The value of this book rests on the presentation of six case histories: the therapy of a man with a lifelong potency problem, of an alcoholic woman, of a virginal woman, and of a depressed man; therapy leading to the dissolution of a fifty-year-old symptom; and a failed psychotherapy with a narcissistic man.

Four of these patients were treated with psychoanalysis and two with psychotherapy. As Myers says, "Not all these case histories are unmitigated success stories. Failure, as well as successes and partial successes, have been included" (p. xi).

I found Myers's reports superb. They are priceless and by far the most important part of his book. I found it exciting to read them, and, as with a whodunit, I could not wait to find out the eventual results. I predict that other readers will share my pleasure in the reading of these reports.

If there is a fault in any aspect of his reports, it may be in his discussion of his countertransference to his elderly patients. To

discuss and reveal one's private countertransference is a courageous thing to do. It is also valuable for the reader—especially the student reader. My only criticism is that Myers gives us too much self-disclosure, which can be distracting. But this is a minor point and should not be used to discredit his reports. Clinical data are the bedrock for all theoretical assumptions.

In addition to the review of the literature and his case reports, Myers presents some general and technical considerations, with the following chapter headings: Assessment of General Tractability in the Older Patient; The Impact of Losses on the Sense of Self; The Impact of Retirement; Dealing with the Loss of Love Objects; Coming to Terms with Death; The Therapist's Feeling; and The Usefulness of Dynamic Therapy with the Older Patient. I have listed these headings to indicate the richness and thoroughness of the author's approach to his topic.

Just as the technique of psychoanalysis with the elderly varies hardly at all from that with younger patients, so too, the theoretical formulations apply equally to old and young. The usual criteria for analyzability seem to apply to all age periods. In the technical therapeutic work, age boundaries between therapist and patient become blurred and seem not to count at all. The transference wishes of elderly patients consistently ignore age differences. Thus, it can happen, as it did happen with Myers's seventy-one-year-old woman patient, that a highly charged sexual transference can be overtly expressed. I can confirm from my own clinical experience that "red hot" sexual transference can be expressed by women in their seventies and eighties toward thirty- and forty-year-old male therapists. The wish and the need for affection, love, acceptance, understanding, and warmth exist through the entire lifetime. They never disappear.

Issues of self-esteem are also lifelong. They are influenced by such age-specific events as retirement, increased dependency, physical changes, and loss of loved ones. Those who can cope with tension and trauma in early life are more able to do so in late life, for defenses and the tools of adaptation are in place by five or six and remain available for the rest of one's life. The comparative continuance of early modes into later life is seen in all of our studies of sex life in old age. All of these studies consistently show

that, if one is sexually active when young, then one is active when old, and vice-versa.

Conventional wisdom has it that the elderly, if not afraid of death, are at least preoccupied with it. Our clinical studies do not corroborate this assumption. What is at issue here is a projection of attitudes about death and dying by younger people onto older people.

I commend Myers for putting together a serious and mature book. It goes beyond the title, for it deals with the psychodynamics of the aging process itself, in addition to dealing with psychotherapy of the older patient.

MARTIN A. BEREZIN (WEST NEWTON, MA)

THE RACE AGAINST TIME. PSYCHOTHERAPY AND PSYCHOANALYSIS IN THE SECOND HALF OF LIFE. By Robert A. Nemiroff, M.D. and Calvin A. Colarusso, M.D. New York/London: Plenum Press, 1985. 333 pp.

This book represents both an extension of the authors' prior work on adult development<sup>1</sup> and an extension of the studies of the on-going development of the psyche throughout life by Vaillant,<sup>2</sup> Levinson, et al.,<sup>3</sup> and Gould.<sup>4</sup> Nemiroff and Colarusso stress the theme that the crucial issues of childhood continue to be expressed in new phase-specific ways during adult life. The classic example of a new phase-specific issue in adulthood is the need of the older adult to accept the inevitability of death.

The authors look askance at attempts to explain adult behavioral manifestations exclusively in terms of the events of childhood. To them, the adult past must also be taken into consideration. The concepts of fixation and developmental arrest are felt by them to be applicable to adult events as well as to childhood ones, inasmuch

<sup>1</sup> Colarusso, C. A. & Nemiroff, R. A. (1981): *Adult Development. A New Dimension in Psychodynamic Theory and Practice*. New York: Plenum.

<sup>2</sup> Vaillant, G. E. (1977): *Adaptation to Life*. Boston: Little, Brown.

<sup>3</sup> Levinson, D. J., et al. (1978): *The Seasons of a Man's Life*. New York: Knopf.

<sup>4</sup> Gould, R. L. (1978): *Transformations: Growth and Change in Adult Life*. New York: Simon & Schuster.

as they are seen as leading to interferences with the normal progress of adult development. They also introduce the term, developmental resonance, to refer to the therapist's awareness of similar developmental themes going on within the patients and within himself or herself.

Nemiroff and Colarusso follow Anna Freud's<sup>5</sup> delineation of the developmental lines of childhood and propose that such lines be formulated for adult life as well. They suggest such lines in areas dealing with intimacy, love, and sex; the adult body; time and death; relationships to children, parents, mentors, and society; attitudes toward work and play; and financial behavior. They do not flesh this idea out, however, offering us only a schematic outline for the area of intimacy, love, and sex. In it, they note the need of women in their forties and fifties to deal with the loss of their procreative abilities and the need of both men and women in their sixties and seventies to deal with the reality of object losses.

One of the major theoretical contributions which the authors offer in the book is the concept that adult transference manifestations cannot simply be viewed as elaborations of infantile experiences, inasmuch as they may occasionally be reactivations of experiences which have occurred later on in life. As an example of this, they describe multigenerational transference reactions in which the patient perceives the therapist in the transference as a child, thereby introducing into the treatment attitudes and conflicts that are related to the patient's adult experiences as a parent. Although I am largely in agreement with this view, I have the impression that the authors tend to overemphasize later life experiences at the expense of appreciation of the organizing effect of childhood danger situations upon the subsequent ordering of later experiences. Their point is well taken, however, and is consistent with ideas expressed by Coltrera.<sup>6</sup>

In subsequent sections of the book, case material from therapists other than the authors is presented. John Hassler writes of his working together with a patient on understanding the significance

<sup>5</sup> Freud, A. (1963): The concept of developmental lines. *Psychoanal. Study Child*, 18:245-265.

<sup>6</sup> Coltrera, J. (1979): Truth from genetic illusion: the transference and the fate of the infantile neurosis. *J. Amer. Psychoanal. Assn.*, Suppl., 27:289-314.

of reaching the age of forty. Eli Miller describes the capacity of his fifty-year-old male patient to develop an active sexual life and intimacy for the first time in his life. Judging from my own clinical work,<sup>7</sup> this is not all that unusual. Jill Crusey's description of a successful therapy of a man of sixty-two who developed an erotized transference bears a remarkable similarity to an analysis I conducted with a man of that same age.

Crusey underscores the importance of monitoring the special countertransference issues encountered when working with older patients. I would add that an important countertransference determinant in a younger therapist's response to an older patient is that the patient may awaken feelings toward one's own former analyst(s). This is consistent with the findings of Nemiroff and Colarusso concerning the importance of adult life experiences as determinants of transference and countertransference phenomena with older patients.

Gary Levinson reports on the supportive psychotherapy of a woman of seventy, and Gene Cohen describes an erotized transference in an eighty-year-old woman. I too have reported on such a phenomenon.<sup>8</sup> I am in disagreement, however, with H. P. Hildebrand's contention that older patients who have lost an adult child are essentially untreatable. He sees them as having suffered an irreparable narcissistic wound. This is not always so, however, and I have described the successful analysis of just such a patient.

The interesting contributions of Claire and Stanley Cath, Malkah Notman, and Ralph Kahana also deserve mention. In particular, the last author provides an excellent description of the treatment of two depressed men with very different needs and limitations. Kahana notes that termination is sometimes not possible with older patients, as it is equated with death, and treatment may of necessity become interminable.

Finally, Martin Grotjahn's paper on his own terminal illness and the contemplation of his own death is poignant. He describes a manifest dream in which locales of beauty, such as lovely castles, are seen by him as signifying death, with the lovely locale being

<sup>7</sup> Myers, W. A. (1984): *Dynamic Therapy of the Older Patient*. New York: Aronson.

<sup>8</sup> Myers, W. A. (1985): Sexuality in the older patient. *J. Amer. Acad. Psychoanal.*, 13:88-94.



equated with the home of the dead parents. In my own work with older patients,<sup>9</sup> I have heard a large number of dreams with manifest content referable to death and separation from a loved one.

In conclusion, Nemiroff and Colarusso's book is a useful and important work that is addressed to a neglected area, the treatment of the patient in the second half of life. I hope it will stimulate further psychoanalytic interest in the treatment of this rapidly expanding segment of the population.

WAYNE A. MYERS (NEW YORK)

THE HANS LEGACY. A STORY OF SCIENCE. By Dodge Fernald. Hillsdale, NJ/London: Lawrence Erlbaum Associates, 1984. 241 pp.

In 1907, in Berlin, Oskar Pfungst, an experimental psychologist, carried out an admirably skillful investigation of the seemingly remarkable intellectual feats of a horse dubbed "Clever Hans" by his flabbergasted onlookers.<sup>1</sup> In doing so, he made a very important, lasting contribution to the methodology of animal behavior studies. He provided us with an awareness of the effects of unconscious cuing and of experimenter expectancy. Pfungst's work, together with Pavlov's observation that the performance of laboratory animals improves as the result of improvement in the human investigator's skill in conducting the experiments, has been invaluable for those who are engaged in research into human as well as animal behavior. His discoveries also have been very useful to those who are interested in such phenomena as placebo effects, hypnosis, psychic reading, and the "magic tricks" of illusionists.<sup>2</sup>

Just one year later, in Vienna, Sigmund Freud participated in

<sup>9</sup> Myers, W. A. (1985): Dreams of Mourning in the Older Patient. Presented in a workshop for mental health professionals sponsored by the American Psychoanalytic Association. See also, footnote 7.

<sup>1</sup> Pfungst, O. (1911): *Clever Hans: The Horse of Mr. Von Osten*. New York: Holt, Rinehart & Winston, Inc., 1965.

<sup>2</sup> Sebeok, T. A., & Rosenthal, R., Editors (1981): *The Clever Hans Phenomenon: Communication with Horses, Whales, Apes and People*. New York: Annals of the New York Academy of Sciences. Also see Rosenthal, R. (1966): *Experimenter Effects in Behavior Research*. New York: Appleton-Century-Crofts.



the very first attempt to use a psychoanalytic approach, carried out by the "patient's" father, to investigate and relieve an acute neurotic disorder in a child. The five-year-old boy, whom Freud called "Little Hans" in his written account of the case,<sup>3</sup> was helped to overcome his incapacitating, phobic avoidance of horses. The case represented an important preliminary step toward the eventual establishment of child psychoanalysis as a productive method of psychological investigation and as an effective therapeutic modality.

Dodge Fernald, psychology professor at Harvard University, was struck with some felicitous similarities in the ways that Pfungst and Freud dealt with the problems they encountered in their psychological investigations. He noted, too, the coincidence of some common elements (horses and the name "Hans") in the two nearly simultaneous scientific events in which each of them played a central role. Using a breezily entertaining, "whodunit" style of exposition, he has written a rather charming, though oversimplified, scientific mystery story that clearly is intended for the general public. In it, he has apposed the two Hans cases to one another as allegedly paradigmatic examples of major methodological approaches to psychological investigation. At first glance, the result impresses as enjoyable, light reading that calls attention to landmark events in the history of psychology in a pleasant, painlessly informative manner. The description of Pfungst's work is especially delightful. Upon reflection, however, it becomes clear that the book is marred by inconsistencies, factual errors, and a demonstration of the very tendency to impose observer bias upon data to which Pfungst called our attention.

Fernald initially recognized that what Pfungst and Freud had in common was a remarkable ability to overcome the more or less universal human tendency to be influenced by so many individual and psychosocial emotional entanglements, desires, motivations, and expectancies that, in comparison to horses, dogs, mice, and even much simpler animals (see Hediger<sup>4</sup>), we are very poor ob-

<sup>3</sup>Freud, S. (1909): Analysis of a phobia in five-year-old boy. *S.E.*, 10.

<sup>4</sup>Hediger, H. K. P. (1981): The Clever Hans phenomenon from an animal psychologist's point of view. In *The Clever Hans Phenomenon: Communication with Horses, Whales, Apes and People*, ed., T. A. Sebeok & R. Rosenthal. New York: Annals of the New York Academy of Sciences, pp. 1-17.

servers indeed. Pfungst and Freud were able to disengage themselves from the prevailing preferences and expectations of the public at large (and of the scientific community within it) so that they could adopt a hardheaded, relatively objective view that enabled them to see what others could not or did not want to see. Pfungst's research design in some ways is a model of simplicity coordinated with clear-sighted, systematic thoroughness. Freud's in certain ways is a model of the courageous shaking off of contemporary biases that prevent an observer from seeing the unpopular; this was coordinated with a capacity for the introspection and the intellectual recombination and synthesis that are necessary for making major discoveries and opening up new avenues of exploration.

The personalities of Pfungst and Freud enabled both of them to detach themselves from popular opinion and to work in the lonely isolation they required to be able to make the observations they had to make. Pfungst, however, was content to remain in the shadows and even to permit his work to fade into a relative obscurity which, as we fully agree with Fernald, it does not deserve. Freud's ambitiousness and powerful wish for recognition contributed, on the other hand, to his eventual attainment of enormous, lasting fame. Fernald, apparently out of regret over the lack of recognition that has been accorded Pfungst and envy of the recognition that has been accorded Freud, has elected to redress the balance by disparaging Freud's achievements rather than illuminating Pfungst's, much to the detriment of his otherwise admirable little book.

In doing so, he has adopted some very questionable arguments. One involves linking Pfungst's studies of the effects of unwitting investigator bias on animal behavior experiments with behavior therapy, with which it actually has only a peripheral connection. He then compares behavior therapy favorably with psychoanalysis as an investigative and therapeutic modality. He bases his notion of the superiority of behavior therapy on the greater parsimony and control of research variables in Pfungst's research design, as compared with the much more complex methodology used by Freud in his work. In doing this, Fernald has ignored the enormous differences between animal behavior experiments and investigations

into human psychology.<sup>5</sup> He also has brushed aside his own observation that it is impossible to reduce and control the field of observation in psychoanalytic work as compared with animal behavior experimentation. The two endeavors are worlds apart and cannot be compared directly.

It also is simply incorrect to adduce the case of Little Hans, as Fernald does, as the source of Freud's observations of the role of oedipal conflicts in human psychology. Freud's conceptualization of the oedipus complex and its developmental impact derived out of painstaking work with scores of *adult* patients, and it has been amply confirmed and expanded over and over since then. The case of Little Hans, in which Freud played a consultative role, was utilized by Freud merely as an example of the apparent confirmation in a five-year-old of some clinical formulations about childhood that had been made reconstructively in the course of the psychoanalytic investigation of neurotic disorders of adults.

The case of Little Hans involved a fragmentary, far from complete treatment and understanding of an apparently neurotic, phobic reaction in a child. It has been subjected to periodic reconsideration, yielding expanded understanding during the years that have elapsed since it was initially presented.<sup>6</sup> Freud never treated children and did no more than advise Little Hans's father as he

<sup>5</sup> See Chevalier-Skolnikoff, S. (1981): The Clever Hans phenomenon, cueing, and ape signing: a Piagetian analysis of methods for instructing animals. In *The Clever Hans Phenomenon: Communication with Horses, Whales, Apes and People*, ed. T. A. Sebeok & R. Rosenthal. New York: Annals of the New York Academy of Sciences, pp. 60-93. As Chevalier-Skolnikoff indicates, the Clever Hans phenomenon involves the use of simple conditioning techniques, at level 2 or, at most, level 3 of the organization of *sensorimotor* abilities (primary and secondary circular reactions). This is roughly comparable to the level at which human beings function during the first two thirds of the first year of life. Even teaching apes to communicate employs levels 5 and 6, tertiary circular reactions and the beginnings of preoperational, symbolic thinking, tied to immediate, concrete experience, that are roughly equivalent to the mentation of a *human two or three year old*. How far removed all this is from the enormously more complex emotional and intellectual functioning with which the psychoanalytic investigator necessarily must be concerned!

<sup>6</sup> For example, see Silverman, M. A. (1977): A fresh look at the case of Little Hans. In *Freud and His Patients*, ed., M. Kanzer & J. Glenn. New York/London: Aronson, 1980, pp. 96-120.

attempted clumsily but, fortunately for the boy, rather effectively to help his son understand the neurotic origins of his fear of horses so that he could overcome it. Fernald is taking too much license in using Little Hans as a typical example of Freud's work.

He also makes a number of statements that are factually incorrect. For one thing, Anna O. was not a patient of Freud but of Joseph Breuer. For another, Freud was trained as a neuroanatomist and neurologist, not as a "psychiatrist." Similarly, Little Hans's father was not a "physician" and a "psychiatrist," but a music critic and musicologist who pioneered in applying psychoanalytic principles to the study of musical creativity. It also is not true that Little Hans as an adult lived in Europe in deliberate obscurity, nor that he never was evaluated by a separate investigator at any time in his life. Through his own revelation,<sup>7</sup> we know that Little Hans was Herbert Graf, who emigrated from Vienna to New York City, where he enjoyed a long tenure as stage manager of the Metropolitan Opera and wrote several books and a number of articles. He also underwent a battery of psychological tests as an adult.

It is unfortunate that Fernald has not contented himself with presenting the public with a description of the investigative work of Pfungst and Freud as a useful introduction to the broad, multifaceted, fascinating science of psychology, but has strayed into a tendentious, at times factually incorrect attack upon psychoanalysis that does not do him credit. Actually, he came up with a rather good idea in linking together the investigations of Pfungst and Freud. Together, they epitomize both the range of challenges presented by psychology as a broad investigative science and the range of strategies that are available to meet those challenges. The problems involved are complex and difficult. People like Pfungst and Freud, who combined courage, honesty, and hardheadedness to an impressive degree, are an inspiration to those of us who are impressed enough with the potential gains to be willing to tackle the problems involved in psychological investigation, however difficult they may be.

Pfungst and Freud both possessed enough honesty and humility to recognize that the results of psychological research are compli-

<sup>7</sup> Rizzo, F. (1972): *Memoirs of an invisible man—I. Opera News*, 36:25-28.

cated, uncertain, and in need of continual testing and rigorous questioning. Hediger, following Pfungst's own questioning of his methodology and conclusions, has stated: "The work of Oskar Pfungst on Clever Hans, going back to the year 1907, has not really given us a satisfactory solution of involuntary signalling. . . . To the Clever Hans critics, Oskar Pfungst's work was so welcome and appeared to be so perfect that they believed it to be 100% right and that they could accept it forever as such. Here again we have to deal with the basic phenomenon, with the idea of wishful thinking, with the experimenter's expectancy, which is central to every animal experiment and which is so difficult to eliminate. . . . I do not doubt [Pfungst's] result but I would be much more convinced had it been confirmed at least once."<sup>8</sup>

The theoretical conclusions of psychoanalysis, as Freud himself repeatedly pointed out, are in no less need of rigorous questioning and ongoing efforts at confirmation, refutation, refinement, and clarification. As Otto Koehler put it (as translated and quoted by Hediger, "[He] who believes in advance what in reality he could only read out of experimental results, he who does not criticize himself and cannot take the criticism of others, does not do research but deceives himself."<sup>9</sup>

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ILENE SILVERMAN (DURHAM, NC)

JELLIFFE: AMERICAN PSYCHOANALYST AND PHYSICIAN, by John C. Burnham, and HIS CORRESPONDENCE WITH SIGMUND FREUD AND C. G. JUNG, edited by William McGuire. Chicago/London: University of Chicago Press, 1983. 324 pp.

Smith Ely Jelliffe, one of the first American psychoanalysts, is the subject of this double book. The first half is a biography of Jelliffe by John Burnham. The second contains his correspondence with Sigmund Freud and Carl Jung, edited by William McGuire. Jelliffe was considered by many, including Freud, as an originator of psy-

<sup>8</sup> Hediger, H. K. P., *op. cit.*, p. 14.

<sup>9</sup> Koehler, O. (1937): Die "Zahlenden" Tauben und die "Zahlsprechenden" Hunde. *Der Biologe*, 6:21.



chosomatic medicine through his view of the inseparability of psyche and soma. In this biography his function as editor and importer into this country of European ideas emerges as most important. The publisher and editor of the *Journal of Nervous and Mental Disease* for over forty years, he was a prolific reader, writer, and abstractor. Four hundred and twenty abstracts were published over his name as well as a couple of hundred signed book reviews and untold others that were unsigned. This was in addition to approximately four hundred publications of his own, including clinical papers, theoretical articles, scientific books, textbooks and translations. Earlier, he published over fifty papers and books on botany and pharmacognosy. His writings covered the fields of neurology, psychiatry, psychotherapy, drug addiction, forensics, delinquency, psychosomatic medicine, and papers on clinical, theoretical, and applied psychoanalysis, both Freudian and Jungian.

In addition to all this, Jelliffe traveled widely among scientific circles in Europe, becoming knowledgeable about the work of virtually every early twentieth century neurologist, psychiatrist, and psychoanalyst in Europe and knowing most of them personally. This was aside from the role he played in the development of the American Neurologic Association, the New York Neurologic Society, the New York Psychoanalytic Society, and the American Psychoanalytic Association. He co-edited *The Psychoanalytic Review*, the first psychoanalytic journal published in the United States, and, with William Alanson White he co-authored a textbook of neurology and psychiatry used for decades in this country's medical schools. He also initiated the Monograph Series of the *Journal of Nervous and Mental Disease*, which published the first English translations of Freud and other psychoanalytic pioneers. The breadth, depth, and wealth of his knowledge in diverse fields is obvious. Along with this, he comes across as an engaging man of high humor and good spirits, and a great conversationalist. He engaged in clinical practice, first as one of our pioneer neurologists, then as a psychiatrist, a psychoanalyst, and, finally, a specialist in psychosomatic medicine.

Jelliffe was most impressive as an importer of European ideas and knowledge. He did this both through his own writings and by abstracting and publishing extensively from the European neurologic, psychiatric, and psychoanalytic literature. What led him to



psychoanalysis is less well-illuminated in this book. He was influenced to some degree by A. A. Brill, his friend and contemporary, and he and William Alanson White influenced each other greatly. Thoroughly American, a lifetime New Yorker, he seems to have been a rather cosmopolitan person. He was not part of the academic establishment and had no faculty appointment anywhere during the last thirty years of his life. He was sometimes at odds with other early neurologists, then with other psychoanalysts, becoming "converted" to Freud after first espousing Jung. He seems to have been a secure, self-confident man of enormous intellectual energy and interests.

Jelliffe's development into a psychiatrist and psychoanalyst I found of some interest. Shortly before the turn of the century, as a young physician he took a summer position at Binghamton State Hospital to earn extra money. He was already a medical writer and editor. This introduction to psychiatry included an introduction to White, who became his long-term collaborator and intimate friend. White was later described by Jelliffe to Freud as his "analyst." His interest in psychiatric patients was initially built on his taxonomic and botanical interests. It later burgeoned, as he became increasingly interested in diseases of the nervous system and then of the mind. His studies of psychotherapy began in 1906 with European psychiatrists with whom he worked and studied on his many trips. In the first decade of the century he translated into English the works of Dubois and Dejerine on various kinds of psychotherapy. His trips to Europe went on almost yearly until World War I and involved extensive clinical study with the European "masters." By 1909, through Brill's influence, he was "converted to psychoanalysis." By 1914, he was writing papers on psychoanalytic technique and had already founded *The Psychoanalytic Review*. This rapidly brought him and White, his co-editor, into their first contact (conflict) with Freud.

Jelliffe had met Jung in 1907 and had begun a correspondence with him some time after. He had invited Jung to the United States to give his Fordham lectures on psychoanalysis in 1912, at which time Jung was his house guest for a number of weeks. Freud saw this as siding with Jung in the "split" and believed that *The Psychoanalytic Review* was in competition with *The International Journal of Psycho-Analysis*, both for business reasons and for its Jungian slant.

He said as much in a letter to White. Much of the correspondence with Freud and to a lesser extent with Jung is around these issues of allegiance and rivalry. In their later letters in the late 1920's and 1930's, both Freud and Jelliffe wrote touchingly of their respect, admiration, and loyalty to one another. Jelliffe saw himself as the son returning to the fold of the father, which must have been a major step for him, with his independent ways. By this time, his contact with Jung had begun to diminish. Disillusionment with Jung was the main reason for this. It was a consequence of many things, including Jelliffe's finally meeting Freud in 1921. At this meeting (they met only two or three times), Freud gave Jelliffe inspiration by likening him to Groddeck for his holistic views and his ideas about psychosomatic processes, organic disease, etc. Jelliffe began to share his psychoanalytic papers with Freud as well as with Jung, and later Freud shared his papers with Jelliffe. Jung over time became estranged from Jelliffe. He was often sarcastic about Jelliffe's reaction to his writings. Later, Jelliffe would send students to be trained by Freud, who in turn would solicit help from him for European colleagues who were resettling in the United States.

Karl Menninger, one of Jelliffe's students and younger colleagues, commented that Jelliffe "saw no boundary between medicine, neurology, psychiatry and psychoanalysis." For him, the nervous system was the organizer of all experience with human beings as "energy transformers." With his holistic approach, he attempted to integrate the vegetative, sensorimotor, "psychic-symbolic" functions into one hierarchically arranged open system. As an illustration of his approach, the book reproduces one complex, convoluted, confusing diagram. His beginning attempt at dealing psychoanalytically with an issue that is now once again important in American psychiatry suffered from his limited knowledge, his rudimentary understanding of psychoanalytic findings, and his failure to differentiate among different levels of functioning and discourse. It led him to, among other things, the psychoanalysis of oculogyric crises, Dupuytren's contractures, and encephalitis lethargica, in which he mistook the secondary meaning that becomes attached to a physical condition for the etiology of the condition. However, it also brought him, in 1916, to "Psoriasis as a hysterical conversion syndrome," in which he interpreted a female patient's

skin condition in the pubic area as deriving from "her exhibitionistic desire to make symbolic statements to a male doctor."

Jelliffe's way of thinking contributed to his heterodoxy, which kept him out of the mainstream of many movements. He was considered "deviant" by the neurologists of his time because of his psychoanalytic views, and he was controversial to other American psychoanalysts because of his Jungian leanings. For a period of time, until the mid-1920's, he was excluded from the New York Psychoanalytic Society for this, for his espousal of lay analysis, and because he was seen as a practitioner of a somewhat "wild analysis." To the end, he was an outsider, never in the mainstream of organized psychoanalysis in America, even though he and Freud eventually warmed to one another and developed a somewhat mutually congratulatory correspondence.

Jelliffe's letters, thirty-three with Jung and forty-three with Freud, are of moderate interest only. They include some theoretical discussions, which show Jelliffe with a lively, erudite, and sharp intelligence, especially in his later debates with Jung. What is most revealed in the letters is the sensitivity of the three participants regarding position, loyalty, and allegiance. Freud's last letter to Jelliffe, in 1939, contained the accolade, "I know you have been one of my sincerest and staunchest adherers through all these years." It must surely have been important to him for its recognition of his pioneering role in the psychoanalytic movement.

The book suffers from impersonality, in that one does not gain intimacy either with Jelliffe's ideas or with him as a person. Karl Menninger, writing from a more personal knowledge of Jelliffe, stated "that although extremely sociable [Jelliffe was] not gifted in establishing warm interpersonal relationships. . . . [He had] no talent for teaching in that he could not explain or inspire."<sup>1</sup> A "stylized stiffness" made listening or reading him difficult. These comments, in an otherwise laudatory review of Jelliffe's accomplishments, provide a color and depth that is lacking in Burnham's biography.

<sup>1</sup> Menninger, K. & Devereux, G. (1966): Smith Ely Jelliffe—father of psychosomatic medicine in America. In *Psychoanalysis in America: Historical Perspectives*, ed. M. H. Sherman, et al. Springfield, IL: Charles C. Thomas, pp. 31-46.

This double volume throws some light on the early history of psychoanalysis in America by focusing on one of its peripheral figures who is interesting for his somewhat idiosyncratic, rather individualistic, but not negligible approach to it. The book will be of prime interest to those who are interested in the early history of psychoanalysis in the United States and in the development of psychosomatic medicine. Its appeal to a wider audience is limited.

ROBERT M. CHALFIN (JAMAICA ESTATES, NY)

LE DISCERNEMENT. LA PSYCHANALYSE AUX FRONTIÈRES DU DROIT DE LA BIOLOGIE ET DE LA PHILOSOPHIE. (Discernment. The Psychoanalysis of the Frontiers of the Law of Biology and of Philosophy.) By René Major, M.D. Paris: Éditions Aubier Montaigne, 1984. 186 pp.

In Crebillon's play, *La Nuit et le moment*, an unexpected visitor invites himself into the bedroom of a young woman whom he does not know. He accomplishes this through the disconcerting force of his speech. The argument of this play can be used as a metaphor for the intrusion of psychoanalysis into what certainly should not be termed the "other" sciences. The latter tend to resist psychoanalysis the way Crebillon's young woman struggles against the intrusion of the young man who seeks to gain entry into her bedroom. The argument, expressed in the brilliant and perspicacious utterances of the intruder in the play, is: "Deep down you desire me." This argument is not entirely lacking in applicability to the other situation.

*Le Discernement* by René Major appears to have been written in response to the biologist Jean-Pierre Changeux's *L'Homme neuronal*.<sup>1</sup> The latter begins with an appeal (very ambivalent, it must be said) to psychoanalysis for a dialogue, but on the implicit condition that psychoanalysis return to its "neuronal" ambitions. These ambitions certainly were at one time those of Freud, but of Freud before the epistemological break that resulted in the birth of psy-

<sup>1</sup> Changeux, J.-P. (1983): *L'Homme neuronal*. Collection: Le Temps des sciences. Paris: Fayard.

choanalysis and the relinquishment of the "physicalist" views expressed in the *Project for a Scientific Psychology*.

Accused by Changeux of having returned "to the traditional cleavage between body and soul,"<sup>2</sup> psychoanalysis is urged to renounce its autonomy and return to biology. In the urging, a desire is expressed that is aimed at psychoanalysis. Curiously, the invitation allows the analyst to be a desired *other*, provided that he does not see himself that way but sees himself as *identical* with the biologist. The biologist's desire probably is not without connection to the discomfort he feels, caught as he is between the rigor and the limits of his knowledge. It would seem that the field of psychoanalysis represents a "frontier" for him in which fundamentally strange events occur that demand his attention at the same time that they annoy him. It is a border region in which methods are different and appear uncertain. It is a place from which diplomatic messages are transmitted with great earnestness, in the form of puns.

The domain, however, possesses its own gravity. It resists quantitative, rational investigation via the instruments of "hard" science, but this does not mean that there was no hard theory guiding Freud's work. It does not mean that psychoanalysis has not evolved heuristically valid "laws" defining unconscious psychic life. But it appears that the dialogue between biologists (in a broad sense) and psychoanalysts is a dialogue between deaf men, despite what some may say.

When one follows René Major along the road he is traveling it becomes clear nevertheless that he is far from denying psychic anchorage in the "bios." He considers the latter, however, to be the twin member of an inseparably fused pair of scientific approaches which psychoanalysis (a singular science with a singular subject) has a tendency to chase after rather than take charge of, in the name of a related but different science. That said, Major does not consider a rewriting of the *Project* (as has been suggested by Changeux) to be necessary.

Although "with the entry of genetics, biology, and neurobiology into the molecular field one seems to be moving toward a biological theory of mental objects" (p. 165), and although today one can ask such questions as whether the blood level of endogenous opiates

<sup>2</sup> Changeux, *op. cit.*, p. 9.



might be a measurement of what Freud called psychic energy, Major points out, "physico-chemical reductionism . . . leaves intact the question of the subject of desire and speech, only capable of taking form when externalized" (p. 166). It is therefore not on the knowledge acquired by molecular biology and neurology "that an already 'molecular' psychoanalysis beckoned by desire will focus its reflection, but rather on the ontological significance of the models which emerge from the organization of living" (p. 167). The time has not yet come for a unitary model, he states, because "the neuronal being and the being of desire have yet to meet" (p. 167).

The gulf between biophysiology and psychoanalysis in a sense is even greater than it appears, for it is striking how the very idea of what brings them into conflict is conceptualized differently in the two camps. Changeux speaks of a "gap" that separates "the human sciences from the nervous system sciences,"<sup>3</sup> a gap that might be filled one day by additional knowledge or perhaps by an evolution in methods of investigation. Major, for whom psychoanalysis is a "conjectural" rather than a "human" science, considers it impossible, however, ever to construct a model that will bridge that gap. Between the two visions of man, that of the "neuronal man" and that of the "discerning subject," in fact, there appears to be not so much a gulf as a vacillation between two frames of reference, each foreign to the other.

Major sets off in search of that which, inaccessible to biological knowledge, justifies the existence of psychoanalysis. He offers reflections about what "constitutes the frontiers" of psychoanalysis. Questions are pursued in several directions. These especially include the object of psychoanalysis, or of its epistemology. Other questions are raised that are less classic, involving, for example, the demarcation between external event and thought.

It is the question here of the subject that serves as the object. This is so, however, only when the "question" is emphasized as much as the "subject," so that uncertainty and chance can be restored in the subject. As Derrida<sup>4</sup> would conceptualize it, this is

<sup>3</sup> Changeux, *op. cit.*, p. 362.

<sup>4</sup> See, Smith, J. H. & Kerrigan, W., Editors (1984): *Taking Chances: Derrida, Psychoanalysis, and Literature. Psychiatry and the Humanities, Vol. 7*. Baltimore/London: Johns Hopkins Univ. Press.



beyond the metaphors through which the subject is constructed, between the specific route of the "letter" by which the subject is trapped and "the re-markable insignificance" with which it marks him, between chance and necessity. Following this, bodies and letters fall into a Democritean void, as a "condition of freedom," at least in the sense that it opens up for the subject the possibility of saying: "I interpret uncertain signs in order to give them meaning" (p. 21).

It is there that psychoanalysis gives itself more a *place* than an object, a place where there is the only freedom possible in the heart of an ocean of determination. There is room for play, space between singular subjects, space between letters and language, space between concepts as opposed to fixed conceptualizations. Psychoanalysis constitutes a frontier for the sciences to the extent that every science is conceived in the subject that gives it form, as an attempt to link the individual's singularity with external as well as with internal regularities.

One understands that the "scientists" are the "regulars," one might say, in a struggle that requires an object more than it creates one, while psychoanalysts are singular beings who spend their time sending messages addressed to addressees who have changed their addresses. "Born of chance, the subject of desire and of the letter makes his renaissance as necessary as it is problematic. And to do this he speaks at random to chance" (p. 18). But how is one to understand this?

When it comes to logos, the "discerning" subject meets up with determinations as alienating as those concerning bios. If, as Major writes, psychoanalysis borrows and metaphorically uses the concepts of other sciences, it is not to limit itself to any one of them. Psychoanalysis is neither a science of the brain nor a science of language. Lacan used linguistics, a bit as Freud used biology, as a connection, this time not with a natural science but with one of the rare human sciences that has attained a degree of formalization envied by others. There is the same procedure of rupture and fascination. Lacan borrows concepts, but he breaks with the object of the sciences of language as he resituates them in the area of examination of the unconscious. There they are not secured to the bedrock of "bios," but are anchored in a collective medium through which the subject travels but from which he cannot escape.

A certain acceptance of this second anchoring has had to take place for the proposal of an idea of "discernment" that fits between the limits of language and of perceptions stemming from the body. The "border knowledge" or "boundary discourse" (p. 157) of psychoanalysis finds itself associated with something that "emerges as much from the sciences of the mind as from the natural sciences" (p. 158). It becomes an attempt "to constitute objectivities" (p. 159). It is here that Major answers Changeux, for the effort to extrapolate objectivities does not need to be undertaken by psychoanalysis in the isolation of insistent autonomy, but in proximity to other readings of the discontinuities of thought that seek in their own way "to say the name that names the unnamable." Psychoanalysis is thus offered a project of designing, together with others, a new "philo-bio-psycho-logic" (p. 163) with the contours of a nascent object.

HENRI BIANCHI (PARIS)

HITLER'S PSYCHOPATHOLOGY. By Norbert Bromberg, M.D. and Verna Voltz Small. New York: International Universities Press, Inc., 1983. 335 PP.

Psychoanalysis, someone once observed, not altogether unfairly, can explain everything and predict nothing. But in confronting the phenomena of Nazism and the Holocaust, its explanatory power, like the powers of other approaches to extreme human behavior, fails. Thus far, at any rate, neither historians, sociologists, political scientists, economists, philosophers, nor any other expert observers of the human experience have been able to discover persuasive reasons to explain why and how Germans collectively went berserk in 1933-1945. In the course of it, they perpetrated one of the greatest horrors, if not the greatest horror, in all of human history. Had they not been defeated in war, there can be little doubt that Judaic-Christian civilization, at least in the West and perhaps everywhere in the world, would have come to an end.

Analyses of Adolf Hitler abound in almost every social science, and they are particularly numerous in the psychological disciplines. The book under review, the joint work of a psychoanalyst and a professional writer and editor, maintains that Hitler "was a

*narcissistic personality* with *paranoid* features, functioning on a *borderline personality* level, hereafter more briefly referred to as a *narcissistic-borderline personality* or *narcissistic-borderline personality disorder*" (p. 8). In this disorder, which the authors recognize as close to, but far from identical with, psychosis in terms of its pathological organization, the primitive defense mechanism of splitting is particularly important; and the authors give it special emphasis in connection with Hitler's demoniacal hatred of the Jews. They also stress primary process thinking, poor impulse control, projection and projective identification, idealization, depression, anxiety, and other features of borderline personality disorder as characteristic of Hitler, who, they further argue, manifested "strong paranoid trends" (p. 23).

One may accept all this, and yet wonder how it relates to the known or suspected facts of Hitler's early life, and, above all, what meaning it has for German history during the Nazi period. These were a philandering and abusive father (who died when his son was thirteen), an unhappy and sickly mother, a troubled adolescence and indifferent school years, insufficient talent as either artist or architect, poverty and military service—but surely these and even worse elements of fate afflicted millions of persons between 1890 and 1920, none of whom became another Adolf Hitler. Despite the authors' efforts to identify and describe Hitler as a borderline personality, and to relate his adult behavior to his developmental history, Hitler remains, and probably always will remain, unexplained.

The more important mystery is the collective German psychosis that made Hitler *Der Fuehrer* in 1933, a psychosis that remained intact until the final year of the war, when even some Nazi fanatics began to realize that the war and, with it, the cause, were lost. *Hitler's Psychopathology* does not purport to explore this mystery, but the authors occasionally essay a generalization about Hitler and the Germans, which, like the generalizations of others who have written on the topic, does not tell us very much. "Just as few can believe in one who does not believe in himself," they observe in their last chapter, "so many Germans tended to believe in one who believed in himself utterly. A public saturated in obedience to authority and desperate for direction responded with enthusiasm as well as submission . . ." (p. 294). Perhaps so, but in history there

have been other leaders who believed in themselves utterly, and other publics who were saturated in obedience to authority and desperate for direction, but with very different results. And if it be true that the German public was saturated in obedience until 1945, what has become of that public in the years since?

To ask these questions is not to disparage the work under review, for *Hitler's Psychopathology* is a worthy contribution to the literature that deals with the life and times of Adolf Hitler. Unfortunately for all such contributions, however, Kierkegaard may have been more wrong than right when he suggested that "One must always try to live life forward and understand it backward." With the Nazis and the Holocaust, there is not, and perhaps never will be, whatever our efforts, a possibility of understanding backward.

ARNOLD A. ROGOW (NEW YORK)

THE DREAM OF THE SALAMANDER. AN INTERPRETATION OF THE LATENT CONTENT IN A PAINTING BY INGEMAR PETTERSSON. WITH AN APPRAISAL OF AN EXPERIMENT IN THE PSYCHOLOGY OF ART USING THE TECHNIQUE OF GUIDED AFFECTIVE IMAGERY. By Maj-Brit Wadell. Göteborg, Sweden: ARIS (Institute of Art History, University of Lund), 1984. 128 pp.

In this unusual little book a Swedish art historian has combined academic training with a long-standing interest in depth psychology to undertake what I believe to be a unique venture. Since Freud's initial effort in 1910 to apply psychoanalytic understanding to Leonardo's life and work, a number of art historians and psychoanalysts have attempted similar studies. Few have worked with living artists, however, and none have used the methodology employed by the author of this study.

Professor Wadell has subjected a single painting by a little known Swedish artist, together with some studies done before and after it, to a detailed analysis in an attempt to arrive at a psychological interpretation of this work. The painting, whose full title is *The Dream of the Salamander or an Attempt at Self-Contemplation*, had already provoked an earlier study by Wadell, in which her students and colleagues were asked to interpret the work under the two conditions of normal consciousness and a semi-conscious state she calls catathymic. The evocation of this semihypnotic state was pro-

duced by means of suggestion, administered by a psychotherapist. Unsatisfied with the interpretive results obtained from the audience, Wadell determined to use a similar method with the artist himself. Thus, in a series of four sessions, a local psychotherapist, Hanna Dahlgren, induced in Pettersson "a relaxed, hypoaerous state in which he was invited to see in his mind's eye his own painting and tell the therapist what he saw" (p. 19). The transcripts of three of the sessions are included in the book, as are the one hundred and eleven drawings which the artist felt compelled to make during the months that followed the guided imagery sessions.

For the most part, art historians are remarkably reluctant to seek interpretive explanations of imagery in works of art that are based on psychological meanings, especially unconscious ones. When they do make such attempts, they founder all too frequently on the shores of wild analysis, as they build interpretive hypotheses on very flimsy foundations based on insufficient evidence or undigested comprehension of psychoanalytic theory.

In this book, Wadell has provided herself with considerable evidence. It is perhaps less than a practicing clinician would be comfortable with, but it is far more than most art historians gather. In addition to examining the artwork cited, she has interviewed the artist and his wife, and she is well acquainted with the physical and cultural milieu in which the artist has worked.

Furthermore, Wadell has attempted to use a psychoanalytic approach with her subject. Both the strengths and weaknesses of the study stem from the author's approach, in which the painting is "regarded as the manifest content of a dream concealing the latent content. . . . the imagery fulfills the same task for us as the free associations of the traditional, psychoanalytic interpretation of dreams" (p. 12).

Respectful of the traditional psychoanalytic theory of symbolism, Wadell assumes that many if not all of the representational images and aesthetic devices used in the painting have been selected for reasons that are well outside the consciousness of the artist. She views them as rooted in "repressed memories, probably at one time traumatic, of experiences which took place during his childhood" (p. 45). She masterfully elaborates interpretive hypotheses, using specific details in the paintings as the core around which associated



comments and drawings from the guided imagery sessions are connected to salient biographical data from the past and the present. Many of her hypotheses are persuasive and fit well with the data.

Unfortunately some of the author's interpretations and conclusions are flawed by an error commonly made by neophytes in the area of psychological interpretation, be they clinicians or scholars. After much effort, often combined with a fine intuitive sense for psychological realities, a meaning is found that coherently explains the data. This then becomes *the* meaning, and the interpreter moves on to the next puzzling aspect of art work or clinical material to be analyzed. No matter how correct the analysis may be, one is left with the feeling that the rich and tangled complexity behind each piece of human behavior has been reduced to an insufficient measure.

The problem of psychological reductionism is particularly distressing when it is applied to the work of artists, work which is usually carried out over time during shifting states and which is multiply rooted in conscious, preconscious, and unconscious sources. Thus, to interpret a particular element in a painting as if it is a psychoanalytic symbol with a single "meaning" seems doubly naïve. As Jones pointed out, any symbol is the result of psychological condensation, and, "In unconscious condensation . . . there are several layers, in each of which one of the meanings is the true one."<sup>1</sup>

In addition to this difficulty, which does not actually invalidate the author's conclusions so much as deprive them of a satisfying complexity, there is another problem. In a few instances, the reader has the giddy feeling of being asked to accept conclusions or interpretations that are built on a scaffolding of data that do not convincingly cohere in spite of the author's neat juxtapositions.

Despite these flaws, the book is well worth examining if only because it presents such an intriguing variety of material and because it raises some interesting additional questions the author has not sought to answer. For example, we can wonder about the

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<sup>1</sup> Jones, E. (1916): The theory of symbolism. In *Papers on Psychoanalysis*. Baltimore: Williams & Wilkins, 1948, p. 140.



artist's compelling need to follow the guided imagery sessions with a series of drawings. Was it a kind of working through process? Was he turning a passive experience into an active one after the reawakening of painful memories? How differently might things have gone if an art therapist had conducted the interviews and if the artist had been encouraged to make his visual associations visible at the time of the interviews instead of a month later?

Finally, we must ask the most difficult question facing scholars who choose to work with living artists. If we assume that searching *with* the artist for unconscious meanings may affect his art, on what grounds can we justify such interventions? We can only hope that the artist's work will be as enriched by the experience as will be the viewers' understanding of the work.

LAURIE WILSON (SOUTH ORANGE, NJ)

THE LURKING KEATS. By Geraldine Pederson-Krag. Lanhan, Md./New York: University Press of America, 1984, 92 pp.

Pederson-Krag's little book, *The Lurking Keats*, continues her long-standing interest in that poet.<sup>1</sup> In the preface, she writes, "By correlating [Keats's] verses with his emotional development, I hope to demonstrate that Keats brought into being a secondary identity, antithetical to this ostensible personality . . . in which his genius took form and flowered" (p. i.).

Her method is to intertwine, in the course of a long narrative account of the poet's life, actual biographical facts and snippets of Keats's poetry. She takes the latter mostly at face value, as though they can be viewed as direct associations. This constitutes a serious methodological flaw. It is compounded by the lack of any explanation by the author of the origin of her organizing concepts of "the lurking Keats" and "the ostensible Keats," which she uses as roughly equal to "reconstructed narrator" and "real person."

Pederson-Krag makes bold assumptions about the latent content of various poems, without offering us any evidence for her conclu-

<sup>1</sup> See Pederson-Krag, G. (1951): The genesis of a sonnet. *Psychoanal. Social Sci.*, 3:263-276.

sions. For example, in discussing the well-known ballad, "La Belle Dame sans Merci," Pederson-Krag assumes that the "lurking Keats," who in actual life continued to declare himself Fanny's vassal, was reflecting his own self in the poem, in thrall to Fanny as "La Belle Dame sans Merci." In doing so, as she sees it, he seemed to have identified with his last impressions of his brother Tom: "So Haggard and woe-begone" (p. 63). Pederson-Krag states, "The third origin (of the ballad) was [Keats's] relationship with Fanny, who, although warm and loving, threatened him by stimulating him and encroaching on his concentration for writing which he considered could make him immortal" (p. 63).

The problem with such statements is that they are only plausible rather than supported by convincing evidence. Unless the author provides us with her reasons for constructing these hypotheses rather than any of several others, we are forced to accept her constructions on faith. In the case of Keats, we do have other data available from his correspondence. In addition, Peterson-Krag ignores the sociocultural context of the poetry. This increases the danger of falling prey to a literary wild analysis which has not done credit to our field.

FRANCIS BAUDRY (NEW YORK)

PSYCHOANALYSIS AND COGNITIVE PSYCHOLOGY. A FORMALIZATION OF FREUD'S EARLIEST THEORY. By Cornelis Wegman. New York: Academic Press, 1985. 302 pp.

This is a serious, scholarly attempt to bridge the nebulous frontier of research on artificial intelligence with Freud's pre-1896 theories. It does so by translating the latter into a computer model. Wegman's attempt has required him to simplify Freud's early theory to its bare bones, on the one hand, while stretching the implications of the computer results to their maximum, on the other. Even then, he states, "a working computer model became unfeasible. . . . instead, a design for such a program is offered" (p. 10).

Most of the book is devoted to translating Freud's early ideas into terms consistent with Schank's Conceptual Dependency Theory, with its complex, symbolic sentence diagrams. Chapter 3 ends with "We may conclude . . . that a semantic representation of

episodes in terms of Schank and Abaelson's theory on knowledge structures opens up possibilities for a more refined and precise analysis of the conflicting cognitions underlying neurotic behavior." This may be correct, but a careful reader can obtain similar results without the use of a computer and without all the laborious procedures required to feed the relevant information into a computer.

I am not qualified to judge the value of this book for specialists in artificial intelligence. I doubt, however, that psychoanalytic clinicians or those with an interest in psychoanalytic theories will find much of interest in the volume.

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Marianne Makman

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## ABSTRACTS

**Adolescent Psychiatry.** XII, 1985.

*Abstracted by Marianne Makman.*

**Lost Boys Wandering around the Peter Pantheon.** Nicholas Meyer. Pp. 46-58.

Nicholas Meyer, author of *The Seven Percent Solution*, and self-confessed thirty-five-year-old bachelor, whimsically explores the psychological links between James Barrie's Peter Pan, George Bernard Shaw's Henry Higgins, Arthur Conan Doyle's Sherlock Holmes, Miguel de Cervantes's Don Quixote, and, perhaps, himself.

**A Developmental Approach to the Psychotherapy of Adolescents.** Aaron H. Esman. Pp. 119-133.

The author focuses on ambulatory, individual, psychodynamically oriented psychotherapy with adolescents and discusses the major developmental issues of early (12 to 15 years), middle (15 to 18), and late (18 to 21) adolescence, correlating these with some expectable modifications in therapeutic technique. Early adolescence, a time of great and embarrassing drive pressures, of nascent autonomy, of concrete thinking and action-oriented behavior, is a particularly difficult period in which to attempt psychotherapy. Esman recommends, if possible, a same-sex therapist who is willing to be verbally active without playing "pal," who can remain somewhat flexible about scheduling, and who will listen patiently to much "superficial" chatter about concerns of daily life. Objectives should usually be limited and therapy relatively brief. Mid-adolescents are usually emotionally and cognitively readier to converse in therapy. The therapist must be more "active" than in work with adults. She or he must be willing to set firm limits to destructive behavior if necessary and to express opinions at times as the patient struggles with moral issues. The author warns that countertransference (overidentification with either the adolescent or the parents) is particularly strong in work with these patients, and constant self-scrutiny is advised. Late adolescents behave much like older adults in therapy except that they may be less able to complete transference explorations. Therapy may need to be confined to "pieces" of analytic work.

**Psychodynamics of Delinquent Girls' Rage and Violence Directed toward Mother.** Perihan Aral Rosenthal and Mairin B. Doherty. Pp. 281-289.

Using case histories to illustrate their hypotheses, the authors discuss a study of twenty delinquent female adolescents. They suggest that a combination of rage toward the neglectful and/or abusive mothers of their childhoods and a terror of the regressive homosexual pull toward the mothers in adolescence resulted at times in particular forms of violent acting out by these young women.

**The Analysis of an Adolescent Boy.** Robert M. Galatzer-Levy. Pp. 336-360.

The author wishes to persuade the reader that many adolescents *are* analyzable and, contrary to opinion expressed in much of the psychoanalytic literature, *can* benefit greatly from this form of treatment. The paper consists largely of the description, with details from many sessions, of the three-and-a-half-year analysis of a

highly motivated adolescent boy, fourteen years old at the outset. Both the patient and the author are extremely articulate. In addition to being a most convincing example of successful analytic work with an adolescent using standard technique, this is one of those rare papers that illustrate vividly what actually occurs between analyst and patient in the course of their shared work.

**Mourning in Adolescence: Normal and Pathological.** Benjamin Garber. Pp. 371-387.

Garber reviews previous studies of mourning in adolescence, focusing most prominently on the writings of Wolfenstein who asserted that adolescents may be unable to mourn the death of a parent if they have not completed the normal mourning process of psychological separation from parents. Garber cautions that this may not be true. The question is not whether or not adolescents mourn but how they do it. He warns us to be careful not to apply to adolescents what we expect as mourning reactions in childhood or adulthood. He then describes some common patterns observed in adolescents who have lost a parent, such as increased quest for conformity to help undo the profound feeling of "differentness" due to the loss. The youngster is "normal" not despite the loss but because of it, and this is often overlooked as a form of mourning behavior.

**Countertransference and the Severely Disturbed Adolescent.** Peter L. Giovacchini. Pp. 449-467.

Giovacchini asserts that treatability is determined less by a given patient's degree of psychopathology than by what he calls the "patient-therapist axis" of transference and countertransference reactions. Using clinical vignettes from his own experience, he describes some especially disruptive countertransference reactions and their resolution through more complete understanding of the patient's psychodynamics and of his own.

**Adolescent Paranoia: Transference and Countertransference Issues.** W. W. Meissner. Pp. 478-508.

In this complex and densely written paper, Meissner covers two related subjects: "normal" adolescent paranoia and the evaluation and treatment of rebellious, alienated late adolescents. He suggests that the "need for an enemy," with use of projection and denial and some resulting disturbance in reality testing, arises transiently in many adolescents as an aid in differentiating self from parents. With the rise in instinctual drives and a narcissistic overvaluation of the self comes the need to define the self by perceiving oneself as alienated from "the others," i.e., the parents and other authority figures. Meissner discusses the profound sense of alienation in some adolescents resulting from the confluence of the above-mentioned intrapsychic conflicts and feelings of intense dissatisfaction with values of parents and the ambient society. A case history is reviewed, and the author concludes with the plea that the therapist always keep in view both the intrapsychic and interactional factors at work in the psychopathology of such adolescents. The therapist should maintain a "ruthless," open objectivity in the therapy which enables the patient to sort out the distortions from within affecting his or her view of the world.



**Countertransference Issues in Psychotherapy with Adolescents.** Stephen L. Zaslow. Pp. 524-534.

Through the medium of several brief and refreshingly self-revealing treatment case histories, the author illustrates the therapeutic use of one's countertransference responses to adolescent patients.

**Journal of Child Psychotherapy.** X. 1984.

*Abstracted by Asher Rosenberg.*

**Two Crucial Questions: Adopted Children in Psychoanalytic Treatment.** Jill Hodges, et al.

The findings reported in this paper are based on the work of the Research Group on Adopted Children at the Hampstead Clinic. Despite an apparent lack of interest in their adopted status, latency and younger adoptees in analysis commonly reveal an intense curiosity about and speculation on two questions: Who were my first parents and what were they like? Why did they give me up? Why does the child need to answer these two questions? What is "the part played by the representation of the biological parents in the child's representational world?" The child appears to be compelled to create a representation fabricated from fragmentary information and psychosexual phase-related fantasies and feelings. The resulting composite fantasy image is thought to be vital in the child's construction of his or her own sense of identity. The Research Group emphasizes the adoptee's seemingly urgent search for a mental representation of the physical qualities of the parent. The great importance of the body image is tentatively attributed to the fact that the child's body is the real link with the biological parents and the fantasied basis of the biological parents' original dissatisfaction and rejection. Case vignettes illustrate the range of answers appearing with some regularity to the two questions. A major focus is the relation between the fantasies and the maintenance of self-esteem.

**The Amelioration of a Squint through Psychotherapy: A Question of the Development of Psychic Depth?** Torhild Leira. Pp. 175-186.

A severely ego-impaired three-and-a-half-year-old boy, with a constant, long-standing, divergent strabismus of widely variable angle, began psychotherapy. Within a few months the symptom lessened considerably and later vanished almost completely in the therapeutic environment. Careful documentation of when, where, and how the strabismus varied led to conviction about the influence of the therapeutic relationship on the symptom. From infancy the child had suffered beatings from both parents. The hypothesis is raised that the parents' aggression made it necessary for the child "to avoid seeing the threat, to avoid focusing on the threat." The author also proposes that strabismus is a derivative of the psychic fragmentation which follows the loss of or inability to construct an inner object. Other major strides in ego functioning are also shown to parallel the internalization of the therapist and the mastery of aggression. A link between the capacity for depth perception and intrapsychic separation is cautiously postulated.

**Early Psychic Disturbance in Anorexic and Bulimic Patients as Reflected in the Psychoanalytic Process.** Marjorie P. Sprince. Pp. 199-215.

The analysis of a young anorexic woman illustrates the core dynamic of "a relentless unconscious attempt to restore the lost union with the internalized feeding mother while avoiding the terror of merging and loss of boundaries." The paper is noteworthy for its rich descriptive detail of anorexic character pathology and for the author's significant empiric finding in several cases of a particular kind of relationship between the anorexic girl and her father. "He had either taken over the mothering at a point when individuation had not yet taken place or his tie to the patient from a very early age had the quality of symbiotic mothering related to his own unconscious needs."

**Contemporary Psychoanalysis.** XIX, 1983.

*Abstracted by Ronald F. Krasner.*

**The Interpersonal Paradigm and the Degree of the Therapist's Involvement.** Merton Gill. Pp. 200-237.

In this essay, Gill compares the interpersonal paradigm to the drive-discharge paradigm with special reference to the participation of the analyst. The literature contends, according to Gill, that the inter-personalist sees the analyst as significantly involved, and the Freudian holds that his participation is minor. To prove this latter theorem false, Gill first attacks the analyst-as-blank-screen caricature of Freudian analysis. Secondly, he points out that Sullivan did not specifically suggest that a major participation on the part of the analyst was a necessary part of the interpersonal paradigm. Gill then goes on to discuss how much the analyst ought to be involved and how much he is inevitably involved. His definition of the transference-countertransference transaction as the primary concern of the analytic endeavor forms the basis for his comments on the relationship between participation and technique. He also elaborates on his guiding principles for technique. As he concludes, Gill touches on issues such as how revealing the analyst should be of his own feelings, how much of the past should be explored, and how crucial the relationship is to bringing about the change. In summation, he takes a broad position that both insight and new experience play a role in bringing about change in psychoanalysis. Gill deduces that the interpersonal paradigm (in which he now includes himself because of his special focus on the transference-countertransference transaction) does not necessarily imply a conviction that the analyst must play a major role in the analytic interaction.

**Psychoanalysis and Prevention in Childhood Mental Health.** Ildiko Mohacsy. Pp. 265-275.

As a result of child observation, the practice of which emerged from Freud's theory of psychoanalysis, mental health workers have been able to focus not only on the detection of childhood mental illness, but also on the prevention of it. Using the issue of separation from the mother as an example, Mohacsy shows how our knowl-

edge in this area has led to the early detection of problems and the formulation of enlightened social policy. A number of examples of prevention are briefly mentioned, such as the training of pediatricians, parenting groups, school consultation, and liaison psychiatry on the pediatric ward.

**Shame, the Ideal Self, and Narcissism.** Andrew P. Morrison. Pp. 295-318.

Morrison begins with a discussion of the psychology of shame as it has been previously established in the psychoanalytic literature. Using the ideas of Freud, Piers, Lund, and Lewis, he presents distinctions between shame and guilt. He summarizes: "Shame, then, reflects feelings about a defect of the self, a lowering of self-esteem, falling short of the values of the ego-ideal, a flaw in one's identity representation. The external danger from the experience of shame is abandonment or rejection, in contrast with punishment and castration in relationship to guilt." To further his analysis, Morrison asserts that the ideal self, the self-as-I-want-to-be, is a concept central to the genesis of shame. If the ideal self is not achieved, a subjective sense of self-defect and shortcoming is felt, and this in turn is integral to the experience of shame. Kohut's major contributions to the diagnosis, conceptualization, and treatment of the pathology of the self are presented. Morrison states: "Shame then can be understood as one reaction to failure in the self's quest to gain responsiveness/affirmation by the selfobject or to generate ideals." In considering Kohut's idea that guilt is the major affect of "Guilty Man," Morrison posits that shame is the corresponding affect for "Tragic Man." In a final brief section on treatment, Morrison concludes that if shame is the affective response to falling short of goals and to the depletion of ideals, it is best treated "through the vicarious introspection of empathy, of his own failures . . . of his own defects. . . . The analyst must be willing to face and acknowledge his own shame and the pain which accompanies it."

**Piaget and Psychoanalysis: Some Reflections on Insight.** Anita Tenzer. Pp. 319-339.

**Discussion.** Lawrence Friedman. Pp. 339-348.

**Conscious and Unconscious.** Gilbert Voyat. Pp. 348-358.

Piaget's theories of cognitive development concern the acquisition of knowledge through mechanisms that become equilibrated via a hierarchical integration of schemes. These schemes interact with external objects and concomitantly are modified by the growing individual. The awareness of these schemes, the understanding of them that leads to the regulation of behavior, had been termed by Piaget the grasp of consciousness. In psychoanalysis the understanding of one's self is termed insight. To achieve a closer correlation between Piaget's cognitive theories and clinical psychoanalysis, Tenzer suggests that the process of discovery in psychoanalysis is analogous to the child's discovery of his world. Integrating some of Piaget's experimental work with some well recognized phases in psychoanalytic work, Tenzer establishes four stages of the process of grasping consciousness and obtaining insight: 1) the presence and beginning awareness of unconscious behavior; 2) the working through by viewing experience within different contexts; 3) the attainment of self-observation; and 4) the integration of partial insights leading to reflective abstractions.

In his discussion, Friedman is wary of accepting too readily the four Piagetian concepts he feels psychotherapists eagerly welcome: 1) the idea of stages; 2) the notion of an early type of knowledge organized differently from conscious knowledge; 3) the idea that knowledge moves toward objectivity; and 4) the contrast of assimilation and accommodation. Further, he underscores a type of question that highlights the essential differences between psychoanalysis and Piaget's theories of cognition, namely, "Why are some things harder to learn than other things?"

Voyat in his brief response to Tenzer clarifies Piaget's theses. Most importantly, he points out that Piaget does three things in analyzing consciousness: 1) he depicts physiologic parallels; 2) he ascribes energy to a physical entity; and 3) he suggests that consciousness depends on a system of meanings. This last statement becomes the crucial connection between Piaget and psychoanalysis that Tenzer addresses in her paper.

**The Mirror and the Mask. On Narcissism and Psychoanalytic Growth.** Philip M. Bromberg. Pp. 359-387.

Individuals who experience others as means to an end, rather than as an end in themselves, those who exhibit the triad of vanity, exhibitionism, and arrogant ingratitude, according to Bromberg, suffer from a "narcissistic personality disorder." Their development is arrested between their seeking others to affirm their own significance (the mirror) and their controlling their environment in a disguised way (the mask). Bromberg states: "... all narcissistic pathology is, fundamentally, mental activity designed by a grandiose interpersonal self-representation to preserve its structural stability, and to maintain, protect, or restore its experience of well-being." Some problems in the psychoanalytic treatment of such people are explored. Narcissistic transference configurations and their resolution are central to successful treatment. The analyst's approach should be flexible and should range between interpretation, which can be mutative for neuroses, and mirroring, which can be reparative for narcissistic personality disorders. Bromberg further suggests that a gradient between anxiety and empathy must be carefully negotiated by the analyst. For example, at the beginning of treatment of individuals with marked ego impairment, the need for empathic contact is greater while confrontation is minimized. Later, the more normal transference-resistance configurations can be analyzed. Though Bromberg believes that not all individuals are analyzable, he does conclude that many different narcissistic disorders might be analyzable without the classical interpretation.

**Journal of the American Academy of Psychoanalysis.** XII, 1984.

*Abstracted by Roderick Gilkey.*

**The Obsessive's Myth of Control.** Allan Mallinger. Pp. 147-165.

For the obsessive personality, the need for control is not only a defense against anxiety, it is also a building block of identity and a central force of self-esteem. The obsessional need for control includes (1) control of one's own affects and impulses; (2) control of others' opinions, attitudes, and actions; and (3) control of external events and circumstances. The latter reflects an underlying sense of omnipotence and grandiosity. In an effort to preserve such an omnipotent stance, obsessionals

attempt to gain "retroactive control" in circumstances beyond their control. This is done through a chronic tendency to second-guess and blame themselves, which produces an illusion of control whereby they can focus on what they should have done and will do next time to maintain full control over their lives.

**Sexual Issues in the Transference and Countertransference between Female Therapist and Male Patient.** Herta Guttman. Pp. 187-197.

There are predictable and stereotypical transferences that emerge in the therapy of male patients in treatment with female therapists. The patient experiences both sexual and asexual transferences such that the therapist is experienced as a positive sex object, a negative sex object, a nurturant mother, an engulfing female, and a withholding mother. The female therapist must deal with a variety of countertransferences which include seeing the patient as a needy child, a provocative child, a positive sex image, and a negative sex image. Social norms often interfere with verbal expression of these sexual transferences, which then remain veiled or find expression through acting out or displacement. Such obstacles must be overcome for successful treatment outcomes to be achieved.

**Freud, Physics and Literature.** Norman Holland. Pp. 301-320.

What we have learned by applying psychoanalysis to the arts can be transferred back to psychoanalysis. Freud's discoveries transcended his own natural science heritage and thus paralleled those of Einstein and the relativity physicists who learned that "we cannot separate the world we know from the way we know the world." As part of the observed world, the observer too must be understood. Freud revolutionized our self-understanding and with it our view of art. He made it possible to talk not only about the individuality of the artist, but also about the individuality of each of us as we experience and enjoy art. Art becomes a co-creation of the creators and observers in a partnership of communication and enlightenment.

**British Journal of Medical Psychology.** LVII, 1984.

*Abstracted by James E. Storm.*

**Shame in Relation to Narcissistic Disturbance.** Phil Mollon. Pp. 207-214.

Shame is discussed and contrasted with guilt. Guilt involves internalized fear of another object and the agency of the superego. Shame involves the self, as in "I am ashamed of myself." Shame thus involves both a condemnation of the self and a heightened awareness of the self. In a vignette provided, when the patient felt herself to be merging with others, she longed for someone to rescue her and at the same time felt intensely ashamed. The feeling of shame heightened the awareness of herself and thus helped her defend against, or be rescued from, the feeling of merging. Shame is associated with being looked at, and with sexuality, especially during infancy and adolescence. Rage and guilt are frequent defenses against shame. If with narcissistic patients one focuses on this guilt and rage instead of on the underlying shame, a therapeutic stalemate may ensue.



**Dependence and Its Relationship to Depression.** John Birtchnell. Pp. 215-225.

The concept of dependency and its complex interrelationship with depression is reviewed. Dependency is an elusive concept which the author feels encompasses three distinct elements: (1) affective dependence, having to do with the uncertainty of being loved, and related to the psychoanalytic concept of the oral personality, the lack of an internalized loving parent, separation anxiety, and the need for approval from others; 2) ontological dependence: the lack of a sense of identity, for which the individual compensates by attaching himself to another and borrowing his identity; 3) deferential dependency, which is related to the inclination toward humility, pessimism, self-blame, deference, and abasement. This element is related to the Minnesota Multiphasic Personality Inventory scale of depression. This writer observes that the article raises more questions than it answers.

**Some Implications for Psychology of Formulating All Illness as Deviancy.** David Pilgrim. Pp. 227-233.

Pilgrim feels that formulating all illnesses in terms of deviancy from a norm might lead to reconciling the psychological characteristics of physical illness with those of mental illness. In this way, the problems of physical reductionism and of mind-body separation may be avoided. The concept of illness as deviancy also avoids denying a material basis for human existence. Using this concept, according to Pilgrim, one may more readily recognize and reconcile the frequently conflicting issues of caring for and controlling one's patients.

**Prediction vs. Reflection in Therapist Demonstration of Understanding.** Ira D. Turkat and Victor S. Alpher. Pp. 235-240.

The authors examine the ways in which college students, in non-clinical experiments, judged different interactions by therapists as indicating the degree to which therapists understood their patients. Therapist interactions which predicted future patient behavior were judged to exhibit the greatest degree of understanding. Those which restated the patient's problems (reflective) or admitted not understanding the patient (naïve) were judged not to differ from each other in revealing the therapist's understanding. On the basis of this experiment, the authors question the usefulness of the latter two types of therapist interactions.

**How Can We Compare Different Psychotherapies? Why Are They All Effective?** Anthony Ryle. Pp. 261-264.

Ryle uses a cognitive model to compare psychoanalytic and other therapies. For him a procedural model describes all purposive actions in terms of procedures involving assessment of capacity, predicting consequences of action, selecting means of acting, assessing results, etc. He describes neurotic, borderline, and personality disorders in these terms. All procedures are modifiable and involve constant revision, feedback, and prediction throughout life, within therapy or outside of it. Ryle describes how he believes different therapies act at different points in this cycle, and how the consequences of any therapeutic act are integrated into and modify the



entire procedure cycle. Thus different therapies may appropriately therapeutically modify a given procedure by different interventions. Clinical examples are not given.

**Anorexia Nervosa: Starvation Dependence.** George I. Szmukler and Digby Tantam. Pp. 303-310.

Anorexia nervosa is best described as an addiction to starvation, rather than a neurosis or psychosis. A comparison is made between the symptomatic features of alcoholism and anorexia nervosa. The authors' parenthetical remarks about 1) anorexia as a perversion of appetite, and 2) anorexia as a regression to prepubertal functioning are not explored; this is unfortunate, as they are the most stimulating features of the article.

**Mourning Distinct from Melancholia: The Resolution of Bereavement.** Simon S. Rubin. Pp. 339-345.

The bereaved maintains a recollected and remembered relationship with the deceased, which changes during the process of bereavement. During the initial period, symptoms of these changes, such as protest and despair, may be observed. However, during the later stages of bereavement, which may last for years, there are frequently no symptoms, even though the intrapsychic relationship of the bereaved with the deceased is ongoing and continues to be actively revised. This may be thought of as an epilogue to mourning. Eventually the relationship of the bereaved to the deceased may become stabilized, and the bereaved neither overidealizes, denigrates, nor devalues the deceased. At this point, resolution of bereavement is asserted to have occurred. Two clinical examples illustrate the author's contention that examination of the ongoing relationship of the bereaved with the deceased will allow assessment of the degree of resolution of bereavement.

**Environment Factors Associated with Continuers and Terminators in Adult Outpatient Psychotherapy.** Darryl G. Cross and Christine E. Warren. Pp. 363-369.

Clinic patients who did not drop out of psychotherapy had significantly more access to nonprofessional, informal, alternative counsel, such as friends and parents with whom they could discuss their problems, than did patients who discontinued psychotherapy against medical advice. If the need arose, the patients who did not discontinue could talk about their problems informally with the alternative counsel. Patients who discontinue do not drop out because they have found alternative help; they do not utilize alternative help, for whatever reason.

**American Imago.** XXXIX, 1982.

*Abstracted by George G. Fishman.*

**The Epic of Gilgamesh.** J. Tracy Luke and Paul W. Pruyser. Pp. 73-93.

The authors attempt an analysis of the 4000-year-old Mesopotamian epic discovered at the end of the nineteenth century. Gilgamesh, the King of Uruk, is arrogantly preoccupied with getting his fill of sexual delight. His divine goddess mother

is instructed to fashion his double in order to teach him restraint. Thus Enkidu is placed on earth. Enkidu's own wildness is tamed by a harlot, and he is brought to meet Gilgamesh. The two become devoted friends and set off on adventures which indulge their hubris. In the process Enkidu is retaliated against and killed. Gilgamesh, in panic and despair, attempts to cross the waters of death to find Utnapishtim, the one man to have gained immortality. Gilgamesh hopes to acquire immortality for himself, but is frustrated in his quest. He returns to Uruk, having been subdued by his adventures and having accepted his mortality. The authors credit Bennett Simon with part of the inspiration for their analysis of the epic. They state: "Hidden within emotional crisis are the seeds of new insight and growth." Both the reference and premise are credible. Unfortunately, the rest of the analysis is not. They attempt to squeeze Gilgamesh into both a Freudian and an Eriksonian framework. In effect, they inadvertently create a last trial for the epic hero: suffocation.

**The Legend of Oedipus: Victimizing Implantations.** Stanley Rosenman. Pp. 119-132.

Rosenman presents his own unique version of the preoedipal in Oedipus. He argues that Oedipus was the victim of his parents' directed torments. They in turn were once victims. Being victimized and the consequent sense of badness are said to lead to the desire to inflict it on, or implant it in, others. The final link in the chain of "bad introjects" in the myth is the plague that Jocasta and Oedipus cause to fall upon the people of Thebes. Jocasta thus undoes her rejection by Laius, and Oedipus eases the pain of his early abandonment by his parents.

**The Concept of Liminality in Two Tribal Rituals.** Mary E. Ross. Pp. 133-148.

Freud treated ritual as the analogue of the neurotic symptom. He viewed it as affording compromise between impulse and the prohibition against it. Ross takes no issue with Freud's hypothesis; she merely deems it incomplete. She reviews the concept of liminality, or anti-structure. Victor Turner proposed that ritual involves movement from structure to its absence as a way of re-ordering certain balances of reality, especially status inequality. Ross compares these ideas to Winnicott's transitional phenomena and points out their considerable overlap. She then describes two tribal rituals. One of them, the Naven of the Iatmul, involves various actions between the initiate, e.g., a young boy, and his maternal uncle. Sexual identities are fluidly shifted in an attempt to right two major discrepancies in the culture. The first is the submissive role of women. The second is the vulnerability to schism in patrilineal society. Ross illustrates how the liminality of this ritual addresses both of these foci of societal tension.

**In Search of Akhnaton.** Stephen Ohayon. Pp. 165-179.

Akhnaton is portrayed as an earlier analogue of Schreber. This pharaoh immersed himself in the worship of the sun god, Aton. He hoped to absorb the sun's powerful, protective rays. The author suggests that this preoccupation was the familiar displacement of passive homosexual wishes toward the father. Evidence for this is suggested. Amenhotep III, Akhnaton's father, had been powerful and preoc-

cupied with the building of Egypt. Akhnaton is depicted as feminine in body type. On one stela, he is shown sitting intimately beside Smenkhare, a young king and co-regent. Akhnaton is stroking Smenkhare's chin. Also mentioned is the possibility that the young pharaoh suffered an endocrinopathy like Fröhlich's Syndrome. The faded evidence of a life lived 4,000 years ago must be employed cautiously.

**Barrabas.** Bronson Feldman. Pp. 181-194.

In the Gospel according to John, it is alleged that "Barrabas was a robber." The analysis conducted in this article leads to a startling alternative conclusion. Feldman begins by offering evidence to suggest that the word translated as "robber" denoted a political bandit on the order of, for example, Pancho Villa. The epithet was earned by this shadowy man during a Jewish insurrection against the legions of Pontius Pilate. The occasion was Pilate's pillage of the temple treasury for the alleged purpose of building better aqueducts for his Jewish subjects. The point is made that Pontius Pilate was no friend to *any* of the Jews, except to turncoats like Josephus. Even his chronicles attest to this fact. Thus it is unlikely that Pilate was the innocent vehicle for Jewish wrath against Jesus. The explanation offered instead is that Jesus (or Yeshua) was brought up in the tradition of Jewish rebellions of those times. The Zealots had been active insurgents in Galilee during his early years. Finally, the author gives us his theory. Feldman argues that the Evangelists may have tried to make peace with the Romans for the sake of the early Christian community by expunging all evidence of Jesus' anti-Roman activities. To this end, they *created* Barrabas who is none other than a split-off part of Yeshua himself. For twenty centuries, a progression of zealous Christian accounts of the deicide have clashed with an onslaught of equally ardent Jewish vindications. This historical rhythm continues.

**Robert Fliess—A Personality Profile.** Elenore Fliess. Pp. 195-218.

Elenore Fliess writes a sketch of her husband. She met him after he emigrated to the United States, while he was struggling to practice medicine with principles very much informed by both his father and Freud. He did not gain acceptance as a physician, and he turned his energies to psychoanalysis. The portrait offered to us is of a deeply committed man with meticulous interest in the science and scholarship of his field. He spent four years writing his dream book because he insisted on reviewing all that had been published. His experiences with his father and his first analyst (who was psychotic) led him to challenge Freud's second seduction hypothesis. He deeply believed that severe actual traumata, such as sexual abuse, formed the basis for serious disturbances in the adult. He also countered Freud's view of women. In particular, he argued that the female genital "can vary in its aesthetic appeal as can any other part of the body." Interspersed with the articulations of his intellectual life are poignant and loving insights into Robert Fliess, person and husband.

**Aristotle's Poetics: The Origins of Tragedy.** K. Arvanitakis. Pp. 255-268.

This article seeks to broaden the psychoanalytic understanding of tragedy. The author stresses Aristotle's concept of mimesis, that is, imitation. In the beginning,

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the chorus represented man's desire to fuse with the god, Dionysus, and his Goat-Satyrs. Tragedy means goat-song. The etymologies so skillfully quoted in this piece are meant to remind us of essences. The goat-song was a literal imitation, a desire to fuse. Evolution brought the subtler sense of mimesis, a becoming like. Two players are present and the emphasis is on the word. Man begins with flaw (*harmatia*) in that he is ignorant of a critical difference or a distance between himself and other. Oedipus desires to become *like* his own origins *and* is ignorant of his real one. These two aspects of his one self conspire to create the foundation of his tragedy. This careful analysis has a rhapsodic quality of its own and is extremely well done.

## Meeting of the Psychoanalytic Institute Of New England, East

Michael I. Good

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## NOTES

### MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

October 29, 1984. PANEL: RECONSTRUCTION REVISITED. Axel Hoffer, M.D., Moderator, Henry Smith, M.D., Ana-Maria Rizzuto, M.D., Robert Pyles, M.D., Evelyn Schwaber, M.D.

Dr. Henry Smith noted the many connotations of the word "reconstruction" in the literature. Illustrating his discussion with several case examples, he used the term in its most general sense to refer to a mutual undertaking of patient and analyst to reconstruct the history and experience of the patient. The primary emphasis of those who have written on reconstruction falls somewhere between the poles of objective past experience and the subjective perception of that experience. It is difficult to know in any situation "what actually happened." The existence of an illusory component of perceived reality and of remembered experience is neither a new idea nor one limited to the field of psychoanalysis. Theoretical physicists also make linking constructions to fill in the gaps in our conception of physical reality. Ernst Kris wrote that the further course of life seems to determine which childhood experiences gain significance as traumatic. An illustration for the interrelation of fantasy and reality is Arlow's model of a translucent screen with movie projectors on both sides, one projecting the conscious perceptions of external reality, the other simultaneously projecting images of unconscious fantasy. The composite of the two images represents subjective, or psychic, reality. For some patients, one projector seems to dominate the other. The analyst must balance his or her attention to these images in order to note the relative absence of one image in the patient's experience of reality. There are certain patients for whom the therapist needs to pay particular attention to the images from the reality side of the screen. Among these are patients who have been physically or sexually traumatized, patients whose families have used considerable denial of reality, and adolescents (among them would be Freud's Dora) who may need to establish and share the historical truth.

Dr. Ana-Maria Rizzuto commented on the role of the analyst's construction in elucidating causality in the formation of self-perception, especially during childhood. The causal relation in psychoanalysis is different from that in other disciplines, in that it is unconscious but then is brought into awareness. The construction establishes the originally believed causal relation between factual events and psychic experience, and between one psychic event and another. The analyst completes a psychic picture of the way things could have been, analogous to the way a detective tries to retrace not only the factual movements of the criminal but also the motivating mental processes. In analysis, empathy is at the service of understanding the idiosyncratic meaning of the individual's subjective experience. The repressions must be lifted and the original affects evoked for the analytic scene. The term reconstruction usually refers to an aspect of technique. Theoretically, only that which has been constructed can be reconstructed. All psychic life is a construction. Constructions occur at a discreet historical moment. What we selectively construct is always who and what we are, our self-representation, a process which never ceases.



The analytic process itself is a construction in the present. The patient's construction of the analyst we call the transference. The analyst, too, constructs the patient as a child, as the adult of the transference, and as the real person he or she is. This is a "model" of the patient (Greenson) or the analyst transference (McLaughlin). Between these two transferences, events begin to happen; piecemeal, psychic moments of the past are recovered, sometimes so naturally that the momentous implications are barely noticed. Technically, reconstruction is the summing up of these moments to make a narrative. Factual truth and narrative truth need not be different or mutually exclusive. The reconstruction that analyst and patient bring about, if convincing to them, is the only meaningful truth they need of how the patient became himself.

Dr. Robert Pyles presented clinical material which illustrated the role of parent or analyst as historian/record keeper, thereby defining internal and external reality for child and for patient. Child and patient are vulnerable and rely on the reasonable objectivity of parent or analyst for accurate feedback about what is real. This places a great responsibility on parent or analyst, because there is rarely an external check on their perceptions or recall. The responses to the child/patient's material may have either a growth-promoting or a splintering effect on the synthetic and integrative capacities of the ego. In the clinical case, the patient's mother had offered a series of "reconstructions" to the patient that were so wholly out of tune with the patient's memories that, as a child, she found it necessary to cloud her awareness in order to preserve the relationship; this resulted in a chronic depressive compliance. According to Freud, a reconstruction is a "conjecture" about the past which "awaits examination, confirmation, or rejection." As conjecture, the reconstructive remarks are subject to hazardous influence from the theoretical and personal biases of the analyst. This is illustrated in Kohut's paper, "The Two Analyses of Mr. Z.," where the patient experienced the analyst's insistence on his own theoretical point of view as a re-enactment of the relationship with his narcissistic mother. This was similar to the situation with Dr. Pyle's patient. The analyst should strive to preserve the same attitude of "analytic neutrality" with respect to his theoretical bases as he does toward the patient's material. Analytic neutrality—a relative absence of narcissistic self-interest—prevents the re-enactment of earlier traumatic relationships and allows memories to emerge. A reasonably correct interpretation or reconstruction provides the patient with the experience of being recognized and understood. Reconstruction is different from "corrective emotional experience" or "mirroring." The analyst neither enacts nor reflects but creatively "co-authors" with the patient a corrected past history that is both explanatory and vital. Reconstruction, then, is a technical device by which the patient is reunited with the past, ideationally through the corrected history and experientially through the analytic relationship.

Dr. Evelyn Schwaber noted that in the history of psychoanalysis alternate theories have frequently arisen which argue that external influence has been ignored. Challenges to the sustained focus on inner life continue to appear. These recurrent debates about "inner versus outer" may reflect the fact that we have not found a way to include the outside world as intrinsic to the formation of inner experience; at the same time we recognize that what we speak of as "outside" can be only what is perceived by the patient. We do not translate the impact of external occurrence into psychic meaning without implicitly making a judgment about whether it reflects a

distorted or an objective truth. We tend to view perception as a secondary phenomenon, "distorted" by inner needs and wishes, rather than as central to their form and emergence. This is what we do when we determine that "externalization" is a defense and that transference is a "distortion," or when we do not include our specific interventions as essential to the elucidation of the clinical material. A major component of the patient's psychic reality thereby goes unattended. Using case examples from the literature in which authors of various theoretical persuasions offered reconstructions, Dr. Schwaber commented on how the authors did not tell what they had said to the patient preceding the fantasy (or other material) that led to the reconstruction, nor what in the patient's perception may have contributed to its content or emergence. It is as if the analyst "knows" what "actually" happened between them, while the patient's experience is assessed as "correct" or "distorted." To omit this material leads to the assumption that the patient is "right" or "wrong" and that the analyst is in the position of making that judgment. Dr. Schwaber offered examples in which she sharpened her attunement to the patient's perception of the clinical moment, which may be evidenced in a shift in affect, a turn of phrase, the transient appearance of a symptom. Reconstruction is then more likely to proceed on the patient's initiative, since he or she will feel a sense of recognition of something familiar in what is articulated. Further, the patient's capacity for self-observation is enhanced. In the debates about inner versus outer, what is so difficult to consider in our clinical attunement is that the only truth we can seek is the patient's psychic truth.

MICHAEL I. GOOD

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#### MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 13, 1984. *DISTURBANCES IN EVOCATIVE MEMORY*. Peter B. Neubauer, M.D.

Dr. Neubauer based his presentation on three clinical vignettes of adult patients. Each manifested, from early life, difficulty with visual evocative memory of the primary objects, and in two cases, also of their own children and friends. One patient also showed occasional problems with recognition memory. The analysis of all three was characterized by intense transference attachment, but none could visually evoke the analyst's image. The patients had not referred to this difficulty spontaneously, but were quite eager to describe it when they were specifically asked about it. All used other sensory modalities in order to evoke object representation. Dr. Neubauer presented a summary formulation about this disability, to be tested by further clinical case studies.

1) The difficulty in, or absence of, an evocative memory seems to occur in a variety of diverse clinical conditions. 2) It is not easy to determine the cause of this difficulty. Is the absence of an evocative memory primary, so that it then determines the absence of appropriate identification, the achievement of individuation and separateness, and the evolution of the beginning of object constancy, or is it already

the result of inappropriate early relationships which lead to the disturbance of the evocative memory? It seems that a formulation which points to this polarization in determining the causation often does not do justice to the possibility that there may be an interplay between dispositional and environmental factors. Still the disturbance, with *some* patients, may be based on a primary disorder of the perceptual sensory modality and on a defect in the ego apparatus; in other circumstances, it may be the direct result of environmental conditions. 3) The consequences of the failure to achieve evocative and recognition memory seem to have a profound effect on further object relatedness, and therefore on the analytic process. While compensatory mechanisms are called into action, and representational features can be put together by memories of touch, smell, and hearing, it seems that a consolidation with appropriate internalization is not achieved. All three of Dr. Neubauer's patients showed a strong need for an intense object relationship with the analyst, and in the transference there were special features which reflected the faulty primary object relationship. 4) These patients alerted Dr. Neubauer to the possibility that, under certain circumstances, obsessive-compulsive features can be understood to be related to the absence of an evocative memory, in addition to the usual anal characteristics which support or reflect the representational pathology.

Since none of Dr. Neubauer's patients spontaneously referred to these problems but were specifically asked about their capacity to evoke memories, we should be alert to the fact that we may miss finding the full extent of the disorder when we wait for associations. Dr. Neubauer has not been able to elicit the evocative memory disorder from child patients and would like to know how to explore the absence of evocative memory during childhood. It seems logical to assume that this disorder, which starts early in life, will not follow the usual developmental reorganizations, but rather will maintain itself throughout development. Dr. Neubauer concluded by stating that he had raised a number of questions which he hoped could be answered by the experience of others who have encountered this disorder.

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

March 18, 1985. PANEL: A CHILD ANALYTIC TERMINATION WITH AN ADOPTED CHILD. Roy K. Lilleskov, M.D., Moderator, Robert J. Berlin, M.D., Stephen K. Firestein, M.D., and Martin A. Silverman, M.D.

Dr. Robert Berlin presented clinical material on the termination of the analysis of an eight-year-old adopted boy, B., who experienced conflicts in termination quite like those occasioned by having learned that he was adopted. B. had been adopted at the age of three months. When he entered analysis, his problems included inhibition of aggression, panphobic trends, infantilism, and gender conflicts. Analysis accorded B. significant progress in internal reorganization and phase progression, greater flexibility in toleration of impulses, and stronger masculine and age-appropriate wishes. Termination, however, brought with it the appearance of new conflictual material; for example, negative oedipal and preoedipal conflicts such as the desire for and fear of being reunited with his birth-mother in a sadomasochistic

love-death. The parallel with the coming loss of the relationship with his analyst was interpreted to B., who had fantasies of being "kidnapped" by his analyst. B. seemed to feel strongly that termination of analysis was akin to adoption—and abandonment. As a result, in an unconscious attempt to stay with the analyst he developed new fears of monsters devouring him. A teacher's pregnancy served to fuel fantasies in this vein. An adenoidectomy, which was related in the analysis to the theme of rebirth, initiated further fears of decapitation, emasculation, and death, which were seen as retribution for his rage at his birth mother, his adoptive mother, and the analyst, as well as for his phallic oedipal ambitions. The operation also evoked intense anger, and B. spent many sessions building and destroying paper hospitals. He was reacting to the damage he felt had been done to him in the operation, to his abandonment by his birth mother, and to the coming abandonment by the analyst in termination. It was mutually decided that termination should follow the summer recess, so that B. would not connect the two and would have an opportunity to adjust to the reality of his growth. Regressive fantasies and the reappearance of initial symptoms served to emphasize his persistent fear of ending. B.'s sessions helped him to integrate past and present fantasies, to become more active, and to start to take charge. In his last month, he challenged his analyst and initially tried to kill him in play; luckily, he survived. The competition evolved into a typical one between a boy and a father, with B. comfortably ensconced in a male role and at ease with his competitive wishes and feelings. Termination no longer seemed so threatening, and B. was able to link his past dreams and current feelings. He left somewhat subdued, not taking anything with him as he had said he would and still angered by the ending.

Dr. Martin Silverman discussed the universality of certain complaints of analysands and their parallel with the laments of adoptees. (1) All patients who enter analysis unconsciously seek to be "adopted" rather than merely helped to take a long, hard look into themselves so that they can resolve their inner conflicts. (2) Analysands generally are not only grateful for the help they have received but are also furious at being sent away; they had wished to be "adopted" by an idealized "real" parent who would provide the perfect care their own parents had not provided. (3) Termination inevitably stirs intense conflicts in adopted children centering around their fantasies of having been sent away by their birth parents; but termination with adopted individuals highlights matters that are more or less universal in all analyses. According to Dr. Silverman, an adopted individual enters analysis with the unconscious hope of being reunited with his birth parents for several reasons: (1) to find that they really do love him; (2) to see that they are alive, that he did not kill them by his birth; (3) to assuage guilt feelings for enjoying the love and nurture offered by the adoptive parents; and (4) to get revenge for their having abandoned him. Adoptees often fantasize that they were abandoned because they were the wrong sex, which underscores B.'s gender conflicts. Adoption and termination have in common the twin themes of birth and death—termination being a rebirth, and at the same time for B., a death, as in an end to childhood. Adoptees yearn for the reassurance that derives from seeing themselves in their parents. When this is thwarted, their questions about their origins initiate masochistic trends arising out of an intense sense of hurt, injury, and self-directed rage. Adoptees, especially children, tend to blame themselves for their plight.

Dr. Stephen Firestein, speaking from the adult analyst's point of view, noted that the literature on child adoptee termination was very small, smaller even than discussions on adult adoptee terminations. In the adult patient, Dr. Firestein stated, there is less emphasis on developmental forces and more on general functioning. In the child, however, the rapidity of ego and drive development may necessitate periods of integration without analysis. In termination with adult patients, Dr. Firestein has found that while the adult, like the child, brings what appear to be new conflicts to the surface, these conflicts turn out to be not entirely new items. In children, the feeling of abandonment at termination is much stronger than with adult adoptees: the child has been more freshly wounded by the abandonment by the birth mother and relates it all the more strongly to the analyst in termination. With adult adoptees, Dr. Firestein has found that the dilemma concerning adoption, abandonment, and termination "remains dynamically important indefinitely." His first clinical example concerned a clergyman whose adoptive parents emphasized that they had selected him, thereby impressing upon him his "specialness." This played a part in his becoming a clergyman and taking a post as pastor in a home for unwed mothers. The records of his birth were contained in the archives of this home. He was tempted to find out who his birth mother was and to seek her out, but his ambivalence prevented him from doing so. The second clinical example concerned an adolescent female who had been adopted by an affluent suburban family. She left therapy with Dr. Firestein after a year, but contacted him again when she was in her thirties. She was in psychotherapy and wanted to learn about her early treatment. In a later accidental meeting, she told him that she had found her birth family and had learned that she had been given up for adoption because the family was too large to look after her properly. She now had two complete families and was happy to have both. An adult adoptee continues to review his or her feelings about adoption, and it is the analyst's role to "restore the ego to a condition permitting effective independent function."

**DISCUSSION:** Dr. Harold Blum felt that the fantasied natural parents are often safe targets for the aggressions, tensions, and incestuous feelings that the adopted child has toward the adoptive parents. These conflicts are also inherent in the adoptive parents. Dr. Blum has found that adoptive parents will often initiate a search for the natural parents, to help the adoptee with his conflicts, although adding to their own. Adoptees are sometimes afraid that if they find the natural parents, they might be rejected all over again. At termination, much depends on how the adoptive parents are permitting the child to separate, not only from the analyst, but from them and from the abandoning natural parents as well.

Dr. Leonard Barkin emphasized that fantasies of being kidnapped or stolen are part of the family romance. The adoptee fantasizes that if his adoption had not happened, the problems he is presently facing would not be. The analyst must resist the temptation to attribute all oedipal and preoedipal conflicts to the adoption. Also, Dr. Barkin pointed out that there is always a tendency for the adopted child to end analysis prematurely—to antagonize the parents and to behave as a "bad" child.

Mrs. Betty Jean Lifton, who is herself an adoptee and has written three books on adoption, pointed out that it is extremely difficult for analysts and people in general



to empathize with the feelings of being separated from one's blood kin. She stressed the adoptee's right to know where he/she has come from. The adoptee has no real chance to mourn the loss of the natural parents, which is essential if one is to move forward. She urged an exploration with the adopted analysand of the unanswered questions regarding the adoptee's origins. Mrs. Lifton pointed out that the "family romance" is double faceted for the adoptee: not only can he/she fantasize coming from kings and queens, but also from origins in the gutter, from rapists, whores, and murderers. This expanded fantasy life is a heavy burden for the adoptee. Sexual confusion, as seen in B.'s gender conflicts, is common to most adoptees. Mrs. Lifton stressed the importance of analysis before puberty for an adoptee, but also the need for ongoing consultation at significant points along life's path.

Dr. Lawrence Deutsch noted that little was mentioned about when an adoptee should be told of his or her adoption. His experience has shown that being told in the preoedipal stage or being told in latency or pre-adolescence brings forth entirely different reactions to being adopted. Preoedipal knowledge of adoption leads to an uncommonly strong drive to find the natural parents, with urgency and rage. Those adoptees told in latency are less angry and more adaptable to the adopting parents. Dr. Deutsch felt that adoption agencies should be made aware of this difference, since there is now a movement in agencies to tell adoptees at age two or three when they barely understand what it is they are being told.

JOHN MUNDER ROSS

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The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 17-21, 1986, at the Waldorf-Astoria Hotel, New York City.

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THE AUSTEN RIGGS CENTER is pleased to again announce and invite nominations for the position of Erik H. Erikson Scholar. This endowed position honors Professor Erikson's transforming contributions to the fields of psychoanalysis, human development, and history, and extends that work by supporting the clinical and research interests of a distinguished scholar-in-residence. Arrangements include salary, housing, office space, secretarial assistance, and daily participation in the ongoing clinical, educational, and research work of the Center. Nominations are currently being accepted for tenure of from one to three years, beginning in July 1987 and July 1988. For further information and to submit nominations, contact: M. Gerard Fromm, Ph.D., Chairperson, Erikson Scholar Search Committee, Austen Riggs Center, Stockbridge, Mass. 01262.

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The 44th Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 26-29, 1987, at the Sheraton Society Hill, Philadelphia.