

Countertransference, Empathy, and the Analytic Ideal: The Impact of Life Stresses on Analytic Capability

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COUNTERTRANSFERENCE, EMPATHY, AND THE ANALYTIC IDEAL: THE IMPACT OF LIFE STRESSES ON ANALYTIC CAPABILITY

BY SANDER M. ABEND, M.D.

Analysts' emotional attitudes toward countertransference issues are influenced by unduly perfectionistic ideals that are partly derived from the early period of psychoanalytic theory. Analysts' unconscious receptivity, whether of the beneficially empathic kind or the disadvantageous countertransference variety, is a reflection of a dynamic internal state. This fundamental relationship between empathy and countertransference is illustrated with examples. Important events that occur in the life of the analyst, by virtue of their impact on his own central compromise formations, cannot but affect his analytic functioning. Minor disturbances in analytic capability are commonplace and do not significantly handicap effective work.

My participation in a conference devoted to an examination of the nature of the stresses that various life events impose on analysts' analytic functioning stimulated me to look for features which might be common to all such situations. I reached the conclusion, which will not surprise any experienced colleague, that fluctuation in the quality of the contribution of the analyst's own unconscious to his analytic tasks constitutes the crit-

An earlier version of this paper was presented as the introduction to a panel discussion, Stresses in the Life Cycle of the Analyst, at the Regional Meeting of the psychoanalytic societies of the New York area and New Haven, Southbury, Connecticut, October 13-14, 1985.

ical factor; its vicissitudes will require more detailed and thorough study.

To state my thesis more precisely, a network of compromise formations, which reflect the analyst's own important unconscious conflicts, contributes vitally to his empathic capability and his interpretive skills, but it is anything but a fixed, autonomous, unvarying aspect of his psychological makeup. It is influenced by events and situations in the analyst's life, just as it is by the behaviors and productions of his patients. The relationship between analysts' countertransference potential and empathic variability needs to be clarified. I hope to illuminate some of these interrelationships in this presentation.

All analysts are familiar with the everyday exigencies of analytic practice. We are obliged to sharply curtail the instinctual gratifications permissible in our interactions with patients, to maintain a uniquely difficult kind of attention, delicately poised between the patient's productions and our own internal psychic activities, and to sustain a genuine neutrality toward whatever each analysand brings forth, regardless of our personal preferences, ethics, and values. Above all, we struggle to retain an attitude of patient confidence in the analytic method in the face of resistances, obscurity, repetition, ambiguity, and those familiar upsurges of doubt and despair which arise from our patients, and periodically from within ourselves as well. Finally, we somehow have to meld the authority which our arcane knowledge of the unconscious and our traditional role as healer confer upon us with an appropriate respect for the manifold capabilities as well as the limitations of each patient, as we attempt to forge with them the unique partnerships that comprise successful analytic enterprises.

We are entitled to regard these formidable requirements as burdensome. Despite our conjoint familiarity with the problems mentioned, many of us also seem to bear yet another burden; that is the secret, irrational, but persistent conviction that each of us alone feels these burdens far more than is proper, and far more than do our colleagues. This is true although we regularly

reassure one another that, on the contrary, these feelings are shared by all of us. Why should that be so? Among the answers to that question is the fundamental issue which I propose to address in this paper.

Every one of the qualities I mentioned—instinctual restraint, evenly hovering attention, neutrality, patience, confidence, and narcissistic balance—places a *constant*, rather than an intermittent strain on analysts' psychic functioning. Our hard-earned ability to perform analytic work is subject to pressure during every hour we spend with patients. On the face of it, it is inconceivable that any one of us can sustain an optimum level of functioning in anything remotely like an absolutely unvarying state. Why, then, do we appear so prepared to expect it of ourselves, and believe it of our peers?

Part of the problem is the residual propensity we seem to have for unconscious narcissistic fantasies of perfection, with which we invest others and toward which we continue to aspire, since derivatives of them contribute to the formation of our personal analytic ideals and idealizations. Another aspect of the problem rests on an incompletely resolved dichotomy in our theoretical models, which reinforces the persistence of unrealistic and unrealizable analytic ideals.

The Freud of "Analysis Terminable and Interminable" (1937) speaks of the attainments of analysis and the mutability of instinctual conflict in a voice far different from that which expressed the categorical enthusiasm of the early years of discovery (see especially pp. 228-230). The conceptual language he used in the early papers, and for some years to follow, clearly implied that an absolute distinction could be drawn between pathology and normality. Repressions were to be lifted, fixations removed, transference neuroses resolved, libido enabled to find new channels for discharge, and pathological neurotic transferences differentiated from the useful benign ones.

Even after the introduction of the structural hypothesis and the revision of anxiety theory, which led to a new technical emphasis on defense analysis and eventually to the birth of what

became known as ego psychology, there was at first no impact on the original, absolutist, medically derived model of health versus disease; psychological normality versus psychopathology. Although clinical experience must have dictated the recognition that perfectionistic curative goals were all but impossible to attain, they continued nevertheless to influence both theory and aspirations.

All of which leads me to the conclusion that we also may have a tendency to believe, more than is justified by experience, that our personal analyses should somehow have managed to equip us to be freer than we actually are from the variability of functioning and from the persistence or reappearance of certain of the less desirable patterns of thought, emotionality, and behavior that are derived from our infantile conflicts. Analysts' attitudes toward the subject of countertransference are to some extent an expression of this tendency and of the rigid division between normal and abnormal which characterized the opening phase of analytic theory.

Just as Freud first thought that patients' transferences could be divided into neurotic, pathological ones and benign, useful ones, analysts' emotional reactions to their patients have been divided along similar lines. Those responses determined by the analysts' own conflicts and leading to blind spots and distorted perceptions, to misunderstandings or even misbehaviors, have always been regarded as countertransferences. Other of the analysts' emotional responses are considered to be induced by the nature of the material presented by patients. These take several different forms. One variety consists of those responses unconsciously sought by the patient from the analyst, such as sympathy for suffering, erotic attraction and interest, or condemnation for guilty wishes. Another type consists of feeling states induced in the analyst because the patient behaves toward the analyst as some significant figure in the past behaved toward the patient, so that unconsciously the analysand wishes the analyst to feel as he or she once did in certain situations. Still other reactions would be classified simply as empathic responses to

the patient's present or past feeling states, in keeping with the associational material. All of these latter types of emotional reactions of the analyst, if properly identified and understood, are of use in formulating interventions. They constitute a vital part of the analyst's armamentarium in performing the requisite tasks of conducting analyses.

There is a certain appealing rationale for continuing to distinguish analysts' emotional responses which more or less accurately reflect something going on in the patient, and thus aid in doing analytic work, from those which stem primarily from their own conflicts and therefore affect understanding and technique unfavorably. As a practical matter, we are often able to examine specific instances of analysts' responses and readily assign them either to the empathic group which are useful or to that which interferes with the progress of analyzing, the countertransferences.

I will not attempt to summarize the arguments that have been presented in favor of retaining a limited definition of countertransference and which appear in the substantial literature on the subject. However, it is interesting to note that even aspects of analysts' functioning which are usually seen as positive, such as attentive listening, can in certain instances be demonstrated to be countertransference manifestations, even in the strictest sense of that term, as Jacobs (1986) has recently demonstrated. His astute observation points to the very heart of the conceptual fallacy which complicates our view of the analyst's responsiveness.

I think we have failed to assimilate fully our current state of knowledge about the nature of mental activity into our views on empathy and countertransference. Analytic observations have demonstrated that the complex network of compromise formations, which are the resultants of infantile instinctual conflicts, form the basis of adult functioning which is classified as normal, as well as that which is pathological (Brenner, 1982). In order that I not be misunderstood, let me emphasize that this statement is not meant to dismiss physiological variability, inherent

differences in capability, primary autonomies, or developmental experiences as vital contributors to outcome. All of those factors, however, are incorporated, just as are individual life circumstances and experiences, into the unique syntheses of the fundamental issues of childhood mental life which form the universal core of adult psychology.

What is more to the point, all of our self-knowledge dictates the admission that this synthesis is a *dynamic*, not a static one, in which aspects of psychic activity are in a constant state of flux. Not even the most successful personal analysis renders a person immune to recrudescences of those earlier compromise formations, in the form of symptoms, emotional states, patterns of discharge or inhibition, or distortions of memory, perception, or reality testing, which are closer to the infantile and the neurotic than are those forms which typify one's most mature and adaptive functioning. Larger variations of our state of integration, even of relatively short duration, are likely to catch our attention and perhaps be noticed by others as well. Variations of the same basic nature, which may be thought of as being of smaller amplitude, are part of the experience of everyday psychic life and contribute to its quality of infinite variety. The impact of daily events, inner as well as outer, plays upon our psychic integration and produces those fluctuations of mood, thought, and behavior which are part of our so-called normal personalities. Since our receptivity and reactivity to our analysands depends upon our own psychic balance, how can we imagine that this "analyzing instrument," as Isakower liked to call it, is unaffected by its constantly shifting dynamism?

Freud knew early on that analysts' capacity to understand patients rests on our sharing with them an essentially similar unconscious mental life. He spoke, quite literally, of the analyst's unconscious tuning in to that of the analysand.¹ Such experi-

¹In "Recommendations to Physicians Practising Psycho-Analysis" (1912), he stated: "To put it in a formula: [the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting

ences are a vivid part of our work. But if our own resistances to understanding our conflicts are not completely abolished by analysis, if our propensity for regressive alterations of function does not disappear once and for all at the conclusion of the training analysis, this crucial receptive capacity is of necessity anything but a constant and unvarying function.

Perhaps what I have said appears to be belaboring the obvious, because it must be so familiar to every practicing analyst. Yet, the conclusion to which it leads me is not necessarily regarded as obvious to all. It is that the identical psychological abilities and functions that provide an analyst with his essential empathic capability also constitute his potential for countertransference. Empathy and countertransference are distinguished by their *result*, that is to say, by the degree of accuracy of responsivity, and not by the nature of the forces in operation in the analyst's unconscious. In the analytic situation, to put it bluntly, countertransference is empathy when the analyst is wrong.

Of course, there is more to be said of both countertransference and empathy than what is encompassed by a study of their interrelationship. More is involved in an analyst's ability to understand and formulate his patients' emotional difficulties than his unconscious receptivity or his understanding of his own conflicts and compromise formations may provide. If that were not the case, there would be no need for psychoanalytic education; the training analysis alone would suffice. For our present purpose, I am confining my attention to the aspect of countertransference potential and of empathic capability which derives directly from the influence of the analyst's own unconscious mental life.

Perhaps it is easiest to illustrate the differences to which I

microphone. Just as the receiver converts back to sound-waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations" (pp. 115-116).

refer by reflecting back to the early days of a psychoanalytic career when the analyst is still a candidate immersed in his personal analysis. Surely everyone has had the experience of clarifying some aspect of his own difficulties and then immediately recognizing a related issue in the theretofore obscure analytic material being presented by a patient. On occasion, however, and I presume this is not so unusual either, I can recall the experience of believing that I had uncovered such thematic material as I had freshly encountered in myself in the associations of several of my patients simultaneously. The latter discovery invariably turned out to be a continuing manifestation of my own resistance. The belief, at the time of the occurrence, that it represented a broadening of my empathic capability, which was transiently quite as convincing to me as in other cases where that turned out to be valid, was in fact a bit of self-deception, i.e., a countertransference distortion.

Specific illustrations of the favorable and unfavorable effects of the analyst's compromise formations on his analyzing capability are not easy to provide. I will draw upon a combination of personal experience and consultation with others to present roughly comparable instances which will, I hope, demonstrate the complexities involved.

A woman in her twenties was raised by a vague, passive, and ineffectual mother and a domineering, violent father who deteriorated into frank psychosis during her adolescence. Early in her analysis many scenes of distressing interaction with her father were described with a relative absence of affective coloration. The analyst noted within himself responses of mounting dismay and anger at the patient's father while listening to this material. These served as cues to explore the woman's intense fear of her father and subsequently her rage at him as well; both affects had been largely repressed after his dramatic death, itself a product of his psychosis. The analyst's emotional responses were, in part at least, a manifestation of rescue fantasies derived from his own oedipal development. Although these compromise formations did not correspond exactly to the pa-

tient's situation as described by her, the unconscious links nevertheless provided important clues to warded-off aspects of the analysand's mental life.

In another clinical situation, a compelling need to rescue victims and condemn sadistic fathers, also derived from powerful unconscious forces within the analyst, promoted an identification with the patient that dictated selective interpretation of the victimized stance, and effectively blinded the analyst for a long time to the provocative, masochistic elements in his analysand, despite advice from colleagues regarding the material.

To return to the first case: Later in the course of the young woman's analysis, the sadomasochistic erotic charge that had also accompanied the incidents with her disturbed father which had been reported earlier in the analysis, along with the patient's provocative contributions to some of them and her powerful, unsatisfied wish to have been rescued by her mother, all emerged clearly in the material. It seems most likely that this progression reflected the usual course of analysis, in which meanings deepen in accordance with the patient's growing ability to reveal and comprehend ever more complex and disturbing unconscious elements. However, the aspects of the incidents with her father that were dealt with later also corresponded more closely with elements of the analyst's related unconscious conflicts and compromise formations. It cannot be ruled out that the timing of the interpretive sequence was therefore also influenced to some degree by that correspondence. To the extent that that might have been the case, the analyst's unconscious contributions could be said to have affected both his empathic responses and his countertransference ones. It is not illogical to assume, given the nature of the unconscious forces involved, that some admixture, of varying dimensions, is often true of the operation of the analyzing instrument.

While all of this may be most readily observed when we look at the receptive side of analysts' interactions with patients, a moment's reflection indicates that the situation is the same on the expressive side of things as well. Both the analyst's accurate

and productive interventions and the undesirable countertransference ones are in equal measure derived from and influenced by the analyst's unconscious. Of course we use our best rational judgment to decide whether the evidence of the patients' associational material supports our intuitive responses and justifies the comment we intend to make. Our theoretical knowledge also contributes to how we time and phrase our remarks to patients, otherwise we would be practitioners of wild analysis. However, neither theoretical convictions nor rational judgment are immune to influence from the shifting unconscious balance of forces of which the psychic activity of the analyst is composed, as I have noted in describing countertransference considerations when the analyst is, or has been, ill (Abend, 1982).

I will now attempt, in a schematic way, to illustrate the ubiquitous, necessarily unavoidable nature of the potential for impingement on analytic functioning of events which may occur in the analyst's life. Such events as the illness and death of a parent, spouse, child, or close friend are more than merely worrisome and distracting to the analyst. Aspects of one's relationship to the individual in question are stirred up and are bound to affect one's sensitivity and responses in various ways. For instance, if one is grieving, it can be extraordinarily difficult to maintain an empathic, nonjudgmental stance toward an analysand who is caught up in expressing hostile, derogatory, or embittered feelings toward an analogous figure in his own life. It may be just as problematic to respond objectively to the analysand's expressions of love or longing toward such a person. Even if one is merely more restricted than usual in one's emotional responsiveness, the transference is likely to be affected, thus complicating still further the analytic situation. In other cases, patients' wishes for sympathy, comfort, and care, about whatever concerns them, may also be responded to differently than usual if the analyst is struggling with the upsurge of comparable needs as part of his reaction to such traumatic events as those indicated. Similar emotional scenarios could be drawn up around other important events which may occur in the life of

the analyst, such as divorce, serious emotional problems in a relative, or more commonplace family crises, such as the departure from home or the marriage of children, unusual financial burdens, fulfilled or disappointed ambitious goals of one's own or one's family members, and so on.

It is not only such notable happenings which produce the inner effects that disturb our equilibrium, and perhaps the way we work analytically. It is not an exaggeration to say that some degree of alteration in our capacity to analyze is an everyday problem, albeit of only slight extent, since less notable and dramatic events than those mentioned above also have an impact. A quarrel with one's spouse, an unanticipated and perhaps worrisome demand on one's time or material resources, a minor illness, or even the aftermath of a night of excessive conviviality, all produce shifts in one's mood, and alteration, if only temporarily, in the matrix of compromise formations which form our personality and determine in large measure the quality and sensitivity of the analyzing instrument. These cannot but affect the way we practice analysis, day to day, patient to patient; none of us can be fully immune to that minor, yet potentially significant variability.

Since the analytic situation exposes us constantly to the instinctual conflicts of our patients and makes us the target of their primitive wishes and demands, we cannot afford to disregard the fluctuations in our inner lives in the way that those working in other professions apparently can do without incurring comparable risk of impaired functioning. Our own conflicts are being impinged upon by the nature of our work, as well as by the events in our daily lives, and it is a continuous necessity for us to attend to, and struggle against, our own resistances, and those of our reactive patterns which complicate the proper conduct of analysis. That, I submit, is the true nature of the burden and stress of analytic practice, at all stages in the life cycle of the analyst.

In conclusion, it should be noted that to acknowledge the persistence of the variable quality of the integration of analysts' un-

conscious mentation need not lead us to pessimistic assessments of our effectiveness. It is certainly true that there are constant alterations in the nature of our compromise formations and that life events play a role in those fluctuations. Our ability to perform our analytic tasks is, to be sure, affected to some degree by this variability in the analyzing instrument. However, unless the departure from a satisfactory level of functioning is very marked, or persists for an extended period, or both, analytic competence is maintained. I referred earlier to the important role that fantasies of perfection play in the formation of analytic ideals and standards. To expect of ourselves that we should become, and remain, free of all internal changeability as a condition for maintaining satisfactory professional self-esteem is, indeed, to make psychoanalysis into one of the "Impossible Professions."

The facts of observation indisputably demonstrate that our work is not impossible at all, merely difficult. The restrictions that result from analysts' psychological variability in sensitivity, comprehension, judgment, and control are, within rather generous limits, compatible with successful analytic activity. To be sure, progress even in the best of cases is unnervingly gradual and slow, with missteps and hard stretches to which we as well as our patients contribute. Every analyst, in the course of his psychoanalytic education and subsequent professional maturation, has to come to terms with those limitations on our wishes that both analysis and analysts could be more powerful, more perfect, and more ideal than is actually possible. Freud specifically addressed this question in considerable detail in "Analysis Terminable and Interminable" (1937, see especially Section VII, pp. 247-250). It may be appropriate to conclude this presentation with a brief quotation from that discussion: "Analysts are people who have learned to practise a particular art; alongside of this, they may be allowed to be human beings like anyone else" (p. 247).

REFERENCES

- ABEND, S. M. (1982). Serious illness in the analyst: countertransference considerations. *J. Amer. Psychoanal. Assn.*, 30:365-379
- BRENNER, C. (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
- FREUD, S. (1912). Recommendations to physicians practising psycho-analysis. *S.E.*, 12.
- (1937). Analysis terminable and interminable. *S.E.*, 23.
- JACOBS, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.

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Some Limitations on Therapeutic Effectiveness: The “Burnout Syndrome” in Psychoanalysts

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SOME LIMITATIONS ON THERAPEUTIC EFFECTIVENESS: THE "BURNOUT SYNDROME" IN PSYCHOANALYSTS

BY ARNOLD M. COOPER, M.D.

Problems of maintaining psychoanalytic therapeutic effectiveness during a professional lifetime are discussed. Psychoanalysts are subject to paradoxical emotional and characterologic demands, uncompensated by the usual gratifications available in the healing professions. Problems arising from the analyst's character and the paucity of data in the field are discussed. "Burnout" syndromes are liable to occur in those working in a setting of great emotional intensity demanding high degrees of affective awareness and control, empathy and tolerance of uncertainty. Masochistic and narcissistic forms of "burnout" syndrome are described as they occur in psychoanalysts. The profession, as well as the individual, can help to prevent these syndromes.

In this paper I will discuss some sources of the psychotherapeutic limits which are inherent in the experience of being a psychoanalyst. I shall suggest that carrying on psychotherapy or psychoanalysis is an endless exercise in paradox. The psychoanalyst is required simultaneously to maintain opposing attitudes and ways of thinking, and he loses therapeutic effectiveness if the paradox or balancing act cannot be maintained.

I will discuss several topics: the contradictory attitudes required in our analytic stance; aspects of the analyst's character and their relationship to therapeutic limitations; the negative effects on the analyst of the lack of data and research in our field; the difficulties in knowing what our goals ought to be; and the perils of therapeutic burnout.

THE THERAPEUTIC STANCE

Long experience with psychoanalysis seems to teach that most analyses, although not all, go best over the long run if the analyst maintains an attitude which, paradoxically, includes both therapeutic fervor and therapeutic distance. In gloomy moments it has sometimes seemed to me that the life course of too many analysts begins with an excess of curative zeal and proceeds in the latter part of their careers toward excessive therapeutic nihilism. Both are serious handicaps to therapeutic effectiveness. The task is to extend the period of more or less ideal balance.

The peril of an excess of *furor therapeuticus* is that it places the analyst in the parental position. The patient's failures become personal failures for the analyst who demands that his patient get well. This, in turn, creates an irresistible unconscious temptation for the patient to manipulate this powerful control over the analyst. The patient's knowledge that he can torture his analyst for all the old real or imagined crimes of parents creates a therapeutic impasse. It is a necessary piece of the analyst-patient relationship that both parties, at some level, are aware that although the analyst's dedication to his patient may be total, his emotional involvement is limited. That is, he will make his utmost effort to do everything to help the patient but should he fail, the analyst may be sad, will examine his responsibility for the failure, may mourn, but he will never feel as if it were his child whom he had lost. The patient is one of many; the analyst will go on doing his work, temporarily sadder and perhaps permanently wiser. Analysts cannot carry out good treatment if they have the same sleepless nights over their patients that parents may have over their children. Simultaneously, the analyst cannot do his job well if he is not basically optimistic and dedicated to the work he is conducting with his patient. One aspect of therapeutic efficacy arises from the patient's perception that an analyst will not easily be discouraged, is extraordinarily persistent, will stick by the patient almost no matter what,

and really believes the seemingly bizarre or stupid interpretations he keeps insisting upon. Since analysis is not always rewarding, either immediately or in the long run, the dangers of therapeutic discouragement or disillusionment are great and occur with considerable frequency. The analyst who no longer believes in the efficacy of his methods, who is bored with his patient, who no longer listens carefully or puzzles over his patient's communications, cannot provide the basic elements of the therapeutic situation which are required for optimal treatment.

The suggestion that optimal therapeutic efficacy depends on maintaining a stance which includes both zeal and distance, both devotion to the patient and exclusion of the patient from one's personal life, leads to the self-evident conclusion that this optimal stance will be difficult to maintain. It is this difficulty of maintaining the balance of therapeutic determination and remoteness, of deep empathy and emotional detachment, of shared responsibility between patient and analyst, of therapeutic persistence and willingness to let go—it is these difficult balances that give rise to appropriate therapeutic modesty. It is wise to be aware of how easily we can become de-skilled and of how difficult it is for us to maintain an optimal balance as analysts.

THE ANALYST'S CHARACTER

Another set of therapeutic limitations involves the relationship of the analyst's character to the treatment situation, as I have discussed earlier (Cooper, 1982). A purpose of the analyst's analysis is to enable the analyst to be aware of his range of responsiveness, even if he cannot change it. I will not enter into an extended discussion of character, but in a psychotherapeutic era in which we all acknowledge the emotionally interactive nature of the therapeutic process, it is clear that the analyst has an obligation to know a good deal about what frightens him, what makes him angry, what seduces him, what brings out his sad-

ism, and what lulls his interest. We all know analysts who seem reluctant ever to let a patient go, and we all know analysts who seem unable to retain certain kinds of patients in treatment. Winnicott (1965) wrote about analyses which were false because the analyst never engaged the true self of the patient, and a potentially endless charade was carried out between the two. We also know analysts who cannot abide severe obsessionals or who hate to treat manipulating histrionic patients. It is not always clear, however, whether these kinds of situations should be labeled technical, that is, better training would enable the analyst to overcome them, or whether they are, at least for certain analysts, characterologic and are not alterable by education. Rather, they require a characterologic change in the analyst.

Waelder (1960, p. 245) once wrote of the impossibility of analysis for certain kinds of revolutionaries because the analyst's ego ideal and the ego ideal of the patient were too far apart. He implied that the analyst's empathic capacity would inevitably fail under such circumstances. I would suggest that Waelder was describing a special case, true for him, of the more general proposition that psychoanalysis will fail if the analyst cannot find points of empathic contact with his patient. I think I am more likely to have difficulty with a child abuser than with a revolutionary. In discussing the complex issue of the limitations of the analyst's character, I would like to separate several dimensions: character, values, theory, rules of technique, and analytic style. These characteristics of the analyst are not clearly separable but it may be useful to discuss them separately.

Character

We usually mean two different things when we talk about character. We say admiringly of someone that that man or woman has character and pejoratively that he or she lacks character. When we say someone has character, we imply that there are qualities of perseverance, a capacity to endure, a core of belief which does not readily change, perhaps an ability to sacri-

fice for beliefs, and a consistent identity. It is important to recognize that a person can, in this description, be a person of character and yet be someone we detest, if in our opinion his or her beliefs are detestable. No one ever suggested that Charles de Gaulle lacked character, but not everyone found him an admirable person.

We also speak of persons having good or bad character, depending upon whether they have attributes such as honesty, loyalty, industry, respect for culture, and so on. We expect of analysts both that they should be persons of character and that their character should be good. Our demands are rather heavy. We expect the analyst to be empathic, benevolent, reliable, dedicated, steadfast in his analytic endeavor, flexible, and so on. It is unlikely that many of us have either as much or as good character as we would like.

I am convinced that any long-time analysis reveals the analyst's character to the patient. However, character is, fortunately for our patients and ourselves, not a simple fixed quality. Rather, it is state-dependent. Many of us are much better persons with more reliable and more desirable character traits in the analytic situation than outside of it. The analytic situation is so constructed that the analyst's safety is assured—we need not answer embarrassing questions, we need not speak when spoken to, and our quiriness is hidden behind our technique. In this atmosphere of safety and limited responsibility—we ultimately give the patients responsibility for their lives—we have every reason to be good characters. Many of us know that we can be more empathic, forgiving, benevolent, and consistent toward our patients than we can be toward our families.

However, basic characterologic flaws will show through in the analytic situation and will seriously handicap analytic work. Psychoanalysts with sociopathic or severe narcissistic tendencies are likely unconsciously to communicate these characterologic deficits and will deprive the patient of opportunities for idealization, core identifications, and the firming up of consistent superego qualities. I believe, however, that this situation is rare. A

larger danger comes from the analyst's inability adequately to be alert to his own characterologic make-up. The analyst's analytic ego must allow him to see the interactions of his own characterologic qualities and his patient's behavior and to use these as the engine of the treatment. Transference emerges most usefully in the gap between the patient's correct observation of our character and his distortion of that observation. We must be able to acknowledge, at least to ourselves, the correctness of the patient's observation if we are to be able most effectively to point out the distortions.

Those of us with more than our due share of narcissistic needs or anal, controlling, sadistic qualities or characterologic reaction formations—the list is endless—will find ourselves with certain patients with whom we are periodically enjoying the treatment too much or not enough. We look forward to the hour, or dread it or forget it. I believe the issue is not one of characterologic match or mismatch—should sadists treat masochists or vice versa—but rather the specific modes with which any patient of any character manages to carry out resistances by consciously or unconsciously fitting or thwarting the analyst's characterologic needs. Our job is to know how and when this is occurring, and when we are out of our depth. Clearly, we cannot treat patients we dislike. Equally clearly, we cannot treat patients whom we love too much.

Values

An analyst's value systems, usually interwoven with his character, are a more likely overt source of therapeutic difficulty. Which of us has not had to bite his tongue when hearing a patient proclaim political views that make us see red. While the situation has changed dramatically in the last decade, it is still not uncommon to discover analysts, both male and female, with value systems concerning the feminine role which they unhesitatingly urge upon their patients in the name of therapeutic help.

We analysts may be blind to our value systems or may be unable to maintain therapeutic neutrality in the face of a challenge to our value system. It was, after all, only a few decades ago that analysis was held to be a value-free enterprise (Hartmann, 1960, pp. 20-21), and not all of us have rid ourselves of that illusion. The blend of values and characterologic needs is deep and may be subtle. Helping a passive masochistic male to understand his pathology may easily blend into expressions of macho contempt from the analyst, who is defending against recognition of his own passivity. The harsh unfriendliness of a competitive female patient toward her young male analyst may expose him to narcissistic castration anxieties which lead to his angry exposition of his patient's phallic competition and create a silent, angry, therapeutic stalemate. The analyst, however, thinks he is helping his patient become more "feminine." I know of several instances in which analysts inadvertently, or casually, revealed their contrary views about a political issue or an issue of social values to masochistic patients who were secretly hurt and enraged but too intimidated to work through what, for them, was a traumatic event. Rather than being a minor difference of opinion it was, for these patients, an actualization of a narcissistic, mocking parent contemptuously dismissing the opinions of a child. These kinds of situations, often transparently clear to a consultant or supervisor, can be completely masked by the pseudotherapeutic zeal with which the analyst protects his values, which serve important defensive functions.

Theory

The analyst's character inevitably relates to his version of psychoanalytic theory. In the United States today, significantly different theories are being advocated and advertised, and analysts have a choice. We must choose whether we wish to be so-called "classical," cognitive, object relational, self psychological, Kleinian, interpersonal, and on and on. It is obvious that after discounting the effects of specific training and indoctrination,

and without clinical data which clearly support one theory over another, analysts will choose the theory that best fits their character and value systems. While all self-respecting theorists claim, perhaps correctly, that their theory allows for a full range of flexible therapeutic attitudes and behaviors, it does seem to be the case that, in practice, different theories coincide with particular therapeutic attitudes and behaviors. It is also the case that therapeutic flexibility is a quality with which not all analysts are equally endowed. Let me give an example: Kohut (1977, pp. 249-261) claimed that there is a group of patients with narcissistic character disorders and damaged selves who require the analyst's vivid presence and activity to help counteract the early lack of mirroring and the withdrawn qualities of their internalized objects. He derived this therapeutic recommendation from his theory and explicitly stated that the classical technique of muted responsiveness, derived from the classical theory, was the wrong treatment for these patients. It is my impression that, regardless of any intrinsic merit, Kohut's theoretical position appealed to analysts who were eager to interact with their patients and who welcomed a theoretical justification. I believe it is also the case that numbers of analysts, while overtly rejecting Kohut's theory, accepted his permission for a more interactive stance. Conversely, I suspect that one bit of the more violent response to Kohut came from those who could not tolerate the prospect of a requirement for personal liveliness in the conduct of treatment.

Even where theories do not clearly dictate a set of treatment attitudes, they surely indicate the content of interpretations. Unless one believes that interpretations are merely metamesages through which patient and analyst establish a mode of discourse, and the actual content of the interpretation is not important, then theories will powerfully influence what we do. If we subscribe to Kernberg's (1975, p. 241) view of pathological narcissism, we are likely to interpret the patient's rage early. If we believe Kohut's (1977, p. 92) view, we will bypass the rage and examine the enfeebled self. Some analysts are more com-

fortable dealing with rage, and some are more comfortable dealing with victimization, and this must influence one's choice of a theory.

In a field in which every communication from the patient is so filled with meanings, in an era in which alternate theoretical claims are actively competing, and without experimental data to demonstrate the correctness of a theory, there can be a great comfort in adhering tightly to a single theory which provides a consistent explanation of phenomena and which justifies our personal needs. We may even continue to cling to our theory although the patient seems to fit it poorly or not to be benefiting. No one can operate without theory. It is desirable that we know what our theory is, how it suits our character, and how each theory limits us in some direction. I am quite certain that the universal theory which will supply correct meanings and attitudes for all treatment events is not yet at hand.

Rules of Technique

Technical rules come in two forms: there are rules which are clad in theoretical language and rules which speak directly to clinical behavior. An example of the former is the rule of technical neutrality—the analyst maintains a stance equidistant from ego, id, and superego. An example of the latter is that the analytic situation requires the use of the couch. Both types of rules present problems. The rules cast in theoretical language are subject to multiple clinical interpretations. Fairbairn (1958), for example, as he developed his object relations theory, became convinced that the use of the couch represented a reproduction of the infantile trauma of maternal separation and deprivation and, therefore, was not technically neutral. In the name of technical neutrality, he decided toward the end of his career that his analytic patients would sit up and be able to face him. The peril of rules that dictate clinical behaviors is that they may not permit the full range of therapeutic behaviors that suit a particular patient.

Rules of both kinds are necessary, and, like all rules, they can be broken. The experienced analyst breaks them, but, one hopes, not unknowingly, unwittingly, or without having made the decision to break the rule. Certain gifted analysts have always been able to fly by the seat of their pants and define the rules later. For most of us, it is better to know what we are doing. Less able analysts are likely to cling to rules blindly or to flout them without knowing that they are doing so. Anyone who has ever taken tennis lessons knows the difference between trying to *think* of how to make the stroke—keep your eye on the ball, bring your racket back, turn perpendicular to the net, shift your weight, etc., etc., etc.—and having mastered the stroke. With mastery, one does more or less what the rules indicate, but one adapts to the needs of each situation and the rules are broken whenever necessary. Rules get people started, impose outer limits on behavior, but fade in importance as each analyst develops his own integrated technique. It is to me an astonishing failure of our education of young analysts that silence, or support, or any other activity, is so often believed to be a core behavior rather than a technical device in the service of one's deeper goals. We all know the plight of the analytic candidate with his first analytic case, sitting silently behind the couch, unable to help his patient explore the new, strange situation in which the patient finds him or herself, because the budding analyst is afraid that breaking his personal vow of silence will mean that he is not doing analysis (Cooper, 1985).

In discussing theories and rules, we are, of course, aware that not only will analysts choose the theories and rules which already suit their characterologic needs but that a major purpose of theories and rules is to provide analysts with assistance in curbing their nontherapeutic characterologic tendencies.

Analytic Style

It is all too rare that we have the chance to actually observe analysts at work. When we do, we often discover that they have

an analytic style which we might not have predicted from knowing them outside of the analytic situation. Many people, when they are being analysts, speak in a different tone of voice, abruptly change their level of vivacity, change their facial expressions, and so on. Under optimal circumstances, this therapeutic style represents the integration of character, theory, values, rules, and experience. It is the way in which the analyst is comfortable performing the task he has set for himself. Style, in my view, is generally the least important aspect of the analyst's behavior, although for the patient it is likely to be the aspect of the analyst of which he is most conscious. I have been impressed that successful analyses are carried out in circumstances in which the patient feels his analyst was not all that bright, or had terrible taste in furniture, literature, or clothes, or spoke bad English, or lacked a sense of humor, or was too bourgeois, and so on. All of these opinions provide grist for the analytic mill and are not in themselves significant difficulties.

Two situations involving the analyst's style do, however, present serious problems. One is when the analyst cannot tolerate the harsh critique of his style by certain astute patients, especially if they are also able mimics. The second is when the analyst's personal style is congruent with a traumatic aspect of the patient's difficulties and the actualization of a past trauma becomes so vivid that opportunities for analyzing it are seriously handicapped. When the patient says he does not like something or other about an analyst, it may be extremely difficult to know whether the patient's complaints about the analyst really represent a misfit or are analyzable and unavoidable aspects of the transference. In general, I would suggest that patients who respond initially to their analyst with powerful negative feelings that cannot be understood and moderated within a few sessions are probably well advised to find another analyst with whom they feel more comfortable.

PROBLEMS OF THE DATA-FREE FIELD

The paucity of reliable research data is a significant source of the anxieties of and of the limitations upon the analyst, which

tend to erode our confidence and enthusiasm. Three kinds of data are needed: data supporting theoretical propositions, psychoanalytic outcome data, and psychoanalytic process data. I shall discuss them briefly.

Data Supporting Theoretical Propositions

I indicated earlier that we are now in an era of competitive theoretical claims and that theories are not trivial since they significantly influence the regulation of the psychoanalytic situation. To my knowledge, despite vast clinical experience, subject, of course, to vast error, we are without reliable data indicating that any one theory is superior to another. Any analyst's choice of theory probably reflects some combination of his assessment of the intellectual depth of the theory, its accord with his character and values, and its political and social status. Because it is difficult to affirm the correctness of any of our theories through research, we are prone over the course of time to various defensive behaviors. We may cling too rigidly to theoretical beliefs and make a dogma out of a theory. We may become disillusioned with all theory and pretend to be theory-free, or pick up bits and scraps eclectically without having a coherent theory, or we may run to the latest fashion and adopt last week's new theory. Each of these tendencies will hamper our clinical work in obvious ways.

The issue is further complicated by the fact that anyone who finds a new theoretical proposition interesting may have great difficulty testing it. Kohut (1977, p. 88), for example, recommended that in the case of certain narcissistic personality disorders the first several years of the treatment should be devoted to a non-interpretive phase in which transference regression and idealizations occur. Specific content interpretations should be carefully avoided. It is hard to imagine how an analyst could carry out this recommendation over several years of treatment as he watched all sorts of aggressive and sexual conflictual material cross his path, unless he already had a powerful belief in the correctness of Kohut's point of view. But how is one to ob-

tain that strong belief in advance of the experiment? The paradox defeats us.

The issue of the experimenter's beliefs is significant in all forms of experimental work. It is particularly germane in the conduct of psychoanalysis where the complexity of the enterprise is such that every analyst is sure to defeat his own effort if he is consciously or unconsciously opposed to the method being suggested. It is a common experience with young analysts in training that when, for whatever reason, their own resistances to analysis are strong, they are likely to find the ways to provide their patients with the opportunity to defeat analytic endeavors.

Psychoanalytic Outcome Data

The absence of outcome data creates an increasingly serious handicap for the psychoanalyst. I will not review in detail the current status of outcome studies. The research does demonstrate that, overall, psychotherapies have a positive effect (Smith, et al., 1980), but the studies shed little light on the relative effectiveness of different treatments or on the therapeutically effective components of treatment. The best studied therapies are the short-term therapies. The least data is available for long-term psychotherapy or psychoanalysis. Twenty years ago we were all reasonably comfortable in shaking off the lack of information concerning our efficacy. We were all convinced that we did good, and, besides, nothing else was available. That blind confidence is now eroded or gone. We know that there are effective biological, short-term, and behavioral treatments, and we know that some forms of depression, panic, phobia, and obsession yield to medication. We cannot comfortably prescribe a long and expensive treatment if any alternative is available. Furthermore, we are not the only ones uncomfortable about our lack of outcome data. Government agencies and insurance companies are pressing us for evidence of our efficacy if we wish them to fund our activities.

Increasingly, the lack of outcome data will inhibit our willing-

ness to press for the most intensive therapies for those patients who would benefit from that treatment. Lacking the data to make the best discrimination for treatment decisions, we are liable to be excessively timid. Already one sees patients in second or third treatments whose earlier therapists failed to press for full analysis when, retrospectively, that was the treatment of choice. If therapists hesitate to recommend psychoanalysis except as the treatment of last resort for the sickest patients, then the consequent decline in good treatment outcome will even further damage our confidence.

I believe that the data absence has already led to a change in the profession. Many talented therapists now seek analytic training primarily for what it adds to their overall clinical skill, but without conviction concerning psychoanalysis itself. As all of medicine has begun to develop effective treatments, psychoanalysis, *probably* effective, will have to prove that it is *in fact* effective or that its effectiveness can be studied if it is to continue to attract the brightest minds into the field. Faith alone will not sustain the profession.

Psychoanalytic Process Data

Not only are we without confirmation of our long-range effectiveness, but we lack good methods for monitoring the patient's treatment progress. We lack process measures. For example, as the patient enters a severe transference regression, are we really sure he is not just getting worse? Sometimes we are, and sometimes we are not. Or the patient may for long periods show little change. Appointments are kept, the patient talks, the analyst clarifies or interprets, but there is no movement and no excitement. Is this an unavoidable phase of resistance or working through, or has the analyst lost empathic contact with the patient and is in a stalemate? It may not be easy to tell. We have all seen examples of unconscionable prolongations of stalemated treatments. The common experience of presenting our own case material or reviewing another's case and

hearing vastly different views of the treatment situation, does not add to our confidence that we are not missing something vital.

Our lack of process measures contributes to another paradox of the analytic situation. With the exception of certain specific time-limited brief psychotherapies, fifty years of advances in psychoanalytic technique have led to an enormous lengthening of treatment and a lessening of clear positive results. In the early days of analysis our goals were modest—symptom relief or the elucidation of the oedipus complex—and these goals seemed to be achieved in relatively short periods. As our sophistication grew and we learned more about what we were doing, our goals became more ambitious; we sought deep structural change. The more we learned about the psyche, the more deeply we sought to probe, and, whether in actuality or in our perception, our patients simultaneously changed from simple neurotics to those having complex and severe character disorders.

These changes in our view of the analytic process and our uncertainty concerning our appropriate goals is further confused by differing views concerning therapeutic intent. Where Freud, early in his therapeutic career, suggested that analysis could enable one to exchange neurotic misery for ordinary human unhappiness, Kohut (1977, pp. 44-45) more recently has suggested that analysis can enable the patient to achieve a life of joy and creativity. The difficulty of knowing the proper end point of treatment, which Freud pointed to in "Analysis Terminable and Interminable" (1937) half a century ago, is still with us. Without clear guidelines, overly zealous analysts are unwilling to free their patients to pursue their own growth, and overly modest analysts hesitate to battle the patient's resistances to achieve the fullest therapeutic effect.

In a culture which contradictorily demands both immediate gratification and the achievement of perfection and happiness at whatever cost or effort, we analysts are properly confused concerning what constitutes a therapeutic aim and what consti-

tutes a social gratification. Given all these difficulties with monitoring the analytic process, our profession undoubtedly uses consultation too seldom. We would enormously benefit from freer exchange of material and more frequent use of consultation when an analysis seems chaotic or flat.

I will add yet one more difficulty in the area of the data deficit. By and large, we analysts work with a paucity of data concerning the patient's real-life non-analytic situation. For many purposes this absence of data has advantages—we see the world through the patient's eyes and understand the difficulties as the patient understands them. However, whether this is always the best therapeutic environment is subject to doubt. Family therapists have long spoken of the enormous advantage of knowing the patient's interpersonal and actual psychological environment. Some analysts, professedly orthodox, believe in seeing a spouse at some point in the course of the analysis. All of us have had the experience of discovering that we had grossly underestimated or overestimated our patient's ego assets. While the discovery of this misperception is a significant treatment event permitting important treatment interventions, there are cases where more accurate information, available earlier, would have been of great help to the conduct of the analysis. I know that some analysts have ended treatment with a wildly inaccurate view of the patient's actual talents and psychological resources. While this misperception reflects the patient's deep resistances, the analyst may have been more effective with the aid of additional information.

The excessively data-free field that I have been describing is a potent source of difficulties, and only partially intrinsic to our work.

THERAPEUTIC BURNOUT

I would like, finally, to address a peril of the profession—the “burnout” syndrome as it appears in psychoanalysts. Freud unhesitatingly identified psychoanalysis as one of the impossible

professions, along with teaching and government. I have discussed a number of hazards of our field. Let me describe them in a slightly different light.

1. Analysts operate in a climate of extraordinary isolation. a) The full-time analyst suffers the loneliness of social isolation. He is likely to spend a full day seeing no one but his patients and sometimes, literally, not even seeing them. While this social withdrawal is a comfort for some analysts, it is, for most, a terrible strain. b) As I have indicated, we operate isolated from data. We require strong belief systems in order to maintain the vigor that our work requires and this, historically, has led to certain intellectual perils. The isolation from scientific data has cost us dearly. c) With rare exceptions, we are isolated from outcome knowledge of our own patients. Few of us are likely to have significant contact with many of our patients after the completion of treatment. Having been intensely involved for many months or years, convinced or hoping that the result has been a good one, we may never again hear from the patient and cannot accumulate either the confidence that our work was well done or the knowledge that would come from a careful review of our errors. Our separation from our patients' futures is another significant isolation.

2. Analysts carry on their work with very little opportunity for the usual rewards present in the healing arts. Most psychoanalysts see very few patients in their lifetime. Our emotional investment in each of our patients is large, our propensity for disappointment is great, and our opportunities for reward are deliberately limited. Not only do we not continue to see our grateful patients, as does the internist, for example, but the treatment situation is designed to inhibit the patient's tendencies to reward us except through fees. In general, we do not receive gifts, we do not become social friends with our patients, and we do not enjoy the atmosphere of continuing idealization from our patients, either in analysis or after it, as most other healers do. The psychology and sociology of our defenses against this isolation and lack of reward is a well-known topic which I will not elaborate.

Confronted with the many difficulties and strains of doing psychoanalysis that I have described, it is not surprising that burnout syndromes are liable to appear in analysts and constitute serious limitations on our doing our best work. I shall describe two manifestations of the burnout syndrome: masochistic defenses and narcissistic defenses.

The masochistic defenses to which analysts are prone appear as discouragement, boredom, and loss of interest in the psychoanalytic process. Self-reproaches are translated into projected aggression against the analytic work. The various tensions, uncertainties, and sources of self-doubt that plague every analyst are, for these masochistically inclined individuals, an unanswerable source of inner guilt and self-recriminations, as well as an unconscious opportunity for adopting the role of victim toward their patients and their profession. Faced with these inner accusations and masochistic temptations, these analysts are unable to maintain their self-esteem and cannot sustain their claim that they are doing all that any analyst can do—i.e., to try his best to help his patient with the theories and skills available to him. For combinations of reasons related to character and to training, they cannot produce inner conviction that what they are doing in the conduct of analysis is sufficient for a clear conscience. It is an evidence of both the attraction of masochistic victimization and of the harshness of the superego of the analysts involved that they are willing to doom themselves to a relatively pleasureless professional existence, for the sake of the deflection of the inner reproach against their talent or skill. Feeling helpless against their inner conscience which charges them with not helping their patients, they say, "Don't blame me, blame psychoanalysis." The extent of the cynicism that may be part of this defense can be startling in its depth. I know analysts who have refused to permit members of their own family to enter analysis because they did not regard the treatment as helpful. Obviously, anyone going through the motions of a treatment in which he lacks faith has lost the power to maintain his own self-esteem. Conscious self-pity over the difficulty of the work or the shortcomings of psychoanalysis is matched by unconscious ac-

ceptance or even welcome of the opportunity to enact an endless infantile drama of being unloved or unappreciated or overwhelmed. Depression is always on the horizon for these analysts, apparent in their lack of pleasure in their patients or in the profession of psychoanalysis, both of which have let them down by not adequately protecting them from their unconscious conscience.

A corollary of this discouragement is boredom. Boredom is an affect of which we are all capable and which is probably a part of every treatment. In itself, it is a valuable clue to transference and countertransference events. What I am speaking of here, however, is chronic boredom. I have heard analysts say that all patients seem the same to them, the patient's story lacks interest, struggling to unravel meanings seems either too difficult or unchallenging, and the analyst struggles through his patient's sessions unstimulated and uninterested. Clearly, treatment cannot be optimal under such circumstances. The odd thing, however, which raises questions about the therapeutic factors in the treatment situation, is that certain patients seem to get better even under these conditions. Some patients are self-healing and seem not to require very much from the analyst. This knowledge is a useful check on therapeutic hubris.

A consequence of discouragement and boredom is, of course, loss of inventiveness. The analyst, frightened of not succeeding, discouraged in advance by the harshness of his superego reproach that it is grandiose for him to think that he can help someone else understand his unconscious desires and conflicts, especially when he is aware of his own neurotic shortcomings in the conduct of the treatment, gives up his active inquiring role. The analyst no longer puzzles, plays with the data, tries out interpretations, finds excitement in deciphering new meanings of old data and new connections which previously had escaped him and his patient. Playful inventiveness is a necessary part of the analytic dialogue, and its loss deadens treatment. These secretly frightened, consciously bored analysts may resort to stock answers, bullying patients with what they were taught were cor-

rect interpretations, often unconsciously parodying their teachers in secret vengeance. They find it difficult and threatening to maintain close contact with the patient whom they perceive primarily as a source of inner reproaches for their professional incapacity.

Finally, these masochistic defenses of the discouraged analyst lead to chronic anger at his patients, his profession, his colleagues, and himself. The patients of these analysts, when later they see someone else, sometimes report an analytic atmosphere of sarcasm, denigration of the patient, devaluation, and lack of appreciation. This pairing of masochistically angry, discouraged analyst and masochistic patient may last for many years.

It has long been my view that narcissistic and masochistic pathology are closely intertwined, representing two different defensive faces of the same constellation. The narcissistic defenses of the burned out analyst take a different form. The image of the great analysts of the past, or even of the imagined present, is often a significant factor in the ego ideal of these analysts. However, lacking adequate capacity for sustained positive identification, or unable to sustain genuine efforts at emulation that do not provide rapid affirmation or gratification, they seek other means of narcissistic comfort to avoid the humiliation they experience if they have not met their unrealistic perfectionist goals. Convinced they cannot be as creative as Freud, they can only carry on a secretly ironic imitation of the analyst enconced in their ego ideal.

Unable any longer to restrain his narcissistic needs in the isolated, unrewarding setting he experiences analysis to be, the narcissistic analyst abandons efforts toward neutrality and increasingly uses charismatic behaviors to elicit the patient's overt admiration. These analysts intrude into the patient's life, give guidance and advice, are grossly directive and paternalistic, and attempt to maintain the patient in childlike devotion. Should the patient be famous or rich or live an interesting life, these analysts are liable to attempt to enliven their own inner dead-

ness by living through their patients' success or fame. They are prone to lure the patient into amusing and interesting them and to abandon discretion and confidentiality in social situations. The tales of the success or glamour of their patients give the analyst a sense of a richer life than in fact he has. These analysts are also prone to use the profession as a badge of social distinction, allying themselves with groups or theories for the sense of narcissistic power such alliances may provide. Because their beliefs and identifications are often shallow, based on narcissistic need rather than on intellectual and emotional conviction, any challenge to their professional role produces severe defensive responses. In narcissistically threatening situations they are prone to respond with attitudes of superiority and superciliousness, toward both their patients and their colleagues.

I assume that all of us are subject to one or both of these tendencies during the course of a given treatment or during a given period in our careers. The tendencies are self-observable markers for attending to our psychoanalytic well-being. When they become chronic, however, it is obviously time for a return to analysis. It is to the credit of the profession that many analysts do exactly that. Sadly, however, some do not.

CONCLUSION

Good psychoanalysis involves many paradoxes. We must maintain therapeutic fervor and therapeutic distance. We must maintain belief in our theories and an experimental attitude. We must be firm in our character and flexible in our therapeutic approach. We must believe in our therapeutic effectiveness and be prepared to admit therapeutic defeat and to suggest that someone else might do the job better. We must obtain satisfaction from the work while labeling as exploitation the usual modes by which healers obtain satisfaction from their patients. Indeed, this is an impossible profession. But I have been discussing only the difficulties; I could write at even greater length about the gratifications of the profession. Many of us are unable

to imagine anything else as interesting, exciting, important, challenging, or gratifying. No other profession provides us the opportunity to know human beings so well, to touch their suffering so closely, to have the opportunity to help. To realize that we have at least been a factor in bettering lives and perhaps releasing creativity and joy where none existed before are great satisfactions and privileges. There is even the opportunity to add to the sum of human knowledge. I also believe that doing psychoanalysis is good for the mental health of the not-too-neurotic psychoanalyst.

We surely need research to strengthen our enterprise. We cannot be self-satisfied about our own assessment of our own activity. Studies are needed for our well-being and for our patients' well-being. But I think we are fortunate in being analysts at this time. Not since the earlier days of psychoanalysis has our field been so exciting. Theories compete, theorists are boldly breaking out of old molds and making suggestions which are productive and interesting and would not have been seriously considered two decades ago. Psychoanalytic research is achieving new levels of productivity and sophistication. The data from infant observation have begun to penetrate our clinical theories, and productive ferment surrounds us. We have every reason to believe that our knowledge and effectiveness will vastly increase in the future. It has been my hope that by considering some of the difficulties and perils of our professional lives, we will be better prepared to overcome them. I am optimistic that we will shortly be in a position to prove Freud wrong. We will discover that our profession is *not* impossible; merely difficult.

REFERENCES

- COOPER, A. (1982). Discussant: A special issue: problems of technique in character analysis. (Delivered at scientific meeting of The Association for Psychoanalytic Medicine.) *Bull. Assn. Psychoanal. Med.*, 21:110-118.
- (1985). Difficulties in beginning the candidate's first analytic case. *Contemp. Psychoanal.*, 21:143-150.

- FAIRBAIRN, W. R. D. (1958). On the nature and aims of psychoanalytic treatment. *Int. J. Psychoanal.*, 39:374-385.
- FREUD, S. (1937). Analysis terminable and interminable. *S.E.*, 23.
- HARTMANN, H. (1960). *Psychoanalysis and Moral Values*. New York: Int. Univ. Press.
- KERNBERG, O. F. (1975). *Borderline Conditions and Pathological Narcissism*. New York: Aronson.
- KOHUT, H. (1977). *The Restoration of the Self*. New York: Int. Univ. Press.
- SMITH, M. L., GLASS, G. V. & MILLER, T. I. (1980). *The Benefits of Psychotherapy*. Baltimore: Johns Hopkins Univ. Press.
- WAELDER, R. (1960). *Basic Theory of Psychoanalysis*. New York: Int. Univ. Press.
- WINNICOTT, D. W. (1965). Ego distortion in terms of true and false self. In *The Maturation Processes and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: Int. Univ. Press, 1965, pp. 140-142.

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Oedipus and Insight

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OEDIPUS AND INSIGHT

BY ROBERT MICHELS, M.D.

Insight is a core concept in psychoanalytic theory. The Oedipus myth has been a central metaphor in the evolution of psychoanalytic theory, particularly the psychoanalytic theory of development. Similarly, Sophocles' drama, its relation to the myth, and its repeated reinterpretation throughout the ages provide a valuable metaphor for our understanding of the role of insight in psychoanalysis and in development. We may have underestimated the importance of insight in normal development while oversimplifying its significance as an agent of therapeutic change.

I

INSIGHT AND OEDIPUS REX

The prototype for the psychoanalytic story of the human life cycle is, of course, the story of Oedipus. The first psychoanalytic readings of the Oedipus myth emphasized the dual themes of patricide and incest, the so-called oedipal dynamics. More recent interpretations of the story have broadened and enriched this early reading, inviting us to consider the psychodynamics of Jocasta and Laius as well as their son, Oedipus, and the family constellation that evolved among them. Oedipus was physically abused and then abandoned as an infant. Rescued and then

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adopted, he came to compensate for his disability, but throughout his life he remained impulsive and prone to attacks of narcissistic rage. In other words, he had major preoedipal trauma, and his most salient psychopathology was of the type we associate with preoedipal dynamics.

All of this relates to one particular version of the Oedipus story. Most of us today first learned of the Oedipus myth through Sophocles' great tragedy, *Oedipus Rex*, and many of us have come to understand the theme of that tragedy in the light of Freud's interpretive reading of it. In other words, what we think of as the "classical" oedipal story is Freud's specific reading of Sophocles' unique rendition of an ancient myth. Each of them creatively transformed the raw material of the myth. Sophocles deleted the events that preceded Oedipus' birth—the story of the curse on Laius that stemmed from his homosexual attack on Pelops' son, Chrysippus. Freud further deleted Jocasta's role, clear in both myth and play, as seducer of Laius and abandoner of Oedipus. Thus in our usual version of the story, Laius and Jocasta are relegated to background figures, father and mother to Oedipus, significant only in terms of the meanings that he attaches to them.

Sophocles' tragedy does not itself depict most of the story; it only refers to it retrospectively. The actual events of the play take place in a single day in the life of the mature Oedipus, the day on which he comes to know the story of his origin and acquires the insight that has such dramatic impact on the rest of his life. If the myth of Oedipus is the prototype of the psychoanalytic model of development, many have thought that the play provides a prototype for a model of the psychoanalytic process, and particularly for the role of insight in that process. Freud was the first to suggest this when he wrote, in *The Interpretation of Dreams*, "The action of the play consists in nothing other than the process of revealing . . . a process that can be likened to the work of a psycho-analysis" (1900, pp. 261-262).

The play begins with King Oedipus troubled by a blight on his nation; the land and the people are barren. His subjects im-

plore him to find a solution to their problem, as children turn to their father when they feel overwhelmed. He is, of course, famous for his problem-solving ability; he had become king after solving the riddle of the Sphinx, the mystery of human development. As he proudly describes it, "I came, Oedipus, who knew nothing, and I stopped her. I solved the riddle by my wit alone" (lines 396-399).¹ In the past his keen intelligence had always been directed outward, and once again he identifies the problem as outside of himself and seeks an external solution; he must find and banish the man who killed King Laius. Oedipus seeks advice from someone known for his wisdom, the blind seer, Teiresias, who may not have eyes with which to see out but does have the ability to see within—perhaps the prototype psychoanalyst. The chorus reminds us, "What the Lord Teiresias sees, is most often what the Lord Apollo sees" (lines 284-285), and Oedipus adds, "You have no eyes but in your mind you know" (lines 302-303). Teiresias knows that each thing has its place and that knowledge is not always desirable; that is, he understands the dangers of wild analysis. He warns, "Alas, how terrible is wisdom when it brings no profit to the man that's wise!" (line 316). But Oedipus cannot tolerate frustration or delay. He attacks Teiresias, threatening him, and in so doing, nearly re-enacts his fateful struggle with an older father figure. Teiresias recognizes Oedipus' characterologic pathology, and even his defensive projection, "You blame my temper but you do not see your own that lives within you; it is me you chide" (line 338). Finally, angry and provoked, Teiresias ignores his own warning and tells Oedipus the hidden truth: "You are the land's pollution" (line 353). Oedipus does not understand (no surprise to a psychoanalyst). "I did not grasp it. . . . Say it again" (line 361). If Teiresias is the prototypic psychoanalyst, we have here the prototypes of countertransference, premature and partial interpretation, and resistance.

¹ All quotations from *Oedipus Rex* are from Grene and Lattimore (1959).

The story, as we know, goes on to suggest that insight is a powerful tool (which, of course, is true in life as well as in psychoanalysis) and that it can lead to harm as well as to good. We will return to these issues later.

II

THE MEANING OF INSIGHT

The term insight originally suggested seeing within, with the mind's eye. It came to mean seeing under the surface or understanding the inner meaning of things. This continues to be its most common general meaning today. Psychiatry has used the term in a special way, referring to a patient's awareness that he is sick or that his mental disturbances are pathologic. In most discussions of mental status, insight is paired with judgment—the patient's awareness of social norms and expectations, of how to behave in the community. I have taught, half-humorously, that insight refers to whether a patient agrees with the psychiatrist's view of the patient, while judgment refers to whether he agrees with the psychiatrist's view of everyone else.

The meaning of insight in psychoanalysis is derived from both the general and the psychiatric meanings. The English translation of *The Standard Edition* uses the term 192 times. Most often, Freud used it in the general sense. An example would be his famous passage employing the term, in his 1931 preface to *The Interpretation of Dreams*, "Insight such as this falls to one's lot but once in a lifetime" (p. xxxii). He was referring, of course, to his profound understanding of human psychology. The term was used similarly in the Rat Man case when Freud spoke of his own "insight . . . into the nature of the malady" (1909, p. 197). Less often, he used the term in its psychiatric sense, as when he said that a patient had a "clear insight into his delusion" (1907, p. 28) or when he referred to "a case of severe obsessions accompanied by complete insight" (1900, p. 457).

However, we see hints of an emerging new psychoanalytic

meaning as early as Freud's chapter on psychotherapy in *Studies on Hysteria*, when he reported that, "It happens particularly often that, after we have laboriously forced some piece of knowledge on a patient, he will declare: 'I've always known that, I could have told you that before.' Those with some degree of insight recognize afterwards that this is a piece of self-deception . . ." (Breuer and Freud, 1893-1895, p. 299). The implication is similar, in "On the History of the Psycho-Analytic Movement," when he spoke of bringing pressure to bear on patients in order "to induce them to get insight into their resistance" (1914, p. 24). In these passages, as in most contemporary psychoanalytic writings, the term refers to the patient's knowledge and understanding of something inside himself—some subjective experience or psychological mechanism (I will return to this distinction later) rather than to either the patient's or the analyst's awareness of a general truth about human nature or to the patient's recognition that he has a specific type of deviance.

We most often think of a person's insight into himself, but one person can have insight into the psychic life of another. When Freud discussed insight into the psyche, he was usually referring to his own insight into his patient's psyche. His model was of an analyst who first developed insight into the patient and then imparted it to the patient, as in a teacher-student relationship. At present one suggestion about the difference between psychoanalysis and psychotherapy is that while both the analyst and the therapist strive to develop their own insights into their patients, the analyst does so with the primary goal of sharing these with the patient while the psychotherapist does so in order to use them in helping the patient, at times by sharing them, but also at times as strategic guides in attempts to influence the patient therapeutically, but not necessarily to enlighten him.

The word insight is itself a double metaphor. It refers to a kind of knowing, using the metaphor of sight, and also to a domain of what is known, using the spatial metaphor of inner. Certainly, the choice of the blind seer Teiresias in the Oedipus

drama and Oedipus' own blinding of himself are both related to the sight metaphor. But why seeing, rather than hearing or some other sense? I suspect that it has to do with the quality of knowing that we associate with insight. Seeing is immediate, personal; it carries conviction. Seeing is believing, and one picture is worth a thousand words, while hearing is hearsay, and may be false. In fact, if we do not yet see something that will later develop into insight, we may at first feel it, the most internal and, we believe, the least fallible of our perceptions. One understands what one sees at an earlier age than one understands the spoken word. Further, one hears words, units of meaning in sequence, but one sees patterns, configurations, relationships synchronously. To hear everything at once is to hear a jumble, noise, but to see everything at once is to see things clearly, in their proper relationship. The content of insight, like that of vision, is immediate, convincing, and configurational. Finally, one can avoid seeing; many have suggested that closing one's eyes is the prototype of denial; but there is no way to shut out sound.

Vision is also the most distant, the least inner of our perceptions. We can touch, smell, feel, and even hear the inside of our body, but never see it. Vision is also the metaphor for knowledge of the future, long-term adaptation, and wisdom. Teiresias was a seer not because of his literal seeing—he was blind—but because of his metaphorical capacity to see the future. Of course, a central tenet of psychoanalysis is that our personal future is shaped by our psyche, that character is destiny, and that to see the future requires that first one see one's self. But why is the self inside? Since no one has ever really seen or found his self, why are we all so certain where it is located? There are obvious reasons for locating our appetites in our abdomens and pelvises and our thoughts in our heads—people with swellings of the first or injuries to the second provide convincing evidence. Our emotions and passions seem to belong to our chests—they are between the settings of our thoughts and

our desires and contain our hearts and lungs, organs whose rhythms are so sensitive to our feelings. Certainly, the self must include our appetites, thoughts, and passions, and these are all “inside.” However, there is, of course, one powerful argument against locating the self inside; the self is our favorite thing, and we would like to protect it from the corruption, decay, death, and eventual destruction that threatens the body. The Greeks solved this dilemma of self or soul by identifying it with the air we breathe (the original meaning of “psyche” is breath), inside yet capable of rapid escape, and as “ologists” or “iatrists” or analysts of the psyche, we continue in this verbal equation of breath and soul today.

Perhaps the most important implication of the spatial metaphor, however, is that it dichotomizes the domain of what we know. Inside is not outside, and knowledge of the one is not knowledge of the other. Oedipus, like so many people today, knew a great deal about the world, but very little about himself. Indeed, the capacity to understand, as reflected in knowledge about the world, is probably a prerequisite for being an analytic patient, with the analyst’s task being to direct that capacity inward, to encourage insight as well as outlook. A central question of modern psychoanalytic theory is to what extent this involves not only a change in the direction of attention, but also a fundamentally different kind of knowing. Seeing is only a metaphor for knowing and understanding, but some would go further and argue that knowing and understanding the outer world is only a metaphor for knowing and understanding oneself—that the mental activity in one is quite different from that involved in the other and that although we may use the same words for both, they have quite different meanings. Freud did not think so, but many have since questioned his view, and the matter is basic to contemporary discussions of both psychoanalytic theory and technique, of explanation and understanding, empathy and inference.

Metaphorically we see, and metaphorically in and not out,

but see what? Oedipus saw forgotten or repressed memories, stories of his childhood, and the forbidden wishes that were revealed both by the events themselves and by his need to forget them. The term insight often refers to the patient developing a conscious awareness of hitherto unconscious mental content—feelings, fantasies, or memories. Thus we might speak of a patient's developing insight into her anger at her mother or her envy of her brother and her desire to be a boy or even the helpless despair she experienced when her parents left her in a summer camp at age eight and she tried to run away. Bibring (1954) even used the term to refer to a clear comprehension of previously conscious but amorphous experiences. A different type of insight, perhaps the other end of a spectrum, perhaps a later stage, perhaps qualitatively distinct, is illustrated by the patient who develops an understanding of internal psychological patterns or mechanisms, such as the man who developed insight into how his recurrent attempts to please depressed women stemmed from his experience with a depressed mother who had relied upon him to cheer her up, or the woman who recognized that her constant struggles with her adolescent daughter were related to an unconscious equation of the daughter with her own envied and hated younger sister. These represent not only the recovery of memories or experiences that the patient knew or experienced directly, either consciously or unconsciously, but also the comprehension and understanding, with personal conviction, of theories or explanations for those experiences. The distinction is not between conscious and unconscious, but between experience and understanding, between a clearer and more conscious focus on what has already been registered and encoded internally, a recovery of what has been lost, and a more profound understanding and theoretical conceptualization of what had been unconnected, fragmentary, or meaningless experiences, a construction of a new creative synthesis. Of course, these two types of insight may be integrated or associated with each other.

III

INSIGHT AND PSYCHOANALYSIS

Insight occupies a special place in our theory of the mechanism of the therapeutic action of psychoanalysis. Abreaction, suggestion, manipulation, identification, education, and transference are part of psychoanalysis and may be of therapeutic value, but they are also found in other dynamic psychotherapies and are often more important there. Insight is different. In psychoanalysis it is central; if other mechanisms are employed, we regard them as disruptions that must themselves be treated with insight, while without some suggestion that insight is involved, we question whether a true psychoanalysis has occurred. When new modifications of psychoanalytic technique are proposed, there is often an emphasis on the continued importance of interpretation and insight, as though to demonstrate that the treatment is still "psychoanalytic." In other therapies insight may be relevant, but even when it appears to be significant, we wonder whether it is only a corollary or vehicle for nonspecific factors rather than itself the primary therapeutic agent. Of course, this same question has been raised about psychoanalysis, but the question of the role of insight in psychotherapy is a problem for research; the question of the role of insight in psychoanalysis is a question of whether psychoanalysis exists as a treatment distinct from other psychotherapies.

There is an old psychoanalytic aphorism that insight never cured anything but ignorance. It reminds us that insight, narrowly defined as acquiring a kind of knowledge about oneself, is a technique or a means in psychoanalysis, not a goal. However, there are two qualifications that are important before we accept that principle too casually. The first is that while insight is a means rather than an end, psychoanalysis, when properly prescribed and conducted, is the only psychotherapy that is carried out *as though* insight were the goal. That is, first patients and situations are selected so that the pursuit of insight is the ap-

appropriate means to the goals of therapy, and then any invitation to diverge from that pursuit is both resisted and examined for the insight it might provide. While insight is not the ultimate goal of psychoanalysis, any more than of any other psychotherapy, psychoanalysis involves selecting and creating situations within which insight is the goal. It is much like playing a game. Winning is not the ultimate goal of participating, but if one does participate, then winning is the goal within the game.

The second qualification is that while we say that insight is a means rather than an end, it may be that the knowledge acquired in insight is not the critical factor, but rather only a corollary of what is important. I am not referring to the powerful nonspecific therapeutic factors present in all psychotherapies, whether or not they are aimed at insight, but rather to aspects of the process of acquiring insight other than the knowledge that is the product. These include the collaborative work between patient and analyst, the mode of thinking, the direction of attention inward, and the conviction that there is something there to be seen that is interesting and important. This relates to the efficacy of multiple, and at times conflicting, conceptual models that inform the insights of various analysts and their patients. In other words, the process of seeking insight might work by making one more psychologically minded rather than by making one more psychologically knowledgeable. Insight may not treat ignorance, but rather inner blindness, or better, having one's inner eyes tightly closed. Students can be well educated by taking courses about theories that are later discarded as false, and patients may be well analyzed by systematically and carefully pursuing self-knowledge that may have little validity, if in the process their attitude and interest in their inner life shifts and they become more insight-oriented, if not more insightful. I believe that a patient's pursuit of historical data about his past usually has far more significance in these terms than as an aid to the reconstruction of childhood events.

The most important significance of insight, like anything else

in psychoanalysis, may relate to transference or resistance rather than to the patient's growing self-knowledge. Psychoanalysts believe that insight is important, and patients quickly learn what their psychoanalysts believe to be important. Recently, a colleague met a new patient of mine at a cocktail party. My colleague later told me that he had congratulated my patient for his good fortune at having me as his analyst and had offered him two pieces of advice—to tell me everything, and to try to remember his dreams. Since then, my patient has obviously made a considerable effort to tell me a great deal about himself, has virtually flooded us with dreams, and has worked insightfully and constructively at exploring and understanding everything, his dreams, his life, and the relationship between them. Actually, he has told me almost everything about himself. He has not yet mentioned his conversation with my colleague, although my knowledge of it has probably led me to probe more than I otherwise might. At times, especially early in an analytic process, what appears to be insight may be more properly seen as a transference bribe that allows the avoidance of more uncomfortable alternative associative pathways. In time, no doubt, my patient will develop insight into this as well, as his current insight comes to be reframed. He is beginning to recognize that his life has been a series of quests for kind, powerful, male protectors, and will eventually see that both his acceptance of my colleague's advice and his very formulation of that genetic insight in the analysis are recent episodes in that quest.

One developmental forerunner of this transferential role of insight can be seen in the common pattern of the relationship between students, learning, and teachers. In the beginning most students learn in order to please and to earn approval from their teachers. The knowledge that results from this learning is real, but the process of learning only survives after the end of formal schooling if it becomes secondarily autonomous from the transference relationship with the teacher. This sometimes happens, and one of the important criteria in

evaluating the quality of an educational experience is the extent to which it fosters this secondary autonomy of the learning process, as opposed to the extent to which it facilitates the immediate acquisition of more knowledge. An analogous argument can be made for psychoanalysis and the interpretive process, with the encouragement of an autonomous interest in insight and psychological awareness being a more crucial goal than any specific item of insight or self-knowledge.

Insight, like every other mental phenomenon, can be understood in psychoanalytic theory as a compromise. That is, while our most characteristic formulation emphasizes its adaptive and rational role, insight can also gratify infantile wishes, allay unconscious fears, and reflect underlying patterns of psychic organization. Put in other terms, self-knowledge is never fully determined by the self as the object of knowledge, for there are always many possible ways for the self as knower to know the self as object. The selection among those possibilities will be responsive to the psychological advantages and disadvantages of the various options. The particular insight that provides the best set of compromise satisfactions will be most attractive. Oedipus could have focused on his discovery of his infantile victimization or on the recurrent tragedies that resulted from his family's overidealization of the oracles and the gods. However, he selected the theme of his oedipal transgressions and thereby satisfied his masochistic quest for justification for his guilt and self-punishment.²

The insight that Oedipus acquired tells us something about the Oedipus he came to know, but his selection of that specific insight tells us a great deal about the Oedipus who set out to discover, the inner needs that the discovery was designed to gratify, and thus why he chose to make this discovery, rather

² Similarly, we might speculate that Sophocles, who spent his later years embroiled in litigation with his son as adversary, preferred a version that expunged the father, and Freud, with his special intimacy with his mother, ignored the mother's culpability in the story.

than another. Reformulating this in a more clinically relevant way, our patients in psychoanalysis have insight to start with; we seldom provide insight where there was none before. We do provide alternative insights and, particularly, examine with them why they might choose to select one rather than another. Indeed, an interest in acquiring insight into one's particular choice of insights is one of the most fundamental characteristics of psychoanalysis, and one that differentiates it even from other insight-oriented psychotherapies.

IV

INSIGHT AND DEVELOPMENT

There are several models of the mechanism of action of psychoanalysis. One, as we have noted, emphasizes the central role of insight as the essential ingredient for change, facilitating new resolutions of old conflicts and shifts in the configuration of psychic structures. Another model employs developmental metaphors and considers psychoanalysis as an opportunity for the resumption of an interrupted or arrested developmental course, or perhaps a new chance to negotiate a developmental challenge that somehow went awry. These two models are frequently regarded as competitive, if not contradictory, but I believe that this view implies a prejudice about the role of insight in normal development. If we believe that insight into one's own inner life and psychological processes is not unique to psychoanalysis, but is rather a widespread occurrence in human experience, and that when psychoanalysis attempts to create a situation and an opportunity that increases the possibility that insights will develop, it is facilitating a normal process, not producing an artificial one, then the transformations that stem from insights in psychoanalysis may be seen as continuous with the developmental transformations that result from other insights in the course of life. In other words, insight and its psy-

chological sequelae are normal psychic phenomenon, not a special therapeutic event; insight is a food, not a drug. There may be individuals who have special needs for assistance in achieving insight, individuals suffering from insight deficiency syndromes, for whom psychoanalysis makes normal development possible, but the mechanisms by which insight operates can be sought in the effects of insight in life outside of psychoanalysis. The view that psychoanalysis operates by means of insight is not in opposition to the view that it operates by allowing the resumption of arrested development; for insight is itself a normal process of development.

This calls attention to a deficiency in our current theory of insight. There have been a number of attempts to develop a theory of how insight operates in psychoanalysis—how it comes about and what effect it has. There has even been discussion of the developmental aspects of insight in psychoanalysis, addressing such issues as the prerequisites for insight, the ages at which they appear, and the forms of insight that are possible in each developmental stage. However, there has been little attention directed to the role of insight in normal development rather than in psychoanalysis. The problem was clearly formulated by Anna Freud in her 1981 paper on insight, but after that formulation, there was little to say. Psychoanalytic theories of development have focused on the earliest years of life, while we are more likely to think of insight as a later acquisition. They have emphasized motives and drives rather than cognition, and when they have discussed cognition they have emphasized capacities and interferences with them rather than the content of self-knowledge and its effect on personality development. We speak as though children grow and mature emotionally, and in the course of doing so, blind themselves to certain kinds of awareness or understanding, but we fail to consider the developmental impact of the awareness and understanding that does occur. Piagetian psychology does address the development of cognitive functioning, but has little interest in the impact of the

knowledge acquired through that development on other aspects of the personality.

What would such a theory entail? It would recognize that psychological development is not only a story of organismic cravings, fears, relationships, patterns of mental functioning, perceptions of self and others, and understanding of the world, but also of shifting, evolving, and important understandings and awarenesses of the self. Psychological development proceeds throughout the life cycle, and different perspectives may be most helpful in organizing our understanding of different developmental epochs. A period that is relatively "latent" from the point of view of drives may be crucial from the perspective of insight. Drives and fears are central in our understanding of infancy, while self-knowledge is central in our understanding the second and third decades of life. This is particularly important to psychoanalysts, because not only are these themes part of their patients' histories, they are often the background of the patient's contemporary life during the analysis. Furthermore, the technique of psychoanalysis includes major efforts to revive the themes of potentiality and self-reflection that normally characterize these epochs. The psychoanalytic situation may be designed to frustrate infantile drives, but it certainly strives to elicit and enhance the patient's interest and curiosity about himself.

If self-knowledge were not influential in shaping the outcome of normal development, we would hardly expect insight to have much impact during psychoanalysis, and the central assumptions of our theory of technique would be without foundation. The theory that guides us to the meanings of our inner experiences and that informs our interpretations may best be regarded as a hermeneutic system, a metametaphor. However, the theory that explains why the insight that results from such interpretations makes a difference, why meanings influence lives, is a special case of a more general scientific theory of the role of insight in psychological development.

V

OEDIPUS REVISITED

Oedipus was a difficult case. He presented in midlife, following a successful career and an apparently satisfactory marriage, troubled by a mysterious sense of doom that threatened his world and a deep foreboding that somehow he might bear responsibility for it. There was evidence of significant character pathology; he was impulsive, stubborn, arrogant, quick tempered, and he repeatedly provoked conflicts with older men. In spite of his great intelligence, he seemed to have little insight into his own dynamics and had forgotten major segments of his earlier life. As the history unfolded, it was clear that there had been much to forget. It is important to separate what Oedipus did not consciously know about his past into two categories: one involves that which he knew but was desperately disavowing—his murder of his father Laius and his marriage to his mother Jocasta, both of which occurred well after he was able to register them mentally; the other includes those major traumas that occurred before he was able to remember or register them—his abandonment by his parents, his physical mutilation, and his adoption. Oedipus (and we) may have been preoccupied with his oedipal sins, but it was these preoedipal traumas that shaped his characterologic pathology. Oedipus gained insight into his oedipal dynamics; he learned—or to be more accurate he finally accepted—what he always knew, that he had killed his father and married his mother. However, he never came to understand the link between his preoedipal and oedipal experiences, or his early experiences and his adult character, or for that matter even the nature of that adult character. Jocasta, who as mother and wife knew him well, recognized the risks of insight for a man of such character. After he rejected Teiresias' warning, she tried once more to soothe him and to allay his quest.

Best to live lightly, as one can, unthinkingly. As to your mother's marriage bed, don't fear it. Before this, in dreams too, as well as oracles, many a man has lain with his own mother. But he to whom such things are nothing bears his life most easily (lines 977-983).

Of course, she was hardly a neutral observer and had much at stake. In fact, she might well represent the prototype of familial interference and resistance to the psychoanalytic process of uncovering.

However, Oedipus rejected Jocasta as he had rejected Teiresias. He fought first with Creon and then with the messenger and the herdsman, just as years earlier he had fought with Laius, never recognizing his own contribution to the struggles and never gaining insight into the origins of or the motives behind his quest for insight. Ultimately, he used his newly found knowledge in the most narcissistic and masochistic way possible. If *Oedipus Rex* is the prototype of psychoanalysis and Oedipus' discovery is the prototype of insight, then certainly the climax of the drama is the prototype of a most horrifying negative therapeutic reaction.

What might have been different? When Oedipus first confronted Teiresias with his demand for knowledge, Teiresias responded to the content of the request, but not to the form. He failed to address *why* Oedipus wanted to know, *when* he wanted to know, and the *way* in which he went about trying to find out. Oedipus came to grief not because his curiosity was so broad, but because, in the end, it was too narrow. Teiresias ignored contemporary reality, the precipitating situation, and the transference. He did warn Oedipus that knowledge can do more harm than good, but then, in anger, he provided the knowledge.

Teiresias could have said, "Oedipus, calm down. You demand that I answer your questions, and I am willing to do so. But first, look at what you already know, and what you hope to find

out by looking further. You imagine some horrible discovery that you fear to voice. You hope that I will deny it while you dread that I will confirm it. You threaten my life, an old blind man, and seem to feel no guilt or responsibility for what you do, claiming that it is the will of the gods. What can we learn from your fears, and from the way you treat me, for if we do not start first with these things, with your world today, and learn what your questions mean and why they arise now, if we answer your questions but do not address mine, the consequences will be disastrous." (This would have been the prototype of an overly long intellectualized interpretation!)

Oedipus might have come to understand not only his incestuous and patricidal wishes, but also the context in which they had developed, the severe parental failures that preceded his dramatic transformation of universal fantasy into most unusual action, and the features of his current life that had reawakened them. He might have regarded his new knowledge differently and responded to it more adaptively. The play ends with Jocasta dead and Oedipus blind, holding his young daughters Antigone and Ismene, his final words, "Do not take them from me" (line 1523). We know that he goes on to spend the rest of his life with them. His quest for insight triggered by his daughters' adolescence led to self-knowledge, but only a restricted and restricting self-knowledge. In the end he only shifted from his mother's bed to his daughters' arms, repeating his incestuous destiny.

Oedipus Rex is a tragedy because we see Oedipus differently than Oedipus sees himself; we understand the behavior for which he can only blame himself; and we recognize that his quest for truth only leads him to blind repetition. As a psychoanalysis, it is a failure because while Oedipus acquires insight, it is insight without context, insight that provides ammunition for his unconscious guilt but not an understanding of the need to feel that guilt, insight that fails to change the basic pattern of his life. The tragedy of *Oedipus Rex* is that while he acquires insight, it is insight in the service of justification and repetition. He

never learns what Sophocles makes apparent to us, and as a result he changes neither his character nor his destiny.

REFERENCES

- BIBRING, E. (1954). Psychoanalysis and the dynamic psychotherapies. *J. Amer. Psychoanal. Assn.*, 2:745-770.
- BREUER, J. & FREUD, S. (1893-1895). Studies on hysteria. *S.E.*, 2.
- FREUD, A. (1981). Insight. *Psychoanal. Study Child*, 36:241-249.
- FREUD, S. (1900). Interpretation of dreams. *S.E.*, 4/5.
- (1907). Delusions and dreams in Jensen's *Gradiva*. *S.E.*, 9.
- (1909). Notes upon a case of obsessional neurosis. *S.E.*, 10.
- (1914). On the history of the psycho-analytic movement. *S.E.*, 14.
- GRENE, D. & LATTIMORE, R., Editors (1959). *The Complete Greek Tragedies. Volume II. Sophocles*. Chicago: Univ. of Chicago Press.

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KEATS'S ORAL IMAGINATION: "'TIS NOT THROUGH ENVY"

BY MARGARET ANN FITZPATRICK-HANLY, PH.D.

This study of four of Keats's greatest poems explores a dynamic pattern in the poet's imagination: a relationship between the oral/fusional imagery and the romantic/oedipal themes. The poet's imagination seems to have been propelled backward from oedipal conflict to earlier narcissistic/oral unrest and pleasure. There is a layering of special psychic capabilities evident in Keats's imagination: an element of oedipal romance which stabilizes the process of sublimation, a sense of magical play and danger in the maternal/oral imagery, and powerful narcissistic longings organized through the desire to communicate and the gift for expression.

A longing for oral pleasure is expressed in Keats's poems and letters with a luxuriousness and intensity which has embarrassed many of his critics over two centuries (Ricks, 1976). The temptation Keats felt to recreate states of fusional bliss (fusion with a primordial mother nature), or to enter a fairy world of pure fantasy unreclaimed by reality, was so powerfully expressed in the poetry that many nineteenth century critics were morally outraged. Keats was called "wayward," "erratic," "self-indulgent," and "fantastical" by the various critics quoted in an early biography (Milnes, 1848). Bryon sarcastically denounced what he felt was a masturbatory aspect of Keats's work: "The Edinburgh praises Jack Keats or Ketch or whatever his names are: why his is the Onanism of poetry—something like the pleasure an Italian fiddler extracted out of being suspended daily by a Street Walker in Drury Lane" (Marchand, 1957, Vol. II, p. 886). Alexander Smith (1857) deplored Keats's "nauseous

sweetness": "He . . . wrote in a style of babyish effeminacy about 'Plums/Ready to melt between an infant's gums' " (p. 365). Two passages from Keats's long romantic narrative, "Endymion," were particularly deplored by critics of both the nineteenth and twentieth centuries. In the first, addressing his beloved moon-goddess, Endymion describes her lips as "slippery blisses" and her breasts as "these tenderest, milky sovereignties" (see Barnard, 1973, p. 154). In the second, the narrator-poet speaks:

O he had swooned
Drunken from Pleasure's nipple; and his love
Henceforth was dove-like . . . (pp. 156-157).

Without supporting the value of these particular passages, Aubrey de Vere (1849), in an article on Keats, Shelley, and Tennyson, defended Keats's sensuality as belonging to the "purest and most energetic genius." He wrote: "Shelley admired the beautiful, Keats was absorbed in it; and admired it no more than an infant admires the mother at whose breast he feeds" (p. 342). De Vere was implicitly aware of how intensely the mouth and the breast imagery figured in Keats's imagination. And he defended Keats's oral imagination; but he wished to see it as pure, as unconflicted. Keats's imagination, however, shows constant complexity and conflict, and in some passages a breakdown of the process of sublimation.

Although there is an intense oral sensuality in all Keats's poems, the greatest of his lyrics combine the richest sensory imagery with an extraordinary balance and harmony. Keats finds his way back to fusional states and oral longings through an organizing creative process. The formal dimensions of rhyme, rhythm, and stanza formation defend against a chaotic regression while permitting the release of unconscious fantasy in disguised form (Hanly, 1983). This formal harmony of Keats's poetry raises questions which are difficult to answer. Does the orality represent a regression in the service of creativity? And is there a psychic structure, or capacity, more or less implicit in the process of creativity at its highest levels?

The oral sensual aspect of Keats's poetry and vision has been a central issue in Keats criticism from the first reviews of his poetry to the latest biographies (e.g., Bate, 1963). After the attacks on Keats's "babyish effeminacy," passages from the poems and letters were marshaled to show moral strength, political insight, manliness, and realism of various kinds (Bate, 1963). We can see this long-heated critical debate as an indication that certain unconscious fantasies and the defenses against them which help to organize the poetry have been evoked in the critics (Reed, 1982). We can use this debate about the oral, regressed, or onanistic aspect of Keats's work as representing a consensus about Keats's imagination and its being infused with fantasies from his instinctual unconscious. In this present exploration of Keats's oral imagination, I will not attempt to trace the etiology of personal conflict, but will try to understand the dynamic factors in the imagination as they organize the symbolic action of the poems.

I

Keats's Imagination: Oral Longings and Oedipal Anxiety

The study of Keats's oral imagery is of particular interest in relation to the economic element involved in its elaboration; that is, in the way in which the oral imagination acts at times as a defense against romantic, or oedipal, conflict. This dynamic and shifting relationship of the oral/fusional aspects of Keats's poetry to the romantic/oedipal aspects leads us to read Keats's work within the terms of a current psychoanalytic debate on creativity. Is the formal excellence of his poetry dependent on a certain psychic structure which we associate with the oedipus complex and with the casting of the ego ideal onto the paternal phallus? In accordance with a thesis formulated by Chasseguet-Smirgel (1984), we would expect to find, in a great poet, evidence of this development in the ego ideal. Chasseguet-Smirgel believes (with Freud, 1923) that the engagement with the oed-

ipus complex creates the psychic structures which stabilize the process of sublimation. Lussier (1974) believes, rather, that the maternal bond is fundamental in creativity, that creativity is not a function of genitality (see also Winnicott, 1953); for artists, he feels, do not typically show a strong genital organization in their imaginations or in their lives. Coltrera (1965) believes that the self, outside the life of the instincts, is the creative agent. Segal (1952), with Klein, believes that art involves the reparation of the instinctual object. Chasseguet-Smirgel (1965) finds that true art is directed more toward a reparation of the self than of the object; and she sees this process as linked to the capacity for sublimation.

There are, then, conflicting though overlapping views about the psychogenetic factor in creativity. But the psychological functions or capabilities involved in some of these different factors may be complementary rather than contradictory. There may, for example, be a special type of maternal bond, and, certainly, a special flexibility of regression (Freud, 1905) which, along with a capacity to project the ego ideal onto the father, results in the realization of creative talent or genius. Keats's imagination, as it is expressed in his poems and in his explicit aesthetic in the letters, corresponds with the notions both of powerful narcissistic longings and conflicts and of a vivid engagement with oedipal romance which includes castration anxiety as an important part of the romantic conflict (see Trilling, 1955). Does an unsettled, narcissistically colored oedipus complex (Grunberger, 1971) represent the state of mind of this great creative genius?

In my rereading of four of Keats's greatest poems, "La Belle Dame sans Merci," "The Eve of St. Agnes," "Ode on Melancholy," and "Ode to a Nightingale," several questions leading to speculations about Keats's oral imagination emerged: What are the unconscious oral fantasies which receive expression only in displacements, reversals, or odd juxtapositions in the poems? What are the oedipal elements in these "oral" poems? Can we see the oedipal elements as points from which the imagination is propelled backwards? And, finally, do we see a narcissism

which is organized, or defended against, by oedipal fantasies (Grunberger, 1971)?

II

From Fairy Pleasure to Suffering Rivals

Keats's "La Belle Dame sans Merci" stands alone among ballads for its power and simplicity, the haunting tale of a knight loved briefly by a fairy woman and left on a cold hill side. There are many details in this tale of oral bliss and oral loss which make us think of a disturbed narcissism (oral gratification is always both narcissistic and related to a love object through the need for nutriment).

The narrator-passerby sees the pale knight and questions him about his plight:

O what can ail thee, knight-at-arms,
 Alone and palely loitering?
 The sedge has withered from the lake,
 And no birds sing (Barnard, p. 334).

The knight replies:

I met a lady in the meads,
 Full beautiful—a faery's child,
 Her hair was long, her foot was light,
 And her eyes were wild. . . .

She found me roots of relish sweet,
 And honey wild, and manna-dew,
 And sure in language strange she said—
 'I love thee true' (p. 335).

In this melancholy, sensuous ballad the knight's oral pleasure in the wild honey and manna is followed by an oral punishment, for the lady leaves him to starve. The knight is fevered, anguished, pale; the squirrel has been more provident than he in filling his granary before winter. In Keats's conscious poetic

elaboration, the passion, with its important oral components, leads to starvation and misery; but in the unconscious fantasy life we would expect to find some rage, revenge, and guilt. Anger is not expressed in the poem except as it is felt turned back against the starved and dying protagonist, who is depicted by the narrator as in the last stages of consumption:

I see a lily on thy brow,
 With anguish moist and fever-dew,
 And on thy cheeks a fading rose
 Fast withereth too (p. 334).

The knight feels, simply, that a fairy woman with wild eyes has enchanted him and left him to starve, with no pity for his plight. The violence is hers: he is victim.

La Belle Dame is much more than a cruel narcissistic woman, however; she is invested with repudiated oral desires and repressed oral rage; she is a fairy's child, an enchantress, much more potent than a real woman:

And there she lulled me asleep,
 And there I dreamed—Ah! woe betide!—
 The latest dream I ever dreamt
 On the cold hill's side.

I saw pale kings and princes too,
 Pale warriors, death-pale were they all;
 They cried—'La Belle Dame sans Merci
 Thee hath in thrall!'

I saw their starved lips in the gloam,
 With horrid warning gapèd wide,
 And I awoke and found me here,
 On the cold hill's side (pp. 335-336).

Any interpretation of the poem must try to account for the sense of devastation we feel in these lines; a rage turned in part to masochism may be at the heart of this devastation. The identification with a rejecting adored woman becomes in its extreme form a wish to die. In his depression, the knight experiences a

loss of will, a sense that he has no independent worth. The knight is a symbol of the fatefulness of a fixated instinctual need. In this respect the poem is similar to the ancient Greek myths which so profoundly engaged Keats's imagination, such as those of Narcissus and Sisyphus. Yet his erotic desire brings with it a castration anxiety, and hints at richer conflicts and a more active aggression as well.

For the violent images of the dream run counter to the more passive response. The knight dreams about the kings and princes with "starved lips in the gloam." La Belle Dame is not only "sans Merci," she is also promiscuous; she has possessed, in her hunger, a whole sequence of worthy men: kings, princes, warriors, who were promised eternal bliss and left cold. The dream adds a sexual promiscuity to her image and adds the theme of jealousy to the poem. The dream also reveals an aggressive wish in the punishing anguish envisioned for all those who possessed La Belle Dame. Do these oedipal themes of the debased sexual mother and the suffering rivals motivate the longing for a pure Fairy pleasure?

The poem's main symbolic action consists in the experience of intense pleasure followed by devastating loss. The enchantress gives a magical pleasure of feeding, kissing, and lulling to sleep; and having known this pleasure, the knight cannot live without it. But the conflict in the symbolic action has a greater complexity. In the dream which constitutes the crisis in the poem's action, we find the image of a cruel, promiscuous lady, a portrait which is in utter conflict with the beautiful innocence of her original image. The two portraits are never reconciled. In the middle stanzas we witness a paradise for two; but in the opening and closing passages we have images of dying men:

I saw pale kings and princes too,
Pale warriors, death-pale were they all;

There is no male figure who has managed to escape enthrallment. And indeed, when we review the paradise for two, the image of the woman takes on a somewhat dangerous phallic

aspect, for all its allure: "Her hair was long, her foot was light,/ And her eyes were wild."

Is there a layering of psychic capabilities and stages suggested here, indicating a complementarity among the theories of creativity? There is an intense magical play with the mother; a capacity to experience the father as a feared rival which leads to the development of a paternal ego ideal and the power to sublimate drives; and a wish to recreate the self through an identification with the narrator who, like the observer in a dream, experiences the conflict from a relative distance (Hanly, 1985).

III

From Narcissistic Bliss to the Promise of Romantic Love

A cluster of images very close to those in "La Belle Dame sans Merci" comes into play in Keats's "The Eve of St. Agnes." This long poem is a love story set in the Middle Ages; it begins as a Romeo and Juliet tale of feuding families: there is a beautiful daughter, Madeline, and her lover, Porphyro, from the rival family, who comes to her on St. Agnes's Eve. Porphyro's seduction is not quite what we expect. While Madeline sleeps, he comes from a hiding place and prepares a banquet, an array of foreign delicacies which take half a stanza to name:

And still she slept an azure-lidded sleep,
In blanched linen, smooth, and lavendered,
While he from forth the closet brought a heap
Of candied apple, quince, and plum, and gourd,
With jellies soother than the creamy curd,
And lucent syrups, tinct with cinnamon;
Manna and dates, in argosy transferred
From Fez; and spiced dainties, every one,
From silken Samarkand to cedared Lebanon (Barnard, p. 320)

It has always seemed peculiar to me that the banquet, described in such mouth-watering elaboration at the climax of the poem,

is dropped so suddenly and never referred to again. What symbolic place does it have in the seduction?

After Madeline is seduced, she cries of impending desertion almost in the words of the knight in the ballad: " 'Porphyro will leave me here to fade and pine.' " But he responds *with* mercy: " 'My Madeline! sweet dreamer! lovely bride!' " The poem seems to represent a reversal of the ending of "La Belle Dame." Yet the gratification of the lovers' union is set in the context of a bitterly cold world, a night of sharp sleet which they must enter:

'Tis dark: quick pattereth the flaw-blown sleet.

'This is no dream, my bride, my Madeline!'

'Tis dark: the icèd gusts still rave and beat.

'No dream, alas! alas! and woe is mine!' (p. 322).

The weaning of Madeline from her dreams is only partially accomplished. For the harsh quality of this real world, its pain and cold, suggest a sense of loss, rather than the resolution of romance.

The poem raises more questions about the economy of the oral and narcissistic elements in Keats's imagination, in relation to the oedipal themes of the romance. The voluptuousness of the imagery (anal as well as oral when we consider Porphyro's secrecy in the closet and his bringing forth the "heap" of candied fruit) suggests the polymorphous imagination which disturbed some of the Victorian critics (Patmore, 1849). But the chief motivation in the plot of the romantic narrative is oedipal. When Porphyro arrives, the old nurse Angela warns him of "Hyena foemen": " 'They are all here to-night, the whole blood-thirsty race!' " Porphyro will brave his hostile rivals to win Madeline for his bride. In the midst of this pursuit, the poetic imagination becomes engaged with the closet, from which Porphyro gazes on Madeline as she undresses, and with the banquet. We might say that just before the climax of the love story, Keats's imagination becomes enthralled by images of more primitive, or preoedipal, pleasures. Porphyro may be bringing to his love the oral bliss he wishes to receive from her. But if

Porphyro is interested in preoedipal pleasures, they are object related—i.e., related to Madeline. Keats focuses the narcissistic preoccupations of the poem in Madeline, in her withdrawal of interest from the world and her involvement with fantasy:

Full of this whim was thoughtful Madeline:
The music, yearning like a God in pain,
She scarcely heard: her maiden eyes divine,
Fixed on the floor. . . .

She closed the door, she panted, all akin
To spirits of the air, and visions wide—(pp. 313, 318).

The weaning of Madeline from her imagination is neither easy nor morally unambiguous in the poem. Porphyro has been seen both as the crude invader of Madeline's virgin chamber, a peeping Tom, and as the hero of reality, come to draw Madeline from her cold enchantments into a more complex world of physical love (Stillinger, 1961). The course of this seduction is not smooth. When Madeline finally awakens and sees Porphyro she finds a "painful change" from the "blisses of her dream so pure and deep." The pleasure of her idealized dream vision shifts to intense disappointment in the real Porphyro.

At the climax of the romance, pleasure is vividly depicted, but only to be quickly followed by a bleak landscape of cold and sleet.

Into her dream he melted, as the rose
Blendeth its odour with the violet—
Solution sweet. Meantime the frost-wind blows
Like Love's alarum pattering the sharp sleet
Against the window-panes; St. Agnes' moon hath set (p. 322).

As the bride and groom win each other, the more narcissistic-onanistic pleasures of fantasy and scopophilia (sexual looking) are lost, but still desired, and so reality takes on its harshest aspect. The night of sleet might be read as the expression of a disappointed instinctual position, a continued longing for the bliss of imaginative pleasures. There is no pathetic fallacy in the

landscape settings for the groom's success. Porphyro wins Madeline, but something is lost. In the disturbed, nightmare images of the final stanza, unresolved conflict and instinctual tension are elaborated:

And they are gone—ay, ages long ago
 These lovers fled away into the storm.
 That night the Baron dreamt of many a woe,
 And all his warrior-guests, with shade and form
 Of witch, and demon, and large coffin-worm,
 Were long be-nightmared. Angela the old
 Died palsy-twitched, with meagre face deform;
 The Beadsman, after thousands aves told,

For aye unsought for slept among his ashes cold (pp. 323-324).

This final stanza has been commented on as a moment of genius in the poem, as a study in contrast to the warmth and color of the lovers' meeting and as a contrast to the promise of their love. But the violence of the nightmare images of witch and demon and "large coffin-worm" represent the society, the context, in which the love was consummated. (Comic-romantic endings typically involve some renewal in the community; tragic endings, as in *Romeo and Juliet*, involve death. Keats has created a paradoxical form of tragic-romance.) The final stanza reverberates back through the more treacherous passages of the romance, with hints of violation and betrayal. The resolution of the romance is made insecure: the shift in time in the last passage, which suddenly places the drama far into the past, "ay, ages long ago/ These lovers fled away into the storm," renders Madeline and Porphyro dead to us, even as they escape toward the south. Trilling's (1955) idea about poisoning of natural pleasure in Keats's imagination finds confirmation here.

IV

From Castration Anxiety to Melancholia

In the "Ode on Melancholy" the pressure of oedipal anxiety seems again to create a narcissistic regression in the imagina-

tion, a longing for the oral fusional pleasure of drugged states. In the last images of the ode we find the image of Melancholy as a castrating woman, hanging up her "oral" victims as trophies in the sky:

Ay, in the very temple of Delight
 Veiled Melancholy has her sovran shrine,
 Though seen of none save him whose strenuous tongue
 Can burst Joy's grape against his palate fine;
 His soul shall taste the sadness of her might,
 And be among her cloudy trophies hung (p. 349).

In Keats's ode melancholy is not simply a lyric mood but the dramatic image of a woman who overpowers a man in the moment of his vulnerability to pleasure.

The "Ode on Melancholy" begins with a set of vignettes which suggest oral desire and narcissistic conflict. The drugs and poisons of the first stanza present temptations to the poet for a narcotically induced oblivion, a sensuous nothingness, which would replace "the wakeful anguish of the soul." The protagonist begins with a self-directed plea to resist the longing for a drugged oblivion:

No, no, go not to Lethe, neither twist
 Wolf's-bane, tight-rooted, for its poisonous wine;
 Nor suffer thy pale forehead to be kissed
 By nightshade, ruby grape of Proserpine . . .
 For shade to shade will come too drowsily,
 And drown the wakeful anguish of the soul (p. 348).

The temptation is warded off, and what takes its place is a different management of anguish: the imagination of oral and other sensory pleasures (imbibed in an oral way) and a somewhat sadistic pleasure in a mistress's rage:

Then glut thy sorrow on a morning rose . . .
 Or if thy mistress some rich anger shows,
 Emprison her soft hand, and let her rave,
 And feed deep, deep upon her peerless eyes (p. 349).

This is the first of two mistresses in the "Ode on Melancholy";

the second is Melancholy herself. She is raging, and the protagonist feeds upon the anger in her eyes as if fascinated by a rage he feels but cannot express himself. This feeding on a mistress's rage is a somewhat cruel image, suggesting the passive use of another's pain. And while the poet feeds on the morning rose and on the mistress's "rich anger," his pleasure turns to poison:

She dwells with Beauty—Beauty that must die;
And Joy, whose hand is ever at his lips
Bidding adieu; and aching Pleasure nigh,
Turning to poison while the bee-mouth sips (p. 349).

The "poisonous wine" and "ruby grape" of the first stanza return here in the third, not as a drug to remove anguish but as the price of pleasure, which turns to poison while the bee-mouth sips. The bee-mouth is a surprising image, a tiny mouth with a hint of instinctual intensity and a hidden sting. Nature does not always poison as the bee-mouth sips; but at the heart of melancholy the poisoning of natural pleasure is a constant threat.

These two vignettes, of the angry mistress with her lover and of the poisoned bee, reveal a violence in Keats's imagination which has received little comment. The unconscious rage at a powerful and pitiless woman we sensed in "La Belle Dame" may underlie these two displacements, onto a nature who poisons pleasure and onto the mistress on whose "rich anger" the protagonist feeds. After these indirect expressions of rage, the image of the female Melancholy in her sovereign shrine is infused with a more benign sadness: submission to her might brings a certain relief; the wish to avoid the depressive feelings, which have loomed on the emotional horizon from the beginning of the ode, is relinquished. And yet in the last lines we sense the precariousness of the solution:

His soul shall taste the sadness of her might,
And be among her cloudy trophies hung (p. 349).

Is this veiled threat of castration, in the image of being hung as a trophy, the root from which the melancholy and the pro-

cess of attempted mastery through poetry grew? Was the oral pleasure of the bursting grape a memory of an early pleasure for a moment free from the pain but then infused with a poison from the unconscious conflict of castration fears *and* from the memory of trauma and consequent fixation which caused the nostalgia?

V

Ode to a Nightingale: " 'Tis Not Through Envy"

In the "Ode to a Nightingale" there is no explicit love-romance, there are no rivals, and castration anxiety appears only in its most primitive form, as a threatened separation from the mother (Freud, 1926). The ode has been considered in relation to Keats's growing awareness of his own approaching death through consumption. Yet many critics have felt that, in this poem about the creative process, Keats's image of an "easeful death" refers not to real death but to a longed-for release from human suffering, a blissful engagement in a fairy world of poetic fantasy and narcissistic pleasure. Did an awareness of approaching death, or the mourning for his brother Tom, who had died of consumption during the spring, cause a more profound regression to narcissistic longings and conflict? In his letters, Keats often alludes to a capacity to lose himself in the identity of people and objects around him. This intensity with which he formed fusional personal identifications was associated by him with his creativity, but also with a sense of precariousness. And he wrote, therefore, about the appropriate distance that must be re-attained for the creation of poetry (see also Beres and Arlow, 1974), saying that the artist might taste all the wines of life, but never drink them to their dregs. Does the imagination of the "Ode to a Nightingale" reveal that the creative imagination may remain quite separate from the life of the instincts, or are these narcissistic longings and conflicts a defense against the intolerable loss of the instinctual love object represented by the separation of death?

The "Ode to a Nightingale" is more than a drama in which a longing for escape is impinged upon by dark realities. For the images which comprise those realities make up a contending vision, of tragic realism, a vision as necessary for the ode's beauty as the pleasure of the nightingale's song. What does this contending vision of tragic realism say about the psychic structures necessary to the creation of the ode? Psychoanalytic authors associate different stage-specific capacities with the stabilization of the reality principle. Grunberger (1971) is very persuasive in his accounts of the new reality testing which some mastery of anal conflicts permits. Anal functions and relationships represent an emergence from the deeper narcissism of oral relations and fantasies into a realization of the powers and consequences involved in the give and take with a real object. Mahler's (1975) ideas on the process of separation from the mother complement Grunberger's dynamic view: the capacity for separation from the mother is related to both inner maintenance of an object representation as good and to the fundamental new motility of the strengthened smooth muscles and sphincters. During this stage there is a growing "libidinal object cathexis proceeding and separating from narcissistic libido" (Grunberger, 1971, p. 146). The pleasure of creating for the mother depends partly on the new independence gained through the capacity to withhold the important anal object. And the new capacities for play in the vague presence of the mother, held through her inner representation, have been seen as essential to the ego functions of creativity (Freud, 1920; Winnicott, 1953). Yet, despite the importance and drama of this new realism, is an engagement with the subsequent oedipal stage, involving further elaboration of these early conflicts and the development of what poets and literary critics have called a "tragic realism," finally necessary to creative genius?

To take up the question of the capacity to bear reality from the point of view elaborated in Freud's *Mourning and Melancholia* (1917), we can consider the capacity to mourn as an indication of psychic structure. The vision of tragic realism in the "Ode to a Nightingale" suggests a partial capacity to mourn the

disappointing or lost mother. Grunberger (1971) and Chasseguet-Smirgel (1984), following Freud, associate this tragic realism with the oedipus stage and the law of the father. The acceptance of mortality and of the limitations implicit in the difference between the sexes; the ability to renounce still further the omnipotent and possessive love of the parents during the oedipal stage: are these capacities at the heart of a tragic realism in great poetry? Can we tell which quality of realism, that of the earlier separation-anal phase or the later oedipal phase, is essential to Keats's lyric vision?

The "Ode to a Nightingale" begins with a denial of the poet's envy for the nightingale's special privileges and an assertion of the poet's identity with the singing bird:

'Tis not through envy of thy happy lot,
 But being too happy in thine happiness—
 That thou, light-wingèd Dryad of the trees . . .
 Singest of summer in full-throated ease (Barnard,
 p. 346).

The central conflicts of the ode, between the immortality of the nightingale's song and the mortality of the poet, between the beauty of the evening song and the ache of human woe, between the earthbound listener and the winged bird, are all discrepancies likely to create envy. The denial of envy thus implies its unconscious presence, and its potential force. McLuhan (1969) described the dark side of the identification with the nightingale present in the opening lines. He wrote of "conflict . . . where the heavy, depressive and negative movement of the lines is the effect of 'being too happy in thine happiness'" (p. 110). The somewhat manic fusional pleasure has a depressive underside. Yet the imagined identity of poet with singing bird is created as a fantasy for potency and freedom from mortal pain, as a defense, precisely, against the incipient envy and depression.

That I might drink, and leave the world unseen,
 And with thee fade away into the forest dim—

Fade far away, dissolve, and quite forget
 What thou among the leaves hast never known,
 The weariness, the fever, and the fret
 Here, where men sit and hear each other groan (p. 346).

This envy of the bird's freedom from mortality shifts again into a union with the bird's omnipotence and access to the Queen Moon (the repeated symbol of the mistress/mother in Keats's poetry): "Away! away! for I will fly to thee . . . Already with thee! tender is the night. . . ." The leap of imagination into this tender bond leads to an idea of pleasure as death:

Darkling I listen; and, for many a time
 I have been half in love with easeful Death,
 Called him soft names in many a musèd rhyme . . .
 To take into the air my quiet breath;
 Now more than ever seems it rich to die,
 To cease upon the midnight with no pain,
 While thou art pouring forth thy soul abroad
 In such an ecstasy! (p. 347).

Without resting on the psychoanalytic observations which have shown a connection between bird and breast (Freud, 1910; Beres, 1951), we can see that the poet's fusion with the bird involves an identification with a sustaining and harmonious force in nature, a return to a state of narcissistic omnipotence.

And yet what strikes the poet's imagination in the moment of this wish for fusion and death is the price he would pay for its fulfillment:

Still wouldst thou sing and I have ears in vain—
 To thy high requiem become a sod (p. 347).

In the final stanza of the "Ode to a Nightingale" a partial realism counters the longing for fusional comfort:

Forlorn! the very word is like a bell
 To toll me back from thee to my sole self!
 Adieu! the fancy cannot cheat so well
 As she is fabled to do, deceiving elf.

Adieu! adieu! thy plaintive anthem fades
 Past the near meadows, over the still stream,
 Up the hill-side; and now 'tis buried deep
 In the next valley-glades:
 Was it a vision, or a waking dream?
 Fled is that music—Do I wake or sleep? (p. 348).

The fate of the nightingale "buried deep/ In the next valley-glades" and the poet's return to a "sole self" suggest that the poet mourns and gives up the fusion with the singing bird (unconsciously, with the mother). But the final lines alter the balance of values again. For, while the poet feels that the trance involves deception, he cannot entirely repudiate his vision: "Fled is that music—Do I wake or sleep?"

The bird's song becomes a "plaintive anthem," which continues the funeral associations of "toll" and the earlier "requiem." From Donne's famous *Devotions* (XVII) comes the often-repeated "... and therefore never send to know for whom the bell tolls; it tolls for thee."

Does the deepened realism of the concluding lines depict, or depend on, an oedipal/neurotic structure, while the oral/narcissistic pleasures of the earlier stanzas portray a world of play, apart from the conflicts and pains of a "tragic realism"?

O, for a draught of vintage! that hath been
 Cooled a long age in the deep-delvèd earth,
 Tasting of Flora and the country green,
 Dance, and Provençal song, and sunburnt mirth! (p. 346).

VI

Conclusions

Each poem we have reread seems to involve a movement of libido, backward into a memory of oral narcissistic pleasures and conflicts. In the juxtaposition of certain images the narcissistic wish for fusional bliss can be seen as generated not only as

a natural wish to repeat lost narcissistic “oneness” with nature or mother but also as a defense against aggressive fantasies and castration anxiety which find displaced but dramatic expression in the violent and passionate vignettes.

The cycles of regression, elaboration, and reorganization in the analytic, free-associative process make us familiar with this regressive aspect of the creative process—an aspect Keats named “negative capability.” The oral/narcissistic imagination is developed in the service of creativity, then—creativity of poem and self.

Throughout his letters and poems Keats struggles with the problem of his own identity and the nature of the poet’s identity. In a famous passage Keats writes:

As to the poetical Character . . . it has no self—it is everything and nothing—It has no character—it enjoys light and shade; it lives in gusto, be it foul or fair . . . (Rollins, Vol. I, pp. 586-587).

Keats appears to feel at ease, here, with the psychic flexibility of the creative process. But in the same letter to Woodhouse he speaks of a loss of identity with a sense of deep uneasiness: “The identity of everyone in the room begins to so press upon me that I am in a little time annihilated.”

Keats’s “negative capability” resulted in both his greatest strength as a poet and his strongest anxiety as a man. To his flexible “identity,” which he called his “chameleon”-like self, he attributed his powers of creativity (Bate, 1939; Leavy, 1970) but also his most persistent self-doubts (Fitzpatrick, 1981):

According to my state of mind I am with Achilles shouting in the trenches or with Theocrites in the Vales of Sicily. Or I throw my whole being into Troilus and repeating those lines, “I wander, like a lost soul upon the stygian Banks . . .” (Rollins, Vol. I, p. 404).

The syntax itself unites Keats to Troilus; he does not say “I throw my whole being into Troilus and repeat those lines,” but “I throw my whole being into Troilus and repeating those lines, I wander. . . .” The artistic process involves this profound iden-

tification with Chaucer's great medieval lover, whose Cressida abandoned him for another. Wandering upon the Stygian banks, close to the underworld of the dead ancients, Keats discovers the vivid imagination to compose his poetry but he recognizes a negative consequence for his life. In this letter he goes on to say, "These things combined with the opinion I have of the generality of women . . . form a barrier against Matrimony." The narcissistic withdrawal Keats expresses here as a defense against the painful experience of a treacherous woman confirms the idea that a capacity for artistic sublimation may be rooted in narcissistic conflict, but also, strongly, in that conflict encountered during the oedipal romance.

The imaginative context, formal organization, and symbolic action in Keats's great lyrics indicate that there are multiple layers of psychic structure engaged in the creative process: an aspect of oedipal romance which stabilizes the process of sublimation; a special early maternal bond; and pre-eminent narcissistic longings which, despite their potency, become reorganized through the poet's desire to communicate and by his gift for expression.

In this study of the imagination, we have reread some of Keats's finest poems, wondering if the "perilous seas" of his "faery lands forlorn" represented a pull toward a purely narcissistic imagination. The second to last stanza of the ode is the final address to the nightingale:

Thou wast not born for death, immortal Bird!
No hungry generations tread thee down;
The voice I hear this passing night was heard
In ancient days by emperor and clown:
Perhaps the self-same song that found a path
Through the sad heart of Ruth, when, sick for home,
She stood in tears amid the alien corn:
The same that oft-times hath
Charmed magic casements, opening on the foam
Of perilous seas, in faery lands forlorn (Barnard, p. 348)

But the fairy lands presented their own danger; they threat-

ened to drown the pleasures of sentient reality along with more painful realities, some of which, like the sad heart of Ruth, possessed a tragic beauty in themselves. Freud's (1905) thought that creativity grows "from a disposition which in itself is perilous" (p. 238) echoes Keat's image of the narcissistic imagination, "Of perilous seas, in faery lands forlorn."

In brilliant adaptations of the formal ode, ballad, and long romance, with unmatched beauty of language and image, Keats recreates the dramatic conflict between the pleasure principle and the reality principle, and articulates the implications of his attachment to each and to both.

REFERENCES

- BARNARD, J. Editor (1973). *John Keats. The Complete Poems*. Harmondsworth, Middlesex: Penguin.
- BATE, W. J. (1939). *Negative Capability: The Intuitive Approach in Keats*. Cambridge: Harvard Univ. Press.
- (1963). *John Keats*. Cambridge: Harvard Univ. Press.
- BERES, D. (1951). A dream, a vision, and a poem: a psychoanalytic study of the origins of *The Rime of the Ancient Mariner*. *Int. J. Psychoanal.*, 32:97-116.
- & ARLOW, J. A. (1974). Fantasy and identification in empathy. *Psychoanal. Q.*, 48:26-50.
- CALDWELL, J. (1945). *John Keats' Fancy*. Ithaca: Cornell Univ. Press.
- CHASSEGUET-SMIRGEL, J. (1965). Thoughts on the concept of reparation and the hierarchy of creative acts. *Int. Rev. Psychoanal.*, 1984, 11:399-406.
- (1984). *Creativity and Perversion*. London: Free Association Books.
- COLTRERA, J. T. (1965). On the creation of beauty and thought: the unique as vicissitude. *J. Amer. Psychoanal. Assn.*, 13:634-703.
- DE VERE, A. (1849). Shelley, Keats and Tennyson compared. In *Keats: The Critical Heritage*, ed. C. M. Matthews. London: Routledge & Kegan Paul, 1971, pp. 341-348.
- DICKSTEIN, M. (1971). *Keats and His Poetry*. Chicago: Univ. of Chicago Press.
- FITZPATRICK, M. (1981). The problem of identity in Keats's negative capability. *Dalhousie Rev.*, 61:39-51.
- FREUD, S. (1905). Three essays on the theory of sexuality. *S.E.*, 7.
- (1910). Leonardo da Vinci and a memory of his childhood. *S.E.*, 11.
- (1917). Mourning and melancholia. *S.E.*, 14.
- (1920). Beyond the pleasure principle. *S.E.*, 18.
- (1923). The ego and the id. *S.E.*, 19.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- GITTINGS, R. (1968). *John Keats*. London: Heinemann.
- GRUNBERGER, B. (1971). *Narcissism: Psychoanalytic Essays*. New York: Int. Univ. Press, 1979.

- HANLY, C. (1983). Creativity: a psychoanalytic perspective. *Canadian Art Ther. Assn. J.*, 1:25-32.
- (1982). Narcissism, defence and the positive transference. *Int. J. Psychoanal.*, 63:427-444.
- LEAVY, S. A. (1970). John Keats's psychology of creative imagination. *Psychoanal. Q.*, 39:173-197.
- LUSSIER, A. (1974). A discussion of the paper by J. Chasseguet-Smirgel on 'Perversion, Idealization and Sublimation.' *Int. J. Psychoanal.*, 55:359-362.
- MAHLER, M., PINE, F., & BERGMAN, A. (1975). *The Psychological Birth of the Human Infant. Symbiosis and Individuation*. New York: Basic Books.
- MARCHAND, L. (1957). *Byron: A Biography*. New York: Knopf.
- MCLUHAN, M. (1969). Aesthetic pattern in Keats's odes. In *The Interior Landscape*. New York: McGraw-Hill, pp. 99-113.
- MILNES, R. M. (1848). *Life, Letters and Literary Remarks of John Keats*. New York: George P. Putnam.
- PATMORE, C. (1849). Life and letters of John Keats. *Electric Magazine*, February, pp. 148-161.
- REED, G. S. (1982). Toward a methodology for applying psychoanalysis to literature. *Psychoanal. Q.*, 51:19-42.
- RICKS, C. (1976). *Keats and Embarrassment*. London: Oxford Univ. Press.
- ROLLINS, H. E., Editor (1958). *The Letters of John Keats*, Vols. 1, 2. Cambridge: Harvard Univ. Press.
- SEGAL, H. (1952). A psycho-analytical approach to aesthetics. In *New Directions in Psychoanalysis. The Significance of Infant Conflict in the Pattern of Adult Behavior*, ed. M. Klein, P. Heimann & R. M. Money-Kyrle. New York: Basic Books, 1955, pp. 384-405.
- SHARPE, E. F. (1950). An unfinished paper on *Hamlet*. In *Collected Papers on Psycho-Analysis*. London: Hogarth, pp. 242-265.
- SMITH, A. (1857). Keats in the *Encyclopedia Britannica*. In *Keats: The Critical Heritage*, ed. C. M. Matthews. London: Routledge & Kegan Paul, 1971, pp. 365-367.
- STILLINGER, J. (1961). The hoodwinking of Madeline: scepticism in "The Eve of St. Agnes." *Studies in Philology*, 58:533-555.
- TRILLING, L. (1955). The fate of pleasure. In *Beyond Culture*. New York: Viking Press, pp. 57-87.
- (1959). The poet as hero: Keats in his letters. In *The Opposing Self*. New York: Viking Press, pp. 3-49.
- WARD, A. (1963). *John Keats: The Making of a Poet*. New York: Viking Press.
- WINNICOTT, D. W. (1953). Transitional objects and transitional phenomena. A study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.

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BOOK REVIEWS

PLEASURE AND FRUSTRATION: A RESYNTHESIS OF CLINICAL AND THEORETICAL PSYCHOANALYSIS. By Leon Wallace, M.D. New York: International Universities Press, Inc., 1984. 193 pp.

An intellectual discipline worthy of the name finds coherence and cohesiveness if its practitioners share common modes of work and common technical principles to govern those modes. The technical principles are—or should be—used in interaction with a small number of shared, fundamental *assumptions*, a smaller number of models or metaphors, and a set of inferred abstractions. Some of the abstractions are testable; others are speculative and may never be testable. Testable or not, the theoretical abstractions make up the discardable superstructure of theory of which Freud wrote. But the fundamental assumptions of a field are not ordinarily challenged by empirical experiences unless a revolution is at hand. In physics, for example, the recent discovery of yet another force in nature qualifies Galileo's assumptions about the actions of gravity; we may have at hand at least a part-revolution. In contrast, the models or metaphors, along with inferences made from them, are *regularly* challenged (unless the discipline has become frozen as a belief system). So are techniques. The assumptions, metaphors, and technical principles may also be shared in *non-conscious* ways (in the sense of automatisms) and *unconsciously* in terms of shared fantasies. Outside awareness, within theoretical scotomata, they may remain unchallenged despite outmoded or internally contradictory qualities.

The psychoanalytic reader comes to suspect that our literature moves in cycles, as if inhaling and exhaling. Given concepts become elaborated idiosyncratically and expansively as a result of new empirical experiences and/or because of new theoretical speculations. In that phase, finally, rationality if not reason itself seems to reach a bursting point. Then colleagues sweep through to sort out and try to make sense of the accumulations. It would be pleasant to claim that the results of these cycles represent a continuous, progressive spiral. Regrettably, this is not necessarily so.

Sometimes the mutual influences of theory and practice become frozen when there are special needs to maintain theoretical blind

spots. Then some part of technique and some part of theory also become frozen or at least congealed. One of the best examples has to do with theoretical and technical assumptions about the natures and influences of pleasure and frustration. Wallace's book is therefore welcome.

Psychoanalytic thought at best transcends common sense, at worst violates it. The original theoretical inferences made it easy to adopt Fechner's principle of constancy and go on to postulate that frustration and pain are associated with increases in psychic tension and that pleasure is entailed by its reduction. It is not necessary to trace here Freud's various conceptions built upon these metaphors.

Wallace and other authors challenge Freud's abstractions concerning pleasure and frustration. They point to the unfortunate ways these inferences have handicapped the dialogues of theory (tempting some to throw out metapsychology entirely) and have influenced the shop-talk of technique (particularly concerning the misuse of the concept of abstinence, which at its extreme leads to the strange notion that pleasure is not to be had in *any* form by either analyst or patient.) To the contrary, Wallace says, it is the memory of past pleasures and the existence of at least minimal levels of present pleasures which make life endurable and contribute to growth.

Having made these steps, Wallace is led to reconsider the concepts of aggression and sublimation. Making the assumption that aggression is basically more than merely destructive in nature, he draws upon both ethological concepts and clinical psychoanalytic observations to recast the theories of both aggression and sublimation. The unique characteristics of human aggression, or, more accurately, the unique ways in which human aggression is processed, are presumed to be substitutes for the "hard-wired" instinctual suppressions of intraspecies aggression found in lower animals.

In humans, frustration of libidinal impulses leads to the liberation of free aggression. If the frustration comes in manageable quotas, internalizations may occur; optimally, new fusions of libido and aggression take place. If the process is successful and libido rather than aggression dominates the fusion, then growth occurs rather than the emergence of pathological organizations. The growth results from the capacity to neutralize, or *sublimate*, various

preoedipal impulses, with further modifications of these aim-inhibited libidinal and aggressive derivatives taking place later, during oedipal and postoeidipal times.

Wallace believes that all subsequent capacities for intimacy derive from success in the first mother-infant relationships, after a successful earlier existence as a unity. The regular (and necessary) repetition of pleasure in relationships constitutes what he calls the "cycle of satisfaction." In analysis, this fundamental quality of intimacy shows itself as the "basic transference," manifesting itself in clinical work most starkly as a "relatively *conflict-free addiction*." When the addiction becomes established, "the" transference neurosis (unfortunately left undefined) becomes identifiable. Neurotic impulses—conflicts deriving from persisting and unsatisfiable infantile wishes—may intrude "into" this basic transference. Within it, first in a stormy fashion, then in more tranquility, the patient may regularly repeat and slowly resolve neurotic conflicts and false expectations.

It is from this level of clinical generalization and theory that Wallace derives more abstract metapsychological statements. He retains the three fundamental points of view of metapsychology, the dynamic, topographic (structural), and economic (holding that the genetic derives from them, and that the adaptational point of view is primarily an inter-personal rather than an intrapsychic concept). He discards Freud's last theory of instincts, as have most but not all theoreticians, in favor of parallel libidinal and aggressive instincts. Wallace also reinstates a feature of one of Freud's original tripartite, topographical, structural systems: a coherent, organized system of consciousness. But he fails (as everybody else has) to do much more than announce it. Pleasure becomes for him, in metapsychological terms, a *discharge into consciousness*, rather than Freud's "secretory and vasomotor" discharge and discharge into action.

Wallace convinces us that theoretical revision of Freud's original formulations about pleasure and frustration is necessary. But how well does he convince us that his revision is the most promising? The writing is clear, but this virtue is also a problem. To clinical analysts floundering about in awe-inspiring complexities involving the nature of consciousness, drives, conflicts, "sublimations," etc., the book is apt to seem *too* clear, *too* reasonable. The tragic dimensions of ubiquitous conflict, unending compromise formation, per-

sistence of influential infantile fantasies, the precariousness of "health," and the primitive nature of our understanding do not come through. The book seems too unambiguous, too balanced, too melioristic. Insofar as Wallace sorts out and contracts theoretical expansiveness—exhales—he has made a valuable contribution. But insofar as he expands and broadens theoretical assumptions—inhalates—his arguments tend to be more assertive than careful.

Common empirical experience tells us, as Wallace correctly points out, that the analytic experience is not all frustration and suffering, that both analysand and analyst can, do and *should* feel aim-inhibited pleasures during the conduct of an analysis (or they would not be able to bear it). It indicates that there are erotic and aggressive components in every psychic act (including even the aim-inhibited verbal and non-verbal acts of the two parties to an analytic situation), that destructive aggression can be tamed ("fused" with libido and "subordinated" to it) and converted to constructive purposes, and that it is possible to achieve good "sublimations" and good sex. It informs us that aggressive derivatives in their rawest, most destructive forms are present in all persons and must be analyzed in the transference in a state of affective immediacy if lasting structural changes are to take place. It shows us that the analysand's and the analyst's minds are mostly qualitatively similar.

However, common empirical experience does not tell us that there are "conflict-free" areas of the mind in the first object relationship. It does not tell us that some process called "neutralization" or "sublimation" results in conflict-free functions. There is, further, a danger in assuming that Freud's "personal relationship," Fenichel's "rational transference," and Greenacre's "basic transference" are conceptually identical, or that Greenacre's is the same as Wallace's. The foundations for the capacity to relate closely to another human being must be present if an analysis is to take place. But one cannot agree that this capacity is *sufficient*, much less that it is free from conflict and constitutes a "space" into which "neurotic conflicts may intrude," or that much or most of the analytic work is conducted "within" the basic transference. Finally, it seems to me that the term "conflict-free addiction" is an unfortunate oxymoron.

The analyst-critic can admire Wallace's descriptions of what he

does clinically more than he can admire some of his explanations. Some of them could tempt younger colleagues—though not the author himself—to assume that, if the therapeutic action of psychoanalysis occurs mostly within the presumably conflict-free “basic transference,” one should take active measures to “encourage” its development, or even to treat *it*, rather than use the traditional technique of analyzing resistance to transference, and transference resistance. There is the danger that analysts will see the primary work as aiming toward directly helping the patient to master conflictual (neurotic) “intrusions” into supposedly conflict-free areas.

There is another worrisome clinical claim. The analyst, Wallace says, “has at his disposal only one technique that may be experienced as a frustration by the patient. That is the judicious use of silence” (p. 135). But many positions of the analyst frustrate the analysand, in particular the unwillingness to gratify infantile demands, as a consequence of the analyst’s recognition that it is *impossible* to gratify infantile demands in a lasting way. Silence is a necessary consequence of the agreements that define the analytic frame or situation. It should not be used *in order* to frustrate the patient. It is important that the patient ultimately understand that the analyst’s selective failures to respond have to do with his need to maintain the analytic frame by avoiding actions that would violate it.

This book is a fine contribution by a thoughtful clinical analyst. For its clarifications of our notions of pleasure and frustration, it is to be recommended highly. My reservations mainly have to do with the excessive “reasonableness” of some of Wallace’s revisions of theory—and the possibilities of their misuse. A neophyte analyst might assume that we really do have a satisfactory theory of consciousness or of the nature of aggression, reliable insights into the deepest nature of transference, or agreed-upon conceptions of sublimation, neutralization, and “conflict-free” states. But we don’t.

VANN SPRUIELL (NEW ORLEANS)

INTERPRETING LACAN. Psychiatry and the Humanities, Volume 6.

Edited by Joseph H. Smith, M.D., and William Kerrigan, M.D.

New Haven/London: Yale University Press, 1983. 289 pp.

Interpreting Lacan is a generally successful attempt to help the reader achieve an understanding of one of the most debated

figures in psychoanalysis. The volume does not seek to bring the debate to a close, but rather to promote its continuation on a more highly informed level. It serves other purposes as well. In particular, it addresses the relation between psychoanalysis and philosophy. Its chapters on the influence of Hegel and Heidegger on Lacan, for example, leave the impression that serious psychoanalytic reflection cannot avoid consideration of such concepts as the self, being, and self-consciousness.

The volume is divided into three sections. The first, "Analysis," discusses the basic concepts of Lacanian theory, with some insight into their clinical use. It emphasizes Lacan's famous statement that the unconscious is structured like a language. The second and most lengthy section offers a look at Lacan's philosophical "source material" and discusses the philosophical grounding of some of his central concepts. The third section, "Lacan in Use," consists of only one chapter, which attempts to integrate Lacan's discourse into a study of Dickens's *Bleak House*.

The contributions by Kerrigan, Stanley Leavy, John Muller, Antoine Vergote, and Smith will be most helpful to a reader who is not familiar with Lacan. Kerrigan briefly summarizes the history of Lacan's writings and of their late appearance on the American scene. He chastises the analytic community for being too caught up in its own "domestic politics" to notice Lacan at a time when he was very influential in Europe and Latin America. He goes on to trace the introduction of Lacan into America by scholars in the humanities.

Leavy makes a case for the uniqueness of Lacan's position as a psychoanalytic innovator. He argues: "Until Lacan, innovation in psychoanalytic theory consisted either of extensions of Freud's manifest meaning or of approximations to social science or biology"; Lacan, however, "has been trying to rebuild psychoanalysis from the ground up, the ground being the language, or more properly, the speaking in which the analysis takes place" (p. 4). The role of language is emphasized repeatedly throughout the book. This is not surprising, since Lacan's theory is built on the union of psychoanalysis and linguistics, a union which some believe Freud would have effected had he had access to modern linguistics rather than to the physics of his time.

Leavy also considers the clinical relevance of Lacan. It is good to have some of this discussion at the beginning of the book. Readers

might otherwise wonder if it is in their interest to struggle through some of the more difficult essays which follow if the subject appeared to be without clinical relevance. Leavy's focus is on language: "Language, which we are accustomed to look on as an instrument for the communication of meaning, turns out to be its determinant. . . . The speaker—or writer—is *spoken through* [by his unconscious]; he does not put his thought into words, but has his words thrust upon him . . . [He] is also not a 'unified conscious subject' dealing with an external object" (p. 7). Lacan's challenge of the concept of a unified self is one of the more striking of his claims to those trained in ego psychology. Yet is such a claim foreign to a field where the model of the mind distinguishes among different psychical agencies? Perhaps not; but to expect treatment to promote an increased awareness of *lack* of unity in the self rather than of increasingly unified and integrated ego functioning is different. Leavy makes the point simply: "What is at stake is our concept of the ego" (p. 7).

He goes on to present the dilemma of the clinician: ". . . if there is no rational discourse, what then?" (p. 11). Part of the answer is that meaning resides not on the level of the theme, but on the level of the word—the word considered apart from the flow of the immediate context. No analyst would argue against keen attentiveness to words; the slip of the tongue, the oddly pronounced word, etc., will always attract attention. What Leavy is pointing to, however, is a shift of emphasis in which words—taken in their phonetic concreteness—provide access to a level of meaning that is constantly circulating within them without fixing itself to them in a one-to-one correspondence. This level of meaning is another system of words, not a neatly packaged "content": "Meaning, then, is saying, not formulating. And what is said is one's desire" (p. 15). Much more is said about the role of desire in some of the articles that follow.

Leavy's article, then, serves as a good entrée into the rest of the book. One of its most appealing features is that it distills from Lacan some of what can be useful to the clinician without insisting on a rigid dogma.

Muller's chapter is also very helpful to the uninitiated. It uses a clinical case of psychosis to illustrate the significance of Lacan's concepts of the symbolic order and its foundation on "the-Name-

of-the Father." In this chapter, the structuralist elements of Lacan are evident: "... the Law of the Father, the symbolic father who intervenes in this dual [child-Mother] relation, establishes primal repression by structuring desire according to the laws of language, and makes it possible for the child to have a place in a signifying network of kinship relations, sex roles, sanctions, and discourse" (p. 23). A problem is that the correlation between the broad clinical overview of the case and the precise theoretical explication will not be convincing to those not already predisposed to a Lacanian view. That the case involves a psychotic patient reflects the fact that Lacanians are more apt to treat psychosis with analysis than are their American colleagues.

Julia Kristeva's chapter is not so much an effort to explicate Lacan's thought as an attempt to pursue his path of bringing together psychoanalysis and linguistics. Kristeva is a French analyst who was first known as a structuralist critic. That her argument takes a more solid linguistic focus than many of the others may present an obstacle for some readers, since her language stems from linguistic theory as much as from psychoanalysis, e.g., "The language object [should] be considered, on a semiological level, as a 'process of significance' " (p. 34). Another difficulty readers may have with this chapter is its style, which is very complex, but without the rich polysemy which often rewards the reader in Lacan's original texts. Still, her contribution adds an important perspective to the book. She is more willing to discuss instinctual drives and affects than are many Lacanians.

In the second section of her chapter, Kristeva discusses the "discourse of borderline patients," which she characterizes by "the empty signifier" and "undecidable negation." This section at first promises to be the most clinical, but it uses an increasingly abstract vocabulary which is simultaneously strikingly concrete: "The 'good enough mother' is perhaps the one who hears this 'void' . . . but fixates it neither as a void nor as a perverse game: rather, she directs it toward the father, in other words, toward the Symbol" (p. 44). The end result is not very satisfying. More clinical examples would have been helpful to understand some of the nuances of the theory in its application.

The second part of the book, "Philosophy and Psychoanalytic Theory," is the longest and most provocative. It both provides a

good sense of the philosophical roots of Lacan and encourages further reflection about the status of psychoanalytic theory as philosophical discourse.

William Richardson, whose "Lacan and the Subject of Psychoanalysis" initiates this section, is a master at lucidly explicating Lacan while minimizing the loss of subtlety and nuance. Tracing the influence of Saussure, Jakobson, and Lévi-Strauss, Richardson discusses Lacan's concept of the "mirror stage" and its challenge to ego psychology as well as to the Cartesian ego. Richardson's skill consists in leading up to some of the more radical of Lacanian concepts (e.g., "It is the signifier, then, that constitutes the subject" [p. 60]) in a way that makes them more accessible than they often seem in the master's allusive style.

A focal point of this chapter is Richardson's expansion of Lacan's interpretation of *Wo es war soll ich werden*: "Where It [i.e., the network of signifiers that constitutes the Other] was, I-as-articulator [i.e., the subject as divided by reason of its ex-centric center] must come to be, that is, must realize my relation to, place within, that network" (p. 63). In the second half of the chapter, Richardson illustrates some of the concepts explicated in the first part by comparing Lacan's commentary on the Irma dream with that of Erikson. The chapter ends by opening up questions, which are to be discussed in the following chapters that focus on Lacan's notion of "Being."

Edward Casey and J. Melvin Woody's chapter, "Hegel, Heidegger, Lacan: The Dialectic of Desire," serves a clear purpose. The authors have perceived a major problem facing many of Lacan's readers: "Since many readers of Lacan are not familiar with Heidegger or Hegel . . . , Lacan's Heideggerian allusions and frequent references to Hegel only aggravate the problem of wrestling with his hermetic prose style" (p. 76). In addition to addressing this problem, the authors hope that their discussion of the philosophical underpinnings of Lacan's reading of Freud will make a case against the "reductionism" which would see psychoanalysis as a natural science.

Their chapter is solid and fulfills its primary goal, but it does so without generating the sense of intellectual excitement created by some of the other chapters. It is more like a series of footnotes to the *Écrits*, intended to explain some of the "source material." The

section on Hegel takes as its starting point his position as a critic of consciousness and of the ego, a position shared by Lacan. The most fundamental link with Heidegger is the insistence on "the primacy of language over the speaking subject" (p. 94). The very presence of this and of the following chapters underscores the links between psychoanalysis and philosophical traditions at the heart of Lacan's perspective. In accordance with this perspective, Casey and Woody, as well as a number of the other contributors to the volume, focus on desire as the primary psychical force rather than Freud's "energy discourse." One could argue that the two views are not far removed, that they may be metaphors of each other. The difference stressed by these authors is that "desire can never be reduced to the merely natural, or biological need" (p. 105).

The most interesting aspect of Wilfried Ver Eecke's chapter is his pursuit of the idea that Lacan has given psychoanalysis a more rigorous scientific status. This is contrary to the view which pits psychoanalytic hermeneuticists against natural scientists and allies Lacan with the former. Ver Eecke traces the oft-forgotten influence of animal studies, child observation, and embryology on the development of Lacan's notions of the ego and aggressivity. This chapter is worth reading if only because it clearly counters the belief that Lacan's thought is primarily philosophical speculation.

The following chapter, another by Richardson, gets back to the question of the influence of Heidegger. In contrast to his earlier chapter, which is more helpful in understanding Lacan, this one is more engaged in interpreting Lacan, "trying to articulate his unsaid, learning to read him as he has taught us to read Freud (p. 137).

André Green's chapter is the most technical of the book. It is of interest in that it originates directly from the Lacanian milieu. In its initial version it was a lecture by Green in the context of Lacan's seminar. Therefore, it does not have the perspective of Lacan's *oeuvre* as a whole, but communicates some of the excitement of those who worked with Lacan as he developed his theories (although Green subsequently broke with Lacan).

Starting with an explication of Lacan's "Schéma R"—which is worth a run-through for those unfamiliar with Lacan's style of schematizing his thought—Green proceeds with a critical com-

mentary on the theory summarized in the schema. This chapter is one of the least accessible to those not acclimated to the Lacanian vocabulary. Even so, a reading of it does provide an idea of what the French referred to as the "Lacan phenomenon" in the 1960's and 1970's, when his seminar generated much of the most probing intellectual discussion in Paris. An interesting section of Green's chapter is his discussion of affect, whose status (or lack thereof) in Lacan's theory is questioned by analysts from other schools.

Vergote's "From Freud's 'Other Scene' to Lacan's 'Other' " speaks less from within Lacan's theory and more from a perspective comparing Lacan and Freud. Vergote helps the reader make some sense of Lacan's claim that he represented a "return to Freud"—a claim that may have seemed quite puzzling in many of the preceding chapters. Lacan is returning to the Freud who speaks of translating an unconscious text, resolving a rebus, decoding hieroglyphics, of the unconscious which "opens for a moment, in the finds of witticisms, in dreams, in symbolic symptoms, even more clearly in deliria" (p. 211). Vergote sees as the basic difference between Lacan and Freud that Lacan posits that language is *of* the unconscious, whereas Freud sees language as belonging to the preconscious and conscious while "the primary processes are those functions which are not governed by the laws of language" (p. 195). The author pursues the implications of both positions, including interesting comparisons of how each influences clinical work: "An essential part of Freudian psychoanalysis is the work on resistances and the tracking down of repressed mnemonic representations. Psychoanalytic practice consonant with Lacan's theory will not give these the same importance" (p. 211). This leads to a comparison of the notion of cure: "... for Freud healing takes place in a lifting of repression when words come to repressed representations [whereas for Lacan] the ultimate goal of psychoanalysis must be to bring to recognition the nothingness unveiled in the hollow of the letter, and to release from it a poetry of enjoyment (*jouissance*)" (p. 215). Of course, the objection could be made that Vergote is not comparing Lacan to *Freud*, but rather to his own reading of Freud—albeit a reading supported by the majority of post-Freudians.

The last section of the book, "Lacan in Use," has but one chapter: a reading of Dickens's *Bleak House* by Christine van Bo-

heemen-Saaf. While it is an interesting reading of the novel, it suffers from a lack of clarity about the relation between the literary text and psychoanalytic theory. It does not claim to "apply" Lacan to the novel (a very unpopular stance), although at times that is what it appears to be doing. Nor does it make use of *Bleak House* to validate aspects of the theory (as Freud did, for example, with *Oedipus Rex*). It suffers from a fluidity of perspective common to much current psychoanalytic literary criticism in its self-conscious effort to avoid reductionism. The value of the criticism then stands on the sensitivity of the critic. As an interdisciplinary exercise, such criticism reveals how a good reader can integrate his or her knowledge of theory into an overall sensitivity to the different discourses which resonate in the literary work. At its best, such criticism provokes a rethinking of aspects of the theory. The example in this volume, while it enriches one's appreciation of *Bleak House* and of certain trends in Victorian writing, does not engage the theory it uses in this sort of creative dialogue.

Smith's epilogue is an ecumenical attempt to "suggest at least a few possible points of consensus between Lacan's thought and ego psychology" (p. 259). The most interesting section is his argument that "the concepts of psychic energy and of instinct or instinctual drive . . . are at least closer to Lacan's concept of desire . . . than to the concepts of energy and instinct as biological phenomena that French writers still take as holding sway in the United States" (p. 264).

Smith sees the debate around the economic point of view as based on the misfortune that the concept of psychic energy has been reified. He feels that Lacan's motivation to get away from that viewpoint was, at least in part, a response to this reification and that subsequent commentators have forced the issue into a "black-or-white choice: biological energy as in ego psychology or no energy as in Lacan" (p. 267). Smith's persuasive argument that the two schools of thought actually overlap is a constructive step in encouraging further dialogue. However, his effort to stress the similarities underestimates the power of the metaphors which theorists choose to communicate their concepts.

In summary, *Interpreting Lacan* is a very rewarding book. It is clearly not the primer on Lacan for which some readers might hope. It is, rather, a stimulating blend of efforts to explicate Lacan,

provide background material, examine contradictions, make comparisons with other theories, and provide examples of the application of Lacan's theory in clinical and literary settings.

FRANK YEOMANS (NEW YORK)

PRINCIPLES OF INTERPRETATION. By Steven T. Levy, M.D. New York/London: Jason Aronson, Inc., 1984. 219 pp.

This book is about the technique of psychoanalytic psychotherapy. It is written for use by therapists-in-training and their supervisors. Interpretations, broadly defined to include observations, dynamic hypotheses, and reconstructions, are viewed as the therapist's central activity. All other aspects of the therapist's behavior are considered in relation to this process. From first greeting through termination, the author presents his views about what to say, when to say it, which words to use, and how these choices set the stage for deeper understanding and effective interpretation.

There is much to admire here. The writing is clear, concise, and confident. The book's tone and content effectively make the author's point that psychotherapy is a powerful instrument which requires self-discipline, knowledge, no mean intellectual effort, and considerable technical skill, in addition to the therapist's sympathetic and considerate attitude. Beginning therapists will feel constructively challenged by this message, and by the author's criticism of experiential and humanistic approaches for their antitechnical and antitheoretical biases. His approach emphasizes conflict and compromises between conflicting mental trends as the most effective means of understanding mental phenomena and, generally, as the most useful way of communicating that understanding even to more seriously disturbed patients. Thus blaming, as well as passive, helpless views of past and present difficulties are discouraged in favor of a view that emphasizes how problems are sustained by the patient's own mental activity. At the same time, the importance of understanding the genetic antecedents of these conflicts is not slighted.

The book's organization broadly follows the phases of therapy with, along the way, systematic discussions of the data to be understood (free associations, dreams, slips, patient's behavior in the treatment setting, unconscious derivatives), transference, resist-

ance, countertransference, the therapeutic alliance, and special problems (acting out, character resistances, negative therapeutic reactions, primitive character pathology). A concluding chapter discusses general principles of interpretation, working through, and timing. A valuable feature is the author's annotated list of suggested readings at the end of each chapter.

In discussing a concept the author sketches the shifting past usages of the term, settles on a clear and current working definition, and, with the aid of case vignettes and patient-therapist interactions, discusses his recommended interpretative approach. In these lucid discussions he manages to be simple, brief, yet nevertheless to convey the rich complexity of mental events: their overdetermined nature, as well as the multiple functions they subsequently serve. His logical, dispassionate analyses of issues of particular difficulty for beginning therapists are especially sensitive. Resistance, for example, is seen as a valuable source of information rather than as an obstacle to be overcome. It is shown to intricately express, in its form, the many contents it defends against, which must be understood and communicated to the patient. It is demonstrated to be a function of all mental phenomena, including compliant behavior, and it is respected for its adaptive and protective functions for the patient. It is interpreted not in adversarial patient-therapist terms but in terms of the patient's own inner conflicts.

Even among psychoanalysts in agreement on basic theoretical issues, there remains wide latitude for variations in style and technical approach, and I did have questions about some aspects of the author's. I often found myself agreeing with his precepts and disagreeing with the lengths to which he took them, particularly as indicated in the clinical vignettes. He advocates an educative approach early in treatment which, in spite of his disclaimers, did strike me as pedantic, directive, and as assuming too much the role of expert authority with the patient. Thus, after initial evaluative sessions, a patient with neurotic character problems is told his problems "are serious and require treatment," that some center around "conflicts that being angry and expressing anger stir up in you, some of which remain hidden from your consciousness," and that these will have to be "uncovered" by examining "thoughts, feelings, fantasies, and dreams in as honest and complete a way as

possible." He would "respond with interest" to the first reported dreams and similarly explain their nature and the need to understand the "hidden trends" they represent and "how and why you disguise them" (p. 47). Rather than dispelling the sense of mystery about therapy as the author intends, such explanations, I would expect, stimulate wary defensiveness, predispose to intellectualized attitudes concerning treatment, and influence the transference in undesirable ways in some patients.

Levy's interpretations frequently consist of (1) an observation calling the patient's attention to a behavior, series of thoughts, or feelings, (2) a dynamic hypothesis concerning its meaning, and, often, (3) a reference to its genetic antecedents, all generally delivered together. However insightful these may appear, such interpretations, with their insistent completeness, seem problematical on several counts. They have a suggestive quality, closing off other dynamic possibilities which occur to this reader and, in seeming explanatory, may foster defensive intellectualizations. Additionally, if the therapist continually offers confident, "knowing" hypotheses, thus protecting the patient from uncertainty and frustration, the transference can be further skewed in the direction of seeing the therapist as a gratifying, powerful, expert-in-charge. Such interpretative models can be particularly problematical for trainees, who possess neither the depth of knowledge nor the skill at inferring unconscious dynamics that such interventions, at their best, require. Many supervisors will prefer an approach that teaches the therapist to follow just where the patient leads in a manner that continually invites his further thoughts, leaving more open the possibility for discovery and surprise and teaching the therapist (and patient) to tolerate a greater degree of uncertainty, frustration, and confusion before dynamic hypotheses are offered.

Two examples will illustrate the above. In the one example in the book taken from an analytic case, a woman patient, one of whose presenting problems was fear of taking the sexual lead with her husband, would repeatedly sit on the couch until the analyst took his seat, after which she would lie down. In the interpretation the analyst calls the patient's attention to this pattern, interprets it as indicating both her fear of taking the sexual lead with him and how the analytic relationship has taken on a sexual meaning for her. The analyst relates this to her fears concerning her mother's accusations in childhood that she was sexually seductive with her

father. In terms of the background material previously given, there seems little doubt about the general validity of the analyst's understanding. I would still question the technique of telling all this to the patient at once. Unexpected dynamic and defensive nuances (e.g., a projected fantasy of sexual assault by the analyst, etc.) can be lost when the patient's associations to her behavior are not first encouraged.

In another example, a patient early in treatment becomes obviously uncomfortable when he begins talking about sexual relations with his wife. Simply pointing out the discomfort and asking for thoughts about it is criticized, as "it leaves the therapist as observer and the patient as the one observed," and "it may be unclear to the patient why the therapist has made this observation and what direction both should take" (p. 60). Instead, the therapist notes that the patient's discomfort "points to conflicting feelings about sex with your wife, which we can uncover and explore together" (p. 60). Such determination by the therapist to foster the "therapeutic alliance" by offering the patient a specific reason for his discomfort and noting the "togetherness" opportunity leads the patient away from an equally plausible dynamic possibility: that it is precisely talking "together" with the therapist about sex, with its homosexual or other meanings, that is the source of the patient's discomfort. In continually offering dynamic hypotheses together with his observations, the author determines to too great an extent the "direction both should take."

The author rightly stresses the value of speaking plainly to the patient, avoiding pseudouncertainty and enfeebling qualifiers. To my mind, however, his interventions can have an abrupt and overly confrontational tone. Trainees will also have to be cautioned that patients with the good judgment to be as tractable as those depicted here are not the rule in this imperfect world.

In summary, though one may disagree with some aspects of the author's technical or stylistic approach, his clear discussions and great specificity about technique constitute a significant teaching advantage. In continually bringing technical issues into sharp operational focus, he provides supervisors and trainees with a valuable and stimulating vehicle for discussing and acquiring psychotherapeutic technique.

JOHN PAREJA (NEW YORK)

CREATIVITY AND PERVERSION by Janine Chasseguet-Smirgel.
London: Free Association Books, 1984. 172 pp.

Janine Chasseguet-Smirgel has for some time been one of the leaders of psychoanalysis in France and one of the few French contributors to the discipline to have found an audience in the English-speaking world. A few years ago she was invited to occupy the Sigmund Freud chair at the University of London, and the lecture series she offered there is now presented in the volume under review. Because no credit is given for the translation into English, we must suppose that this task was undertaken by the author herself. In any case, the language fails to do justice to Chasseguet-Smirgel's thinking—sophisticated French writing does not seem to preserve its *cachet* in the prosaic ambience of America.

To illustrate the difficulties of such a sea change: I was asked to review this book because I have also written about creativity of late. Imagine my surprise upon discovering that Chasseguet-Smirgel is scarcely concerned with artistic or scientific creativity; her principal thesis is the unarguable proposition that a perverse solution to the dilemmas of early childhood is a creative act in itself. Yet I may well be mistaken in my understanding of the author's intentions, for there is a persistent undertone to the book suggesting that creativity (in some of its forms? or all?) is nothing but an extension of this perverse solution to new realms of factitiousness. I am afraid to assert that the confusion is not mine, although I do not suffer from excessive modesty; I understand it is the fashion in Paris not to write too plainly, lest the provincials grasp one's meaning!

Chasseguet-Smirgel's book is a difficult treatise on the genesis of perversions. Yet her hypothesis seems relatively simple. She believes that the future pervert, encouraged by the complicity of a mother who regards the child as a narcissistic extension of herself, constructs the fiction that no significant differences separate the sexes or the generations. This straightforward clinical proposition might be tested empirically, but the need for such validation does not concern the author. Perhaps she is taking for granted the view widely held in France that psychoanalysis is not a scientific discipline. At any rate, she seems to regard her hypothesis as an established truth because, in this volume, as in previous publications,

she has provided suggestive clinical vignettes and literary excerpts that purportedly illustrate the dynamics she has postulated.

The self-confidence demonstrated by this style of discourse is breathtaking. Let me specify what I mean by describing the most extensive clinical example provided in the book, a case history entitled "Rose Sélavy." The title borrows from Marcel Duchamp's celebrated anagram of *C'est la vie en rose*, thereby implying that Chasseguet-Smirgel's patient lived factitiously, disavowing the emotional realities of her life by adopting a false façade of artiness. This excerpt from the beginning of an analysis (conducted on a less than optimal schedule because Rose lived far from Paris) certainly shows the coexistence of perverse behaviors and resort to a false self, but it fails to demonstrate what the realities behind the patient's façade may have been. I suspect that life is more complex than is Chasseguet-Smirgel's philosophy. Rose may well have been a psychotic personality whose behavior reflected the demands made upon her by the symbiotic partners she was compelled to seek out. My point is not to second guess the author about the implications of her clinical illustrations. I am merely trying to show that her argument will not convince the American reader, committed to the empiricism the French hold in such contempt. I know that our own case reports leave much to be desired as *evidence*, but we are never satisfied with a *soupeçon*, an impression, a literary conceit.

I happen to have strong reservations about Chasseguet-Smirgel's theory of perversion formation, but this difference in clinical views is not worth discussing in a brief review. What is important, it seems to me, is that I would find her discourse difficult and alien even if we happened to agree on clinical matters. It is very easy, of course, to denigrate a foreign tradition when talking to one's *Landsmänner*, who share one's prejudices and habits of mind—witness the scorn our French colleagues often pour upon American psychoanalysis. Hence, we should not dismiss Chasseguet-Smirgel's hypotheses simply because she does not present them in the manner to which we are accustomed. On the other hand, the prospective reader must be prepared to withstand the siren song of unfamiliar rhetorical devices that are seductive in their exoticism.

JOHN E. GEDO (CHICAGO)

GEORG GRODDECK. PSYCHANALYSTE DE L'IMAGINAIRE. PSYCHANALYSE FREUDIENNE ET PSYCHANALYSE GRODDECKIENNE. (Georg Groddeck. Psychoanalyst of the Imaginary. Freudian Psychoanalysis and Groddeckian Psychoanalysis.) By Jacquy Chemouni. Paris: Payot, 1984. 347 pp..

Many works have been written in French about Groddeck. Their interest is in "the wild analyst," the special position he occupied in the development of psychoanalysis, and the doctor who was a disciple of Schweninger and an early contributor to the study of the psychosomatic dimension. Roger Lewinter, the philosopher, has revealed more poetically than anyone else what is poetic in Groddeck's approach.¹ Jacques-Antoine Malarewicz has looked at the psychosomatic line extending from Groddeck to Ferenczi to Balint.² In 1971, a translation appeared of a text by Groddeck³ that until then had been unpublished in French, with the title, "About the Human Belly and Its Soul." Recently, too, the complete one hundred and fifteen Psychoanalytic Conferences for the Use of the Ill, written by Groddeck in Baden-Baden between 1916 and 1919 was published in French.⁴ We can say that Groddeck never stopped questioning, being interesting, being present.

How is it that Groddeck's texts and ideas have been stirring interest during these times of balance sheets, of more systematic analysis, in France? Jacquy Chemouni's book helps to answer this question. What is it all about?

It is about filiation first of all. It contains a very clever analysis of Groddeck's relations first to his father's medical conceptions and then to those of Schweninger. It shows the way Groddeck's medical convictions were built up, particularly his attitude about illness and the art of attending. Groddeck considered science as merely temporary and prominently variable. Most important to him is the

¹ Lewinter, R. (1974): *Groddeck et le royaume millénaire de Jérôme Bosch*. Paris: Champ Libre.

² Malarewicz, J.-A. (1979): *Itinéraire d'une absence. De Groddeck à Balint: l'émergence de la psychosomatiques*. Paris: Privat.

³ Groddeck, G. (1933): Du ventre humain et de son âme. *Nouvelle Rev. Psychanalyse*, 1971, 3:216-247.

⁴ Groddeck, G. (1916-1919): *Conférences psychanalytiques à l'usage des malades*. Paris: Éditions Champ Libre, 1978.

"art" of medicine. As Chemouni puts it, "In spite of the falseness—now admitted—of his scientific knowledge, a Hippocrates, through his art of attending, may still be considered today as a doctor. Although that art does not follow the same curve of evolution as science, nowadays the Greek doctor would still be a great personage of medicine" (p. 25).

Here is where the part of nature must be taken into account. The famous statement, "*Natura sanat; medicus curat*," implies that the doctor's main function is not to heal—that is the role of nature—but to attend, which means bringing to the foreground one's personal maturity and appreciation of the relationship between doctor and patient.

To Schweninger should be attributed a prescience of the Freudian notion of "resistance" in patients. He also foresaw "the necessity of not facing them directly, of not destroying them, but of succeeding in abolishing [the illness] without any damage to the patient" (p. 28), which is entirely consistent with the psychoanalytic point of view. As Chemouni indicates, this led Groddeck to consider Schweninger as the premature discoverer of important bases of psychoanalysis.

From Groddeck's filiations and his elaboration of important psychoanalytic ideas before he had met Freud, the author then switches to an analysis of the relationship between Freud and Groddeck and to a comparison between the auto-analyses of Freud and Groddeck.

"The auto-analysis of Groddeck," he says, "is in fact paradoxically an experimentation, through his own living, involving the veracity of psychoanalysis, with the very means furnished by itself. In this way, we can say that everyone creates his own theory. If it is psychoanalytic, conforming to the one of Freud, this nevertheless does not contradict such a statement. If it is brand new and totally created by auto-analysis, the newly created theory also is the one previously invented by Freud" (p. 59).

The differences between the metapsychological conceptions of Groddeck and those of Freud have already been examined. However, Chemouni places in a prominent position the omnipresence of symbolization in Groddeck's unitary conception of body/psyche and illness. According to Groddeck, there is no space without symbol, and he asserted that symbolization expresses what is the

most intimate and the most original in a human being: bisexuality. This separates him from Freud.

As for Groddeck's "wild" analytic work, the meaning of the word "wild" is passed by Chemouni through a prism of notions beloved by Groddeck, dispersing it into components that can correct the misapprehension which the word has conveyed. Groddeck's point of view is that "the very nature of the individual is concerned with savageness" and that analysis concerns itself with the repair of defects in the development of the internal mechanisms which enable a person to organize and control his savageness via thought and speech. Groddeck perceived analysis as immersion in the cauldron of "internal impulsion of symbolization, the process by which the id reveals itself" (p. 114).

Chemouni points out here that Groddeck used the word *Zwang* "to refer to the main mechanism of expression inherent in human nature, while the same word in the work of Freud deals with essentially psychopathological behaviors, even though he considers the repetition compulsion as a process deriving from internal pulsion in general" (p. 114).

The chapter dedicated to "the psychoanalysis between Freud and Groddeck" and the one on "the psychosomatic space" offer considerable interest to the psychoanalyst and to the doctor.

In this work we are introduced to Groddeck. And in this introduction, Chemouni carefully prevents himself from judging, and he tries to induce the reader to understand rather than judge. Groddeck's activity as a "wild psychoanalyst," he says, must not be taken literally.

Is there a Groddeckian psychoanalysis? Perhaps not. But there probably is a Groddeckian way of *being* an analyst, from which we might learn without agreeing with all of Groddeck's ideas.

HENRI BIANCHI (PARIS)

THE TALKING CURE. A DESCRIPTIVE GUIDE TO PSYCHOANALYSIS. By Joseph D. Lichtenberg, M.D. Hillsdale, NJ: The Analytic Press, 1985. 152 pp.

At a time when psychoanalysis is being accused of being outmoded and when biological and social epidemiological methods predominate in the general psychiatric community, *The Talking Cure* by Jo-

seph D. Lichtenberg provides a reminder of the psychological roots of human behavior. This volume undertakes two formidable tasks: defining psychoanalytic goals and demonstrating the therapeutic process as it unfolds.

Essentially, it is written for the laity. In a straightforward manner, the reader is taken through the choice of an analyst, evaluation of his/her credentials, and the nature of the initial consultations. As the author discusses the beginning of an analysis (the analytic contract and the opening phase having been described), he presents some well-chosen vignettes which serve to illustrate the basic concepts of psychoanalysis. Lichtenberg's style is warm and empathic as he delineates the process.

Other books written by analysts for the laity have often stressed or overstressed the importance of analytic insight. The dramatic quality of a well-timed interpretation captures the imagination of the reader, who may erroneously feel that insight and cure are synonymous. Lichtenberg, however, treats insight as a necessary but not sufficient factor for producing structural change. Thus, in his chapter, "Learning How the Mind Works," he discusses such diverse topics as "defenses," "themes," "patterns," and "transference." In the early chapters, he stresses that it is the therapeutic alliance which is of primary importance in analysis.

Perhaps the most difficult period of analysis is the middle phase, with its process of working through. This is the process which those authors who stress the importance of insight avoid, but Lichtenberg addresses it meaningfully. This section, at first reading, lacks the clarity of the earlier chapters, but this is not necessarily the fault of the author. It rather underscores the burden of trying to explain something that may have to be experienced to be truly understood. The end phase of analysis is smoothly presented.

Although recommending the institutes affiliated with the American Psychoanalytic Association, Lichtenberg notes that there are other competent and well-established training programs. The appendix lists such diverse groups as the Academy of Psychoanalysis, The New York Freudian Society, The New York University Post-Doctoral Program, The Postgraduate Center, and The William Alanson White Institute. The basic psychoanalytic tenets that Lichtenberg so clearly delineates in his book may not be utilized by the graduates of some of these groups. One is left with the possibility,

nevertheless, that some readers may view his listing them as his giving them equal endorsement.

It is interesting to note that shortly after Lichtenberg's book was published, the American Psychoanalytic Association circulated a ten-page booklet entitled "About Psychoanalysis." The pamphlet is not in competition with the book, but the two can be seen as reinforcing one another.

At this propitious time, *The Talking Cure* presents psychoanalysis to the public in an engaging and thorough manner. The volume is a welcome addition. It should be of value not only to the laity but also to those teachers and therapists who wish to share with others the meaning of dynamic therapy.

LAWRENCE DEUTSCH (ENGLEWOOD, NJ)

OBJECT RELATIONS. A DYNAMIC BRIDGE BETWEEN INDIVIDUAL AND FAMILY TREATMENT. By Samuel Slipp, M.D. New York/London: Jason Aronson, 1984. 270 pp.

Psychoanalysis began with the treatment of neuroses (hysteria). Despite its widening application to borderline and narcissistic disorders, it remains the treatment of choice for higher level neurotic conflicts. While the psychoanalytic understanding of pregenital disorders is well established, the treatment of them by classical analysis remains problematic.

Patients with largely pregenital disorders have been viewed as suffering from developmental arrest, often with incomplete differentiation of self- and object representations. Inevitably, these patients have been and often continue to be enmeshed in poorly differentiated families with severe disturbances in communication. Such families, with their inadequate ego boundaries and centripetal, symbiotic tendencies, have tended to be viewed, in emerging family approaches, as "collective patients."

It is not surprising that family therapy, unlike psychoanalysis, began with the study and treatment of the psychoses and of other pregenital disorders. The various schools of family therapy have usually de-emphasized the psychology of the individuals within these less differentiated "family systems." The generally fixed family structure observable within these families has influenced family therapists to introduce "homeostasis" as one of their first

core theoretical concepts (a family systems analogue to Freud's early principle of constancy).

In the context of this lack of family differentiation, an implicit, if not explicit, goal of family therapy inevitably became the increased individuation and the improved psychic structuralization of family members. Despite widely differing theoretical and technical approaches to reaching this goal, the various schools of family therapy have significantly illuminated the ways in which communication patterns and family structure determine interpersonal pathology or health. Although intrapsychic conflicts shape and are influenced by external realities, psychoanalytic theory generally has been minimized in these approaches.

The challenge to develop a bridging theory that does justice to both frames of reference and to their different modes of gathering data remains to be met. How do family environment and intrapsychic life influence one another? Both the early childhood determinants of mental disorder and the current maintenance of psychopathology are important issues. How do shared unconscious fantasies and conflicts of family members reinforce one another and collude in perpetuating individual psychopathology, which is both internal *and* interpersonal? This is especially relevant as we recognize that patients are not always easily divisible into those with analyzable "structural" oedipal conflicts and those with more severe, preoedipal conflicts.

This book is the first extensive attempt to bridge psychoanalytic concepts with the recently burgeoning field of family therapy. Despite serious flaws from a psychoanalytic perspective, it is a significant first step toward a psychoanalytically based theory of family treatment.

The book is divided into three parts. The introductory four chapters, which are informative and necessarily condensed, set the stage for a controversial theoretical second section and the clinically oriented final chapters. The first chapter reviews the contributions of the few early analysts (e.g., Ferenczi) who focused on family interaction and of the early family therapists and researchers who had an analytic background (e.g., Bowen, Dicks, Jackson, Lidz, and Wynne). While not new, Slipp's arguments about the potential complementarity of these disciplines are persuasive. The second chapter is a birds-eye view of epistemology in

Western Philosophy, from Aristotle's deductive reasoning to Von Bertalanffy's general systems concepts, especially as they impinge on the question of the roles of "psychic" versus "external" reality in child development and the origin of psychopathology.

In the third and fourth chapters, object relations theory and some recent writings on transference and countertransference interaction are described as keys to bridging analytic and family systems ideas. The works of Melanie Klein, Winnicott, and others in the British School and of Mahler, Kernberg, and Kohut are briefly compared, contrasted, and variously incorporated into Slipp's theoretical schema. Following Bion, he brings Melanie Klein's intrapsychic concept of projective identification into the interpersonal sphere: "For projective-identification to occur, the ego boundaries of the patient must be fluid, so that good and bad aspects of the self or the object can be put into another. In addition the pressure is exerted to induce the other to think, feel, or behave in a manner that is congruent with the internalized self or object" (p. 57). This, together with what he introduces as the family's "symbiotic survival pattern," are the organizing concepts of his subsequent theoretical section, in which he attempts to create a typology of family systems that correlates with four major clinical syndromes.

Via projective identification and splitting mechanisms, different combinations of good and bad self- and object representations are linked to the specific syndromes of (1) schizophrenia, (2) hysteria/borderline states, (3) depression, and (4) delinquency. The children (future patients) in this schema become the (1) scapegoat, (2) go-between, (3) savior, and (4) avenger, respectively, for their families. This mechanical, concrete, simplistic schema suffers from the limitations of many object relations approaches, as was cogently spelled out by Rangell.¹ Primary among these is the tendency to view the patient as the passive recipient of projective processes, thus minimizing the roles played by the child's fantasy life and unconscious intrapsychic conflicts. This is unfortunate, especially since Slipp, in the chapter on epistemology, specifically takes note of Kant's critique of empiricism, stating that the mind is not simply

¹ Rangell, L. (1985). The object in psychoanalytic theory. *J. Amer. Psychoanal. Assn.*, 33:301-334.

a passive receptacle for the collection of facts. He also tends to misinterpret classical analysis as underestimating the importance of external reality. His attempts to correct this alleged bias lead him to overly environmentalistic and simplified formulations.

Slipp moves to a premature theoretical closure by establishing a typology that concretizes clinical syndromes and family processes. His formulations often become cumbersome and are often unreadable. For example, in describing the family of a depressed patient, he writes, "The dominant parent uses splitting and projective identification to dissociate the experience of oneself as a failure. Thus the bad self is put into the spouse, who is demeaned as the failure, and the good self is placed into the patient, who is pressured and compelled to achieve socially" (p. 178). This approach reifies and oversimplifies what actually are complex processes, and it contributes to the subtle blaming of "projecting" individuals (usually the parents), who are ever putting good and bad representations into others.

While Slipp is aware that the identified patient is an active participant in what takes place in these families, there is a tendency to overlook the unconscious determinants of collusive interpersonal relations. For example, a sadomasochistic or other regressive tie can serve to satisfy the need for punishment for repressed oedipal wishes. According to Slipp, all the families with these syndromes (variably) demonstrate what he calls a "symbiotic survival pattern." Here, in addition to blurring distinctions, he is renaming a shared, pervasive anxiety over loss of the love object or of the love of the object. In the interest of parsimony, it would be helpful to relate such interpersonal patterns to their shared impulses, defenses, and compromise formations rather than creating new concepts.

Since this book emphasizes the more serious psychopathological states, which are not generally analyzable, we can expect the interventions described in the clinical chapters to tend toward being educative and supportive rather than interpretive. In an early section on the therapeutic contract established with these families, for example, he recommends promulgating such rules as to listen "to others' opinions rather than judging, condemning, or blaming; to try to communicate as openly and honestly as they can; to try to be helpful to one another; not to interrupt or speak for one another . . ." (p. 203). Here, he bypasses working with patients' resistances.

Even with patients presenting with more structuralized conflicts, Slipp tends to make supportive comments, in the context of a positive dependent transference. For example, an unmarried, unsuccessful son of a domineering chief executive father and an alcoholic mother with whom he had identified was told that "he needn't be ashamed of the traits of compassion and sensitivity he took in from his mother and that being a writer and a sensitive human being had little to do with being either masculine or feminine, strong or weak" (p. 222). The book describes many such exhortative interventions that ignore the defensive nature of such identifications.

In summary, this ambitious attempt to integrate individual and family treatment, using object relations theory, de-emphasizes some of the most essential, hard-won insights of psychoanalysis, specifically the role of unconscious conflict and drives. For the psychoanalytically oriented family therapist, this is, however, the first book to seriously attempt such an integration. It is a first step, which I hope will encourage others to further our understanding and ability to grapple with the dynamically shared unconscious attitudes and conflicts that underlie the surface behavior observable within families.

FRED M. SANDER (NEW YORK)

FREUD AND DORA. THE ARTFUL DREAM. By Phillip McCaffrey. New Brunswick, NJ: Rutgers University Press, 1984. 192 pp.

Phillip McCaffrey's suggestion that we consider applying literary critical skills to dream interpretation is intriguing. It seems to promise a new look at the dream text. Freud, after all, paid close attention to certain aspects of manifest dream *form*, and we have not always followed him in his interest. Dreams "reproduce *logical connection* [in the dream thoughts] by *simultaneity in time*,"¹ he tells us. Further, the dream represents causal connections in the dream thoughts in two ways, by representing the dependent clause as an introductory dream and the main clause as the more important dream, or by "one image in the dream . . . being transformed into

¹ Freud, S. (1900): The interpretation of dreams. *S.E.*, 4:314.

another . . . before our eyes.”² Thus, the view that the manifest content of a dream serves *only* as a vehicle for association leading to the latent dream thoughts is somewhat incomplete and misleading. The Kris Study Group on the subject of the manifest content of the dream, while taking a conservative stand, suggested that the presence of repetitive elements in the manifest dream content may signal forgotten memories, possibly traumatic ones.

A more clinically accurate statement about the relationship between manifest and latent content in dreams might hold that there may be more or less of direct value in the dream's manifest content and form but that we simply cannot know which manifest elements are important and which are not, nor can we know what relationship they might bear to each other and to the dreamer's unconscious without the dreamer's associations to individual elements and without a clinical context. This second statement is not intended to endorse wild interpretations based on manifest content alone. On the contrary, it suggests that the problem of interpretation from manifest content is partly one of lack of information and partly one of discrimination; the dreamer's associations are the most reliable guide to the relationship between *his* dream and *his* unconscious.

The two positions on the subject of manifest content are not the same. The first is frequently used as a straw man; the second comes from hard work in the consulting room and a careful reading of what Freud said and did. Unfortunately, McCaffrey considers the first to represent Freud's position and therefore sets about to prove him (a) wrong and (b) inconsistent. Instead of a thoughtful attempt to consider and perhaps advance Freud's interest in manifest dream representation, we have an author determined to prove that a literary critical reading of the manifest dream is the only way to arrive at (clinical) truth.

McCaffrey's thesis is that: “(1) The manifest dream . . . is an internally coherent psychic construction; (2) the mode of that coherence is aesthetic” (p. 9). Thus, argues McCaffrey, the dream requires an aesthetic analysis, not a psychoanalytic one, and since its coherence stems from modes and elements identical to those in

² Freud, *op. cit.*, pp. 315-316.

literature, we must analyze it as we would a literary work. If he wishes to claim that the manifest dream is coherent, however, he must deal with the problem of where the categories designating coherence originate. He holds that coherence is intrinsic to the manifest dream, but coherence can be imposed by the beholder. We can impose unity on the most chaotic. Even the incoherent babblings of psychosis may be unified by the term "word salad."

Moreover, McCaffrey never defines what he means by an *aesthetic* mode of coherence, so that the question is further confused. If he means, as he sometimes seems to, that the dream has an aesthetic coherence because it has the same elements as literary works, characters and plot, for instance, what defines characters or plot? One definition of plot is that of narrative sequence alone. Such a definition can fit any sequence, dream, novel, or laundry list. Plot cannot, in this sense, define the literary or, by analogy, the aesthetic in the dream text. If plot is defined as a causal relationship between narrative elements, in the manner of E. M. Forster, what do we make of a dream which consists, say, of a single written word? Do we say that it, too, is aesthetic because literature is made up of words as well as of plots?

And what actually constitutes an aesthetic analysis? It appears to be identical to a literary critical analysis (p. 10). Unfortunately, McCaffrey ignores a salient fact. While literary critics tend to be sensitive to form in similar ways, their interpretations of meaning always involve importation of some extrinsic interpretative system, whether philosophic, historical, linguistic, psychoanalytic, or commonsensical.

While McCaffrey tries to prove his thesis by analyzing the way manifest dream elements interact in Dora's second dream, he cannot do so without importing a system to describe that interaction. And in his interpretation of the manifest content of the dream, he imports a great deal:

Most literally, Dora has chosen to avoid her parents' scrutiny; she has done something she did not want them to know about—perhaps she was able to do it only because they did not know about it. What she then did was leave her parents, that is, she made herself independent of them. But another implication may be pertinent: Dora left home without the benefit of her parents' knowledge, lacking their capabilities. In some way she lacks experience or understanding that might be helpful to her. Thus, the town is strange, and she tours this new landscape as if examining it; she reads the town, and then returns to her room to read the information in her mother's letter (p. 31).

To a psychoanalyst, the number of assumptions McCaffrey makes about Dora's motives is truly staggering. In asking for associations to dream elements, the analyst tries to avoid this kind of wild analysis and instead tries to discover with the patient how she or he came to make a particular dream. A literary critic is, however, accustomed to treat the text apart from its source and to speculate about the motivations of characters so that assumptions to him seem standard practice. This crucial difference in approach is not one of which McCaffrey is aware, and his lack of awareness colors his whole argument.

Nowhere is this misunderstanding clearer than in the exhaustive analysis of Dora's second dream. The analysis, extending over several chapters, reads like a complex explication of a poem. It is hard to conceive how one could ever approach a dream in that manner and still listen to a *patient*, much less maintain an "evenly hovering attention." Nor can we simply say that McCaffrey's effort is extra-analytic and should be judged without introducing a clinical dimension, since McCaffrey constantly includes the clinical dimension himself. He freely criticizes Freud for missing the transference and suggests that Freud's clinical errors would not have occurred had he paid attention to the manifest coherence of the second dream.

After several chapters of analysis, McCaffrey concludes that Dora's dream is about Dora's feeling betrayed by her father and thus by Freud (in the transference) for believing Herr K.'s accusations against her. Aside from the banality of the insight, McCaffrey arrives at the interpretation not from an aesthetic analysis of the dream, but, in his own words, from a synthesis of his aesthetic analysis with "the facts of the case." Those facts include transference material; that is, they have emerged out of a clinical process, supposedly extrinsic to McCaffrey's method.

All this methodological inconsistency is a pity, since McCaffrey possesses considerable sensitivity to a text and considerable literary competence. These skills can, I suspect, be gainfully brought to the study of dream texts. Perhaps what is most lacking is a clinical understanding of psychoanalytic theory. Nowhere, for instance, does McCaffrey consider that the ego in sleep is in a different state from the ego engaged in conscious creation and that his claim of similar "manifest coherence" in the dream and in the work of art would need to account for why the difference in ego states does not man-

ifest itself by a difference in the products of those different ego states. This kind of blind spot may also account for his misunderstanding of Freud's concept of secondary revision.

McCaffrey suggests that his book ought to lead to a reconsideration of Freudian theory. The suggestion, indeed, the whole book, might be dismissed as the product of academic hubris except that literary "corrections" of Freud, which aspire to greater interpretative truth while ignoring the clinical foundation on which Freud's work is based, need to be rigorously examined.

GAIL S. REED (NEW YORK)

CRIES OF THE WOLF-MAN. (History of Psychoanalysis, Monograph 1, of the Chicago Institute of Psychoanalysis.) By Patrick J. Mahony. New York: International Universities Press, Inc., 1984. 184 pp.

The proliferation of writings about Freud's patients appears to be never-ending. Patrick Mahony's book, the first in the History of Psychoanalysis Monograph Series edited by the Chicago Institute for Psychoanalysis, follows by only two years Karen Obholzer's book *The Wolf-Man: Conversations with Freud's Patient—Sixty Years Later*. Mahony himself refers to one hundred and fifty articles and books dealing with the Wolf-Man. As I noted in a review of Obholzer's book, "Most of this literature has been the work of analysts seeking to add factual information, in order to broaden the context for understanding the cases and/or to re-examine the cases from the vantage point of modern theory and technique. That these re-examinations have certain inherent difficulties has been pointed out by Anna Freud, who warned about the temptation, bred by familiarity with the case, 'to test the interpretations given, to probe beyond the conclusions drawn.'"¹ Most authors, while recognizing the difficulties involved in re-examination of Freud's cases, have felt that enough of psychoanalytic value can be gained by re-evaluating them in the light of modern theory, technique, and observation to make the endeavor worthwhile. Patrick Mahony is one of these.

¹ Halpert, E. (1985): Review of K. Obholzer's *The Wolf-Man: Conversations with Freud's Patient—Sixty Years Later*. *Psychoanal. Q.*, 54:123.

Mahony does not offer the reader anything new in the way of factual material about the Wolf-Man. What he does offer is a comprehensive review of the literature and an excellent review of the case history as written by Freud. Then, as befits a man who is not only a psychoanalyst but also a Professor of English Literature and author of *Freud as a Writer*,² he focuses on Freud's use of language and his writing style in the text of the case history of the Wolf-Man and elsewhere. He uses this as a means for speculating about the inner workings of Freud's mind, particularly about his counter-transference and counteridentification with the Wolf-Man. (Along the way he laments Strachey's translation, gives illustrations of some of its pitfalls, and calls for a new translation of Freud into English). In this reader's opinion, many of Mahony's speculations are not convincing. For example, he speculates that Freud never used the word *thanatos* in his writings after *Beyond the Pleasure Principle* because he had been analyzing his daughter Anna while writing that work and *thanatos* contains the sound of her name. This is clever, but he provides no convincing support.

Mahony's methodology and his speculative conclusions derived from his methodology touch upon the whole range of problems that are inherent in this kind of applied analysis. He himself wonders, after one particular speculative flight concerning what he considers to be Freud's "marked investment in the S," "have I or Freud pursued the matter with a retrospective fantasy?" (p. 127).

Another issue which Mahony takes up at great length is the extent of the Wolf-Man's psychopathology, and how it is not explicable on the basis of primal scene exposure alone. He addresses himself to how implausible and inconsistent much of Freud's reconstruction of the primal scene is. There is little here that is new and little, I think, with which most analysts today would disagree. The Wolf-Man was clearly psychotic at times, and overall he functioned as a borderline with severe narcissistic problems. It should be remembered that Freud himself was very much concerned about the Wolf-Man's diagnosis and analyzability and that he agonized over these questions. He was particularly concerned

² Mahony, P. (1982): *Freud as a Writer*. New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1983, 52:634-637.

about the extent of the Wolf-Man's narcissism, of his capacity to feel for other people and to form a workable transference. It was only after some time that Freud convinced himself that his patient was analyzable.

Mahony's points have been made before, particularly by Blum,³ upon whom Mahony leans heavily. Blum also called attention to and pondered over the implausibility of many of the details of Freud's primal scene reconstruction. Mahony's emphasis on the tangled web of the Wolf-Man's treatment with Ruth Mack Brunswick and the transferential and countertransferential problems and distortions to which it contributed is somewhat fresher. Strands in this web were Freud's referral of one of his patients, the Wolf-Man, to another of his patients, Ruth Mack Brunswick, who then analyzed the Wolf-Man in the midst of his psychotic decompensation while she herself was being analyzed by Freud and consulting with Freud about her treatment of the Wolf-Man. This was hardly a situation designed to promote the neutrality, objectivity, and relative anonymity of the analyst, conditions which are necessary for an analytically therapeutic setting.

All in all, I wonder whether our understanding of the Wolf-Man or of Freud has been increased in any significant way by this book, despite Mahony's erudition, his excellent overall review and summary of the case, and his writing skills. I also wonder whether Mahony, with his series of speculations based on Freud's writing style and language, may not be contributing to the fictionalization of a long-suffering patient and the genius who treated him, just as the Wolf-Man fictionalized himself by letting himself be taken over by the persona of "The Wolf-Man," the subject of Freud's most famous case.

EUGENE HALPERT (GREAT NECK, NY)

PSYCHOANALYSIS AND RELIGIOUS EXPERIENCE. By W. W. Meissner, S.J., M.D. New Haven/London: Yale University Press, 1984. 254 pp.

Can psychoanalysis and religion be respectfully enriched by each other? Can these two fields survive the interest of scholars who

³ Blum, H. P. (1974): The borderline childhood of the Wolf-Man. *J. Amer. Psychoanal. Assn.*, 22:721-742.

have traditionally perceived them to be in irreconcilable conflict? Freud's devastating critique of religion and the intellectual success of psychoanalysis in our scholarly culture have mainly challenged the religious. Psychoanalysts have rarely taken up the case of religion as a challenge to classical psychoanalysis.

With the exception of Ana-Maria Rizzuto's *The Birth of the Living God*,¹ it has indeed been quite some time since psychoanalysis has been presented with a scholarly investigation of the theoretical problems evoked by the traditional conflict between psychoanalysis and religion. *Psychoanalysis and Religious Experience* by William W. Meissner, a recognized authority among psychoanalytic scholars and a devoted student of both psychoanalysis and religion, is a study offered in an attempt to fill the cultural gap. It aims explicitly at making room for the one field as well as for the other and yet, without maintaining too rigid boundaries, to inform both psychoanalyst and theologian about the normal as well as abnormal vicissitudes of religious experience. In what follows, I shall first tell about Meissner's study and then comment on its import for both psychoanalysis and religion.

In the "Preface" to his study, Meissner states that he will address "The Freudian argument on religion . . . on its own ground and in its own terms" (p. viii). Rather than describing the religious experience in reductionist terms, he says he will account for the religious register as it unfolds epigenetically and finds its full expression in various types of religious perception, religious experience and religious attitude.

Part I of the study consists of the "Introduction" (Chapter 1). The first question for the field of the psychology of religious experience is: what can one expect of it? Answer: a description of the varieties of religious experience. The limits of the field are: (a) the limits of the scientific method—the inaccessibility to it of both the theological and the transcendental (even if and when it shows up intermingled with the empirical); and (b) the limits of religious experience—the pathological experience being excluded from its domain. The field thus delineated allows Meissner to preserve both the special theological status of the divine work of grace and the special parochial status of religious leaders. This achievement he

¹ Rizzuto, A.-M. (1979): *The Birth of the Living God*. Chicago: Univ. of Chicago Press. Reviewed in this *Quarterly*, 1981, 50:125-130.

presents as his improvement on Freud, who, he says, could not see what he (Meissner) deems trivial (p. 4). Thus the independence and the autonomy of psychoanalysis and of religion are secured.

Part II, "Freud and Religion" (Chapters 2-5), constitutes Meissner's review of the origin of the conflict between psychoanalysis and religion. He claims that Freud's unconscious conflict concerning religion is part of the context within which to evaluate Freud's description of religion and his atheist argument against it. He deems Freud's religious experience infantile and his religious attitude prejudiced. He does, however, quote Freud as having explicitly professed his faith in Reason, "our God, Logos" (p. 54), and this transcends the context just delineated.

Chapter 3 contains a presentation of Freud's view of religion as neurosis, based on the case history of the Wolf Man, *Totem and Taboo*, *Moses and Monotheism*, and *The Future of an Illusion*. Freud's zealous rejection of religion matches only his commitment to science: "No, our science is no illusion. But an illusion it would be to suppose that what science cannot give us we can get elsewhere" (p. 67). Meissner acknowledges an "inherent validity" in Freud's arguments (p. 68), especially, for example, the analogy between obsessive-compulsive neurosis and some kinds of religion. He wishes, however, to augment this analogy with others. Religion is "man's creative achievement" founded on a universal, innate religious impulse (p. 20). The religious impulse is closely related to man's basic needs (p. 60) and at its root is the fear of death. Death, we are reminded, according to Freud, is a mere "abstraction lacking unconscious correlates" (p. 71). We thus arrive at the domain of the purely spiritual—and even with Freud's blessing!

Chapter 4 tells the story of the dispute between Freud and the Swiss pastor, Oskar Pfister, who criticized Freud for his positivist, derogatory stance against metaphysics. Pfister recommended theology as a metaphysical framework for psychoanalysis and religion as the guide for communal life. Freud's response included a restating of his preference for realism over pragmatism (p. 81), and of his view that morally most human beings are "trash" (p. 80)—cognitively, he thought, they fare no better: they are stuck with "a piece of infantilism which only a few are capable of overcoming" (p. 103).

Chapter 5 is concerned with Freud's account of the historical

Moses. After a lengthy critical study, Meissner concludes that "the sense of religious identity is irrevocably a sense of community in belief" (p. 133).

Part III, "Religion in Psychoanalytic Perspective" (Chapters 6-7), contains a sketchy proposal for an epigenetic schema of religious typology. The basic dimensions of the schema are: narcissism—conceptualized à la Kohut²—dependence—conceptualized à la Winnicott³—and faith—conceptualized à la Fowler.⁴ Five developmental stages separate the spiritual genius in his capacity for mystical union from the infant, whose capacity is limited to narcissistic union. The space that opens between these stages is transitional (whatever this may mean); within it, God occupies a respectable place as a transitional object, both subjective and objective (p. 178).

God is not a hallucination, but, even as a mere illusion, God is the "primary illusion" (p. 167)—the one without which the capacity to live with and within reality is severely hampered. Even as an illusion, God is not on the level of a fetish. According to Winnicott, "the transitional object is never under magical control like the internal object, nor is it outside control as the real mother is" (p. 180). This tallies well enough with Rizzuto's conclusion that "God can be used for religious purposes" (p. 180) as much as psychoanalysis can be used for scientific and clinical purposes (p. 183). Meissner states that "men cannot be men without illusions" and that "reality and illusion are not contradictory terms" (p. 183).

Once theoretical reconciliation between psychoanalysis and religion is at hand, we may turn, in Part IV, to "The [metaphysical] Relation of Psychoanalysis to Religious Experience." The current psychoanalytic views of the individual as a goal-directed free agent and of psychoanalysis as a human science rather than a natural science are congruent with the traditional religious perspective. Furthermore, this perspective demands the acknowledgment of

² Kohut, H. (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1973, 42:441-451.

³ Winnicott, D. W. (1971): *Playing and Reality*. New York: Basic Books. Reviewed in this *Quarterly*, 1974, 43:318-319.

⁴ Fowler, J. W. (1981): *Stages of Faith*. San Francisco: Harper & Row.

"the reality of a supernatural order of existence" (p. 210), access to which is granted by the autonomous field of theology. Since "nothing in psychoanalytic methodology either excludes or argues for the possibility of some form of supernatural activity" (p. 218), psychoanalysts must refrain from passing judgment on religion lest they transgress the limits of their own field and violate their neutral scientific position.

Both psychoanalysis and theology view the human individual as defective in autonomy. Psychoanalysis concerns itself with empirical restraints on human freedom and with their possible yet limited capacity to be attenuated. Theology seeks to heal the human frustration over autonomy and to restore human freedom by the power of grace (p. 240). Each field, in its turn, reveals the constraints of the other. In conclusion (Epilogue, p. 244), Meissner states that the "psychology of grace" is the empirical theological complement of psychoanalysis. The discourse here achieves closure: psychoanalysis and religion are two autonomous yet interdependent fields.

Can this claim be consistently maintained?

The traditional discussions concerning the historical conflict between psychoanalysis and religion, I propose, have unfortunately begun with the wrong problem. The problem is as old as the science of religion (theology) and is a version of the one that has explicitly challenged scientists ever since Galileo. The problem for a rational person to face is not how one is to reconcile obedience to two authorities—faith and reason, science and psychoanalysis, psychoanalysis and the church—but how one is to reason and to act as autonomously as possible.

This problem has been suppressed and replaced by the classic dilemma of "science or religion." The dilemma feels less acute, in fact vanishes altogether, when realistic and ethical considerations give way to pragmatism. Then, however, science loses informative content, and religion loses moral force. Theology is thus turned into nothing but magic. The magical roots of the religious experience, we are now told, go back to early childhood: to the experience of the transitional object.

But the image of God does not fulfill Winnicott's definition of the transitional object. It is not used temporarily and then lost or "relegated to limbo" (p. 166) (whatever a psychoanalytic or psychic

limbo might mean)—and Meissner is quite aware of this. To turn the Deity into a “transitional object” is to do a disservice both to theology and to psychoanalysis. Rizzuto and Meissner observe that if both fields are viewed as comprised of mere transitional phenomena, we may well risk losing the ground for rational discussion. Meissner raises and then evades the problem of demarcation between the magical and the rational, between the illusory and the real. He replaces it with an image of the violence with which illusory psychoanalysis invades religion and with which illusory religion invades psychoanalysis, and he mitigates it with a proposal for a pragmatist peace treaty on what might be admitted as the real. He states that each field should accept the autonomy of the other. After establishing this truce, Meissner insists on a privileged status for theology. With this last move, both autonomy and rational dialogue break down.

Meissner does not regard all religious experience as “transitional.” The experience of the great religious leaders, he says, has a privileged status, for it both prescribes and mirrors parochial dogmatics. Is this claim dogmatic or empirical? We know that traditional theologians claim that it is both. How else could they view these great leaders at times as heretics, at times as reformers? Now, all we have to do is take the empirical as separate from the dogmatic and these leaders empirically become heretics and dogmatically become reformers. A way out, of course, is to declare my religious leader great and yours small, to declare mine capable of a genuine mystic union while yours is not. Here another problem of demarcation arises: who is a genuine reformer, who is a malingerer, and who a mere paranoiac? Meissner refuses to deal with this problem. He vacillates nicely between parochialism and universalism. This vacillation can allow one to forget that the rational dialogue has broken down.

The problem of demarcation as formulated here will not go away: it is central to both Freudian psychoanalysis and to established theology. Since Freud deemed all religion as an instance either of neurosis or psychosis, the problem is solved by Freudian psychoanalysis by placing reformers on one side of the boundary and no one on the other. This calls into question the foundation of all theology, that is, of parochial theology. In Meissner's hands, either parochial dogmatics are put in the realm of transitional phe-

nomena, thus losing their privileged status, or else the religious experience of the common person is granted a respectable, realistic status. Meissner does not give us a demarcation that places some reformers on one side and other reformers on the other.

In brief, Meissner opts for heteronomy and sides with some parochial leadership; he also explains away the religion of the paranoiac as sick. He neglects the central dilemmas before, and the primary bone of contention between psychoanalysis and religion. And he ignores much of the classic psychoanalytic work that has grappled with them (of Adler, Jung, Frankl, Fromm, and Lacan, to mention only a few). The result is rather disappointing, but all is not lost.

The study does sensitize the reader to some alternative psychoanalytic formulations of the religious experience, in the light of recently proposed theories. It also raises consciousness to the conflict between psychoanalysis and religion, although at the cost of recapitulating the conflict. Any attempt to resolve these dilemmas and disagreements between the fields should show sensitivity as well as respect both to the religion and to the autonomy of any human individual. Such an attempt might radically alter the logic of the psychoanalytic-theological standoff.

NATHANIEL LAOR (NEW HAVEN, CT)

FREUD AND THE MIND. By Ilham Dilman. Oxford: Basil Blackwell, 1984. 204 pp.

Dilman's book is a philosophical study of Freud's theories that belongs to a school of thought which includes Wittgenstein, Ryle, MacIntyre, Merleau-Ponty, and Ricoeur in philosophy, and Schafer, Gill, Holt, Kohut, Klein, and Spence in psychoanalysis. It is a study that bypasses the critiques of psychoanalysis by philosophers of science, such as Popper, Nagel, and Grünbaum. Dilman avoids the question of the scientific status of psychoanalysis by treating Freud's discoveries as though they were not part of an empirical science but rather comprised a humanistic psychology in the making. Freud's psychology is presented as an uncompleted (but potentially adequate) psychology because of certain philosophical errors: Cartesianism and scientism. It is acknowledged that Freud's insights were profound, true, and revolutionary, but it

is argued that he couched them in a philosophically unsatisfactory theoretical language. Dilman's project is to express Freud's insights in a more satisfactory theoretical language. Although it is not his purpose to answer the criticisms of psychoanalysis which allege that it fails to satisfy the criteria of an empirical science, there is an implicit, oblique counterargument in the book. If psychoanalysis is not an empirical science at all, then it cannot be criticized for failing to establish itself as one. The antimetapsychologists and the hermeneuticists will find an ally in Dilman. It is surprising, therefore, not to find any references to their numerous publications (especially those of MacIntyre and Schafer) in this study.

The basic question raised by Dilman's work concerns the relation between philosophy and psychoanalysis. This question has several aspects, of which only two will be examined here. Dilman argues that Freud employed unacceptable Cartesian philosophical grounds for treating his discovery of unconscious mental processes as a hypothesis, i.e., as an inference from observed data. His claim is correct that in various places Freud couched his thoughts not only about the unconscious mental life of another person but also about his conscious mental life and his overt behavior in Cartesian terms. That is to say, Freud from time to time employed the language of a representational theory of perception to express his ideas. At times Freud's language treated perceptions as representations of objects, and images of objects as inner representations of them (strictly, representations of representations), as had Descartes and Locke.

It is also true that in places Freud couched his thought about the *superego* in Kantian terms. For example, Freud likened the pleasure-forbidding austerity of certain *superego* demands to Kant's categorical imperative, which requires that actions be performed for the sake of duty alone, independent of egotistical or pleasure-seeking motives. But it does not follow that Freud shared Kant's views concerning the nature and genesis of morality in human beings, or that he repudiated, as Kant did, the importance of pleasure and pain in our evaluation of moral good and evil. Dilman is wrong in thinking that these forms of language are substantive in Freud's theorizing. They can be discarded without loss to, or modification of, the theory. The grounds for treating the theory of the psychic unconscious as a hypothesis are to be found

in Freud's (and subsequent) clinical observations. For example, we routinely find that unconscious sexual wishes manifest themselves in dream contents of an apparently asexual nature. In clinical work the unconscious dream-causing wishes have to be inferred and formulated as predictive, explanatory, interpretive hypothesis until they are confirmed or falsified or left undecided by the nature of the free associations connected to the manifest dream.

Dilman's repudiation of the inferential nature of interpretation in psychoanalysis is bound up with a second and more serious misunderstanding of unconscious processes. He misunderstands what is meant by the formula "where id was, there ego shall be." He tends to assume that psychoanalysis merely renders into consciousness wishes, impulses, and thoughts that were previously unconscious. This can happen at times in psychoanalysis, but it is likely to be traumatizing for the patient, and it is likely to be the result of a technical failure on the part of the analyst. A fixated incest wish, for example, does not suddenly become conscious in a psychoanalytic patient and take its place along with other conscious desires and wishes, to be acted on or not. In a successful analytic process, the fixated incest wish undergoes a process of attrition by means of a great deal of working through, until the memory of having had the incest wish *can* become unconscious.

Dilman's approach is to rely upon philosophy to correct, explicate, and express what is true in Freud's discoveries and theories. But what independent access does philosophy have to the facts of psychic life that enables it to undertake this task? Dilman does not tell us what sources philosophy draws upon to find facts or fresh observations about psychic functioning or psychic contents, nor does he consider the question. One forms the impression that the invisible guiding hand in this philosophical interpretation of Freud is the conviction, unsupported by evidence, that psychic determinism is wrong and an offense to human dignity as well. Thus, while on the one hand it is encouraging to find philosophers and other academic humanists taking up an interest in psychoanalysis because of its many bearings upon their disciplines, it is rather discouraging that Freud's ideas have to be dressed up in grand academic robes which obscure rather than clarify them; they are rendered less serviceable in an effort to make them more acceptable in the ivory tower.

CHARLES M. T. HANLY (TORONTO)

THE IMMORTAL ATATÜRK. A PSYCHOBIOGRAPHY. By Vamik D. Volkan and Norman Itzkowitz. Chicago/London: The University of Chicago Press, 1984. 374 pp.

History and psychoanalysis have certain affinities. Both disciplines study human thoughts, actions, and motives, sharing the difficulties inherent in retrospective studies. Both examine a multiplicity of possible explanations, and each historian and psychoanalyst emphasizes different causal connections. The epistemological problem is similar in both fields. The historian attempts to recreate objective reality and the psychoanalyst to recreate psychological reality.

The Immortal Atatürk, the result of a collaboration between a historian and a psychoanalyst, blends the Turkish historical milieu with a wealth of information about the psychological life of an outstanding man of the twentieth century, Mustafa Kemal Atatürk.¹ The book covers much new ground, resulting from extensive interviews with those who had first-hand contact with Atatürk and with the formation of the new government in Ankara and the last gasps of the Ottoman Empire in Istanbul. It abounds in detail about Turkey, although, as will be discussed later, it ignores the Turkish massacre of the Armenians. This study is unabashedly pro-Turkish.

Atatürk was a charismatic leader who transformed the "sick man of Europe," as the Ottoman Empire had been called, into a peaceful nation with secure borders. In only twenty years, Atatürk changed Turkey from a corrupt, feudal theocracy with archaic Islamic laws into a Westernized, secular republic. With remarkably little reactionary backlash, Atatürk rewove the whole fabric of the Turkish nation, dismantled the Ottoman Empire, and brought about Western reforms. Completely new legal codes were fashioned after Western standards. Under his leadership, traditional Moslem headgear was abandoned, the numbering system was made to conform to that of the West, the Latin alphabet was introduced, the metric system was adopted, the Koran was translated into Turkish, and surnames became mandatory.

¹ From his birth until adolescence, Atatürk had, according to Turkish custom, only one name, Mustafa. Later, "Kemal" ("the perfect one") was added to his name and still later, "Atatürk" ("father of the Turkish nation"). For simplicity this review will refer to him only as "Atatürk."

Atatürk was born in Salonika (now part of Greece) in early 1881 and died on November 10, 1938, of cirrhosis of the liver. His father was a customs clerk who had married a woman in her early teens, twenty years his junior. Three children were born in quick succession, and all three died as young children. Atatürk was the fourth of six children; he had one surviving sibling, a sister. He was named Mustafa after a paternal uncle who had died in infancy: Atatürk's father had accidentally turned over his brother's crib, resulting in the baby's death.

Atatürk's mother was blonde with blue eyes and a fair complexion, rare and striking coloring for a Turk. She was described as being brusque, having an acid disposition, and given to callous responses. She did not involve herself in many of the ceremonial rituals with neighbors and friends and remained a peasant woman at heart, never getting used to Western ways. Deeply religious, she wanted her son to attend a religious school.

At the time of Atatürk's birth, his father was a partner in a lumber business which was bankrupted after bandits burned the supplier's forest. He became despondent, drank heavily, and died when Atatürk was seven years old. Just before his death, he arranged for Atatürk to attend a secular, Westernized school despite his wife's strenuous objections. Atatürk himself overrode his mother's wishes when at age twelve he decided on a military career. The boy was furious when his mother remarried and even planned to frighten the newly wed couple with a gun. The mother, in an attempt to patch things up, managed to effect a role reversal between her son and the new husband. For instance, the latter would stand up whenever the youngster entered the room. At age fourteen, still angry, he moved away to a military training school without even saying goodbye to his mother.

At age eighteen, Atatürk had an imposing physical appearance. He was a fastidious dresser and his blonde hair and blue eyes made him immensely appealing to the promiscuous women of the big city. He sought admiration and praise from women in a frantic, driven way. He began to have bouts of depression and suffered from premature ejaculation. He was unfocused, angry, and had trouble concentrating on his studies. Turmoil lessened for a period because of a relationship with a classmate and his father. Until the Battle of Gallipoli fifteen years later, where he distinguished him-

self, he was a chronic malcontent, getting into trouble with both right and left. During the battle, Atatürk was hit over the heart with a piece of shrapnel, but his watch absorbed the blow and he ended up with only a scratch on his chest. This brought about a profound psychological change. Until then, he had sought other people to idealize, but after the battle, he became the subject of his own idealization. The Young Turks, jealous of Atatürk's fame, posted him in a remote province of the Ottoman Empire. In 1916, Atatürk was sent to the Russian front in the East. This was the region where Armenian massacres and deportations had just taken place. No information is available regarding Atatürk's reaction to the massacres, yet the General who has been held directly responsible for the atrocities in that region was a close associate of his.

Atatürk's opportunity to seize power finally came in 1919 when he feverishly organized opposition to the government in Istanbul from his post on the Anatolian mainland. This marks the birth of a new era. Anatolia in Turkish means literally "full of mother" and Atatürk took as his official birthday the day of his landing there. The Greeks in the meantime, under the auspices of the Allies, landed in Smyrna in the western Anatolian peninsula. Two years later, in 1922, they were expelled from Turkish soil. Atatürk had now become the savior of the country. A year later, the republic was declared, and in 1924 the Caliphate was abolished.

During the last three years of his life, he ceased to run the nation effectively. In spite of heavy drinking, his final illness went undiagnosed for some time. He complained of boredom and seemed to have lost touch with the nation. He received famous visitors and was particularly admired by the Moslem nations of the East. They recognized that he had been able to modernize his country in a way that none of them had been able to achieve and none have achieved since.

Atatürk's personal life was as tempestuous as his political life. He was a man of contradiction. On the one hand, he singlehandedly reformed Turkish society and brought women to a level of total equality with men. Yet, he was never loyal or close to any one woman, and when he was asked what he appreciated most about women, he replied, "their availability." There was a constant tension in Atatürk between his admiration for Western culture and the hold his mother's traditional religious outlook had on him. As a

student in the War College, he frantically sought the adulation of loose women who behaved so differently from women in the typical Turkish household. Some years later, he sought relationships with educated Western women, with whom he maintained extensive correspondence when his assignments took him away from Istanbul. With men in authority, he was frequently argumentative and often was proven right.

In 1922, when he was forty-two, Atatürk met a twenty-four-year-old Turkish woman, Latif, who had been educated in France. She was thoroughly Westernized, had recently returned to Turkey, and soon began to occupy much of his attention. Within two weeks of his mother's death, Atatürk impulsively decided to marry.

Latif was very different from his mother. Her brashness reminded him of himself. He valued her as a token of his success rather than for her intrinsic qualities. She envied the admiration showered on her husband by the Turkish nation and objected to his pattern of drinking and socializing with his cronies late into the night. The marriage lasted only two and a half years. Following his divorce, Atatürk proceeded to adopt a number of daughters. These were young adolescents who were roughly the age of his mother when she married. Some were in their late teens, and it is assumed that he had sexual relations with them. He took care of them, urged them to become educated, and many of them became prominent professionals in the Turkish nation. Although omitted in the present biography, others have written about his bisexual pedophilia. There seems to be a consensus about his perversion, although his close friends tried to shield it from public view.

The author's psychological formulations are based on Kernberg's internalized object relations paradigm. This point of view, according to the authors, proposes a bridge between traditional psychoanalytic theories, with an emphasis on dual instinctual drives, and the psychoanalytic theory of object relations. Intrapsychic conflict is seen in terms of an individual's self- and object representations. Noticeably absent in the formulation is the concept of regression. There is neither a conceptualization of developmental arrests and defects nor of the consequences of earlier fixations and defensive regressions as they exert an impact on character structure. As a result, the effects of the oedipal conflict as it reverberates through life tend to be simplified in terms of the "good

mother" (Nation) and "bad father" (Sultan), or the "bad" (engulfing) mother and "good father" (Atatürk the savior). The authors omit any mention of Atatürk's defenses against his female identifications and his perversion. Also missing are formulations concerning the negative oedipal position and the defenses against it.

In the book, there is an easily intelligible presentation of psychoanalytic concepts about development expressed in a language the lay public can understand. Also, significant events of Atatürk's childhood are woven into the narrative in an unobtrusive way. The authors' formulation is that Atatürk had an inflated, grandiose self concept and a conviction of his uniqueness and of his right to assert his will over others. From early childhood on, it is said, he developed an inflated self concept which crystallized into a conviction when outside reality coincided with his view of himself. He was able repeatedly to have peers and superiors defer to him and allow him to assume a leadership role over them.

But even though he was ruthless and loyal only to the Turkish mother nation, Atatürk also had a keen sense of boundaries and an instinctive sense of how much he could push people. In the authors' opinion, he had a narcissistic personality organization.

Starting with the assumptions of internalized object relations theory regarding narcissistic character development, from historical data the authors have "reconstructed" aspects of Atatürk's early relationship with his mother. Their main theme is that the infant Mustafa was born into a house of death, to a grieving mother who had already lost three young children. A grisly story is told about the second boy's death. The child was buried in a sandy grave by the seashore and, during the night, the waves exposed the corpse, which was seized upon by jackals and ripped apart. The authors draw heavily upon Volkan's concepts of established pathological mourning and the "linking object." A "linking object" is something actually present in the environment that is psychologically contaminated with various aspects of the dead and of the self. By means of this linking object, a person with established pathological mourning keeps inner contact with the representation of the deceased. Thus, Atatürk's mother would have perceived him both as a replacement child and a new hope. Supposedly, around this specialness he developed a grandiose self.

The mother is thought to have maintained an aloofness from him because of fear that he too might die and add to her grief. In addition, she may have been overly intrusive and perhaps overly seductive, both of which contributed to his sense of specialness.

The authors theorize that, although Atatürk's father died while Atatürk was of oedipal age, he was still able to give the "gift" of directing his son away from his mother's Moslem ways toward a more Westernized education. It does seem likely that Atatürk kept an idealized image of the strong father. Early in adulthood it was projected onto others regardless of whether they merited such treatment or not. The other image of the father, that of the weak and bad father, was dissociated from it and often projected onto people in the environment, such as the Sultan. Atatürk would enjoy a repetition of oedipal triumph over them.

The background material presented in the book about Turkish family life is especially illuminating. In a typical Turkish household, the raising of the child is not the exclusive prerogative of the mother. Other women in the house, such as grandmother, aunt, older sister, and wet nurse, do their share of the mothering. As a consequence, the mother/child unit includes multiple mothers. When the child is frustrated by one mother, he might go to the next and then the next until his wishes are ultimately satisfied. As a result, the blending of good and bad images necessary in development may be incomplete, and a significant amount of "splitting" may occur in that sort of environment.

The authors argue that Atatürk reached oedipal age with two sets of maternal images. One was that she was not a "good enough" mother, and the other was of her viewing him as something special and encouraging his specialness. The blonde, blue-eyed boy is thought to have had two basic senses of self. On the one hand he was deprived, dependent, and emotionally hungry, and on the other he was omnipotent, self-sufficient, and special. The authors make little mention, however, of the pregenital organization and how it may have influenced the resolution of the oedipal conflict.

The existence of a grieving mother nation provided an external reality on which to project the image of his grieving mother. It gave him his life-long mission, i.e., to save and repair the Turkish mother nation, ravaged by the "bad father" Sultan. There was a "fit" between the basic demands of his inner world and the external world in which he lived. When there was not such a "fit," he con-

stantly attempted to change the external world to make it respond to his inner needs.

One of the major flaws in this book is the old Turkish blindspot about the Armenian question. From 1975 to 1983, roughly the eight years that it took to write this book, twenty-six Turkish diplomats were assassinated by Armenian nationalists. The long-standing, bitter, visceral hatred which has existed between the Turks and the Armenians, is totally ignored in the book. The massacre of the Armenians began in the 1890's when Kurdish cavalry killed about a half million Armenians. When the Young Turks came into power, the suppression of the Armenians escalated. They bragged that they had been able to accomplish in one or two years what had taken the Sultan's armies thirty years to do.

Turkey has consistently denied and suppressed evidence of its atrocities against the Armenians. Nevertheless, some reliable historical sources of information remain, among them a book by Henry Morgenthau.² Morgenthau's book contains some frightening passages. For example, there is a passage about a senior Turkish official who boasted to Morgenthau that the Young Turks had unearthed a book about the tortures of the Spanish Inquisition and had successfully adapted these tortures for use against the Armenians. Morgenthau attempted to use the German ambassador's influence to moderate the Turkish excesses but met with no success. The German ambassador suggested that the Armenians should come to the United States and that Polish Jews should be sent to Armenia. When Morgenthau complained to one of the members of the ruling triumvirate, he was told: "Why are you so interested in the Armenians? You are a Jew and they are Christian." Morgenthau provides ample details about the forced marches, the massacres, and the dehumanization of the remaining Armenian population.

Arnold Toynbee³ also wrote two books about the Turkish-Armenian conflict. His books contain documented accounts by mission-

² Morgenthau, H. (1918): *Ambassador Morgenthau's Story*. Garden City, N.Y.: Doubleday, Page & Co.

³ Toynbee, A. J. (1915): *Armenian Atrocities: The Murder of a Nation*. London: Hodder & Stoughton Publ.; (1916): *The Treatment of Armenians in the Ottoman Empire 1915-1916*. Documents presented to Viscount Grey of Fallodon by Viscount Bryce. London: H. M. Stationery Office, J. Causton & Sons Ltd.

aries, diplomats, and other outside observers of the Turks' systematic and cruel extermination of the Armenians. There is a detailed account, region by region and city by city, of the massacres of 1915 and 1916. Toynbee also raises the question of German complicity in the massacre. The parallels with what happened thirty years later in Europe are striking. The "Armenian Experiment" reads like a preparation for the Holocaust. Armenians were transported in railroad cars to concentration camps and slaughtered en masse. One estimate is that one and a half million Armenians were killed.

It is surprising that the authors include only one line about the Armenians, namely, that Atatürk was posted in Eastern Turkey where the population of a town had been reduced to 10% of its original numbers. The authors also ignore the point that the hostility of the Allies toward the Sultan's government was caused by the revulsion in western Europe over the news of the Turkish brutality toward the Armenians.

Another fact omitted by the authors was the law passed on January 1, 1929, at the height of Atatürk's power, which forbade Armenians from selling or bequeathing their property. On their death, it would revert back to the state. It is not surprising that Hitler should have stated to Goering in 1939, "Who still talks about the extermination of the Armenians today?"

In summary, this book confronts the reviewer with a unique problem. How is one to evaluate the accuracy of the authors' psychological formulation of the central character, given the presence of such erroneous historical portrayal? Can one focus on the individual dynamic of the "hero" and ignore the flawed historical context? There is no discussion of Atatürk's private perversion and its relationship to the public perversion—to the massacre of the Armenians.

The authors' basic premise of a "fit" between the needs of a culture/nation and the individual's character structure cannot be relied upon if objective historical reality is so grossly distorted. This is regrettable, because the book as a whole is very interesting and is the product of serious, although biased, scholarship.

H. GUNTHER PERDIGÃO (NEW ORLEANS)

BRAIN AND PSYCHE. THE BIOLOGY OF THE UNCONSCIOUS. By Jonathan Winson. Garden City, N.Y.: Anchor Press/Doubleday, 1985. 300 pp.

This is an interesting, well-written book containing some novel ideas on the relation between brain and mind, but despite the title, it is not for psychoanalysts. The book elaborates one hypothesis that does not justify an analyst's time spent reading the three hundred pages of text.

About forty percent of the book is devoted to a presentation of some aspects of undergraduate physiological psychology. Its main point is to introduce the notion that the spiny anteater, family echidna,¹ does not exhibit REM sleep, unlike the dozen or so other mammals which have been studied, but that this animal does have a relatively large prefrontal cortex, larger for its body size than that of any other living mammal, including man.

Another forty-odd percent of the text contains a historical overview of psychoanalysis. There is nothing in this section that is not already familiar to the analytic reader. The final fifteen percent makes up the crux of the book. (Actually, the core of the argument is presented in the first two pages of this section.) "The Hypothesis" is that the prefrontal cortex in ancestral monotremes served "to integrate experience over time," a phenomenon better known as learning. These early monotremes were able to carry out this "integration of new with older experience" during their waking state (that is, they could learn while awake) because they have oversized prefrontal cortices and did not need to learn too much anyway. Later mammals, including humans, replaced the prefrontal cortex solution with the REM sleep solution. That is, the functions carried out by the prefrontal cortex in monotremes, to "assimilate new information, associate it with memories of past experiences and formulate a plan to govern new behavior during the waking state," are carried out instead by REM sleep in the majority of mammals, which do not have very large prefrontal cortices.

¹ The spiny anteater is a monotreme, a "primitive" mammal with many reptilian characteristics. The author uses it to represent the earliest mammals, from which humans evolved.

Although a psychoanalytic journal is not the place to argue the validity of this hypothesis in detail, a few points may be instructive to those who look to animals to help them understand man. The monotremes (echidna is one of only two families of monotremes; the other is the Australian platypus) apparently split off from mainline mammalian evolution about 200 million years ago and went their own way in Australia, New Guinea, and Tasmania. Any hypothesis concerning the relation between the brain of living monotremes, which are not ancestral to anything, and that of humans, must trace the relations back to the common ancestor and then forward again, or must use a truly comprehensive comparative approach. Given the almost total lack of fossil evidence of brain tissue, the absence of functional neuroanatomical studies on living monotremes, and the several proposed phylogenies floating around in the literature, none of which are ubiquitously accepted, this is impossible to do. There is currently no evidence that what is called the prefrontal cortex in echidna is homologous (evolutionarily related) to the prefrontal cortex in humans, much less that "experience" is the same for monotremes and humans, nor do we know what the brain of the ancestral monotreme was like. The high degree of anatomical specialization of living monotremes, in fact, makes it improbable that they represent a common ancestor. Therefore, the evolutionary and functional relations between humans, extant monotremes, and ancestral monotremes being so distant and uncertain, we can have little idea today whether or not REM sleep has taken over the functions of the prefrontal cortex of the common ancestor.

The substitution of REM sleep for the functioning of part of the brain is the sort of clever, plausible though undemonstrated idea that neuro-scientists come up with all the time. Perhaps it justifies an article in a comparative neuroanatomy journal, but it certainly does not justify a whole book. Despite the publisher's claim of the importance of the book for psychoanalysis, and despite some interesting reinterpretations of dream theory which deserve some serious analyses, there are much more fruitful ways for analysts to spend their time than by reading this book.

LAWRENCE P. KUNSTADT (NEW YORK)

PSYCHOGENESIS. THE EARLY DEVELOPMENT OF GENDER IDENTITY.

By Elizabeth R. Moberly. London/Boston: Routledge & Kegan Paul Ltd., 1983. 111 pp.

Moberly's premise is that pathology is the result of "unmet love needs." She begins with a re-evaluation of the Schreber case, and she postulates that a paranoid's delusion of persecution is not a projection of anger but the reproduction of early social reality. She maintains that Schreber's father persecuted his son, and so the later delusions were an "accurate, if symbolized reproduction of the experiences of Schreber's early years" (p. 6). "Actual persecutory behaviour accounts both for the emotion of hate and for the need for love which—blocked by the hateful behaviour of the love source—has been left unmet, and thus has persisted into adult life as a need yet to be met" (p. 9). Restating her position, as she tends to do repeatedly, she comments, "The paranoid does not actually project his own anger, but is accurate in ascribing hurtful behaviour to a love source in early years. The paranoid's own anger is a response to this, and an entirely logical response when the facts are known" (p. 12). She suggests that the "unmet love need" leads to a defensive detachment from and distrust or hatred of the object. This provides an additional barrier to the receiving of love. After reviewing several theories of paranoia, she concludes that these are inadequate and do not do justice to historical reality.

Still maintaining an interpersonal rather than intrapsychic position (although she does allow that interpersonal conflict may have intrapsychic repercussions), Moberly then turns her attention to disturbances of gender identity. Over and over, with a slight variation in her words and huge generalizations, she explains pathology as resulting from the infantile trauma of unmet love needs caused by hostile or neglectful behavior by the caretaking parent. She compares the paranoiac with the homosexual and states that when the persecutory love source is the same sex as the paranoid, the phenomenon is labeled homosexual. The homosexual condition thus is due to an unmet need for love from the parent of the same sex (p. 14), resulting in a disidentification from the same-sexed love source. She concludes that transsexualism is due to an even more radical defensive disidentification. She contends that male homosexuality does not stem primarily from an identification with

the mother, stating that the "primary dynamic is same-sex disidentification. . . . The male homosexual disidentifies from his father, as a result of which the attachment to the mother becomes paramount" (p. 42).

The etiology of female homosexuality, according to Moberly, is analogous to that of the male. She contends that the "need for the mother is often misleadingly interpreted as a mother-fixation, i.e., as an abnormal attachment. But it would be more proper to interpret this as an abiding need for attachment, consequent on actual detachment" (p. 52). She states, even more emphatically, that female homosexuality *always* stems from actual difficulty in the mother-child relationship, sometimes caused by deliberately bad behavior of the mother, affecting the girl's capacity for attachment to her.

Predictably, after having reduced the etiology of just about all pathology to bad parenting, Moberly prescribes a cure consisting of reparenting and encouraging the development of a positive transference (p. 76). For homosexuality, she prescribes reparenting by a therapist of the same sex. She assumes that the real relationship with the therapist will provide a corrective emotional experience which will meet previously unmet love needs, although acknowledging that this might be a lengthy process.

While the book is portrayed by the publisher as "A major psychoanalytic study of gender identity," I found it far short of anything I would call psychoanalytic. The author makes no allowance for intrapsychic conflict or for distortions due to drive pressure. She explains pathology in a naïvely simplistic, reductionistic manner and betrays a remarkable dearth of knowledge about the complex nature of child development. For example, she takes no account of the different effects of trauma at different ages and developmental stages.

Moreover, she is confusing, and she contradicts herself. Her whole discussion of disidentification is internally contradictory, in that disidentification implies, firstly, identification, which she says cannot happen, as the love needs are unmet. She has a naïve view of psychopathology, in which she assumes that paranoia, transsexualism, and homosexuality are homogeneous disorders. Hence, she talks about *the* mother-fixation and *the* sense of femininity of the male homosexual, as though all male homosexuals behave in a

feminine manner and assume a feminine role with regard to their partners.

Moberly obviously does not find the concept of epigenesis helpful. She assumes that development can resume once an unmet need is met, not taking into account the effects of early compromises on later developmental stages and later object relationships. She also assumes that one can detect an early developmental arrest on the basis of adult manifest behavior and then undo the arrest by providing what was needed by the child at the age at which the arrest supposedly occurred. Of course, her idea of cure holds out hope to the young, inexperienced therapist. Rather than spending years studying pathology and etiology and years under supervision to develop complex techniques, one has merely to develop reparating skills. It is not the first time such a therapeutic will-o'-the-wisp has led people astray.

This book is a travesty of psychoanalytic thinking. It holds little of value to a reader seeking understanding either of psychoanalytic theory or clinical insights. It offers a naïve, simplistic approach to a very difficult area of psychopathology.

PHYLLIS TYSON (LA JOLLA, CA)

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ABSTRACTS

Psyche. XXXVIII, 1984.

Abstracted by Emmett Wilson, Jr.

A Comparative Study of Verbatim and Recollected Protocols. Hermann Argelander. Pp. 385-419.

Argelander has developed a method for comparing the protocols from recorded psychoanalytic interviews with the therapist's written recollections of the same sessions. He also has methods for statistical valuation of the discrepancies encountered. His focus is a purely formal view of the process of analysis. Argelander clarifies some terminology used to classify the logical relationships between various points in the texts of the protocols, terms derived from Frege's distinction between meaning and reference. A situation has sense or meaning when the motives of the individuals involved in it are understandable; it has significance or reference when it is only to be understood by means of further circumstances, leading to a thematization of the situation. Individuals function sometimes in terms of motives which give a situation a meaning that can be read only from the motives of the individual involved. A lack of understanding of some behavior determined in this fashion is termed a "gap" by Argelander. A "break" occurs when a situation has unexpected or contradictory elements and some sort of explanation becomes necessary. The break can be bridged only by verbalizing the interpretation of the situation. Argelander has developed a schema to indicate these gaps and breaks in a text. A text can have many or few gaps or breaks, depending upon the motives and aims of the person composing the text. Unambiguous information about events, for example, provides a text without breaks and gaps, while many gaps occur in texts from story-telling, writers, and psychotherapists, reflecting the multiplicity of human motivations. Argelander earlier postulated an interference function which prevents the intrusion of unconscious thematic material into the ordinary levels of communication; such intrusions occur only when the interference function is disturbed or overwhelmed, as, for example, when an unconscious theme is particularly strong. Gaps and breaks in texts, from a formal point of view, are the result of an interference, by which an active unconscious theme is integrated into the ordinary discourse. The number of gaps and breaks is the direct expression of the activity of the interference function and thus also the indicator for simultaneously active unconscious themes. Argelander assigns an index number for the ratio between the number of gaps and breaks in a text and the number of words. The lower this number, the more active is the interference function. The critical level for this index is from 50 to 70. Below 50, a strong interference function is evident; above 70, unconscious thematic material intrudes. Argelander discusses the nature of a therapist's recollected report. Does the report really represent what happened in a session? The objections voiced by Wallerstein, Sampson, and others on research into the psychoanalytic process are important here. However, when one focuses on the unconscious material, completeness of the data is superfluous, for the unconscious material becomes abundant and manifests itself in many ways. The recorded protocol gives only the

spoken word, while the recalled protocols give observations, thoughts, and feelings. Argelander concludes with the following propositions. (1) The data in the recollected protocols are organized under the influence of the unconscious. (2) The interference index permits us to determine the degree of the unconscious participation of the therapist in the recorded protocols. (3) The transfer of unconscious themes from the patient is recognizable in the gaps and breaks which occur in the recollected protocols. The lack of participation of the therapist is shown when the interference is high; his own unconscious material shows up when his interference index is low. (4) In spite of the changes and foreshortening of the material in the protocols, the unconscious themes are for the most part quite evident. (5) Even though interpretations may be clearer than the patient's material, they reflect the potential for deepening the understanding of the patient's unconscious material in the occurrence of these measurable gaps and breaks in the therapist's speech.

Psyche. XXXIX, 1985

Abstracted by Emmett Wilson, Jr.

Freud's Approaches to the Psychology of Art. Horst Breuer. Pp. 577-591.

Two main trends can be discerned in Freud's discussions of the psychology of art and literature. The first was set by *The Interpretation of Dreams*, which dealt with art and literature as what Horst Breuer terms "fantasy scenarios." In this approach, the artwork is treated as if it were a dream production and analyzed accordingly. Another approach was shown in the study of Jensen's *Gradiva*. There the characters of Jensen's short novel were treated as real-life persons and the artwork seen as a "real-life" scenario. An external perspective is dominant in the real-life view, while in the fantasy scenario the inner psychological world of the author is involved, and the artwork is seen as analogous to a dream, rather than as insight into human character. But familiar methodological questions arise: who is doing the dreaming—the reader, the author, the implicit reader, the art form, or the collective unconscious? Breuer discusses what he sees as the main shortcomings of Freud's dated approach: an emphasis on content, an equation of the artistic and the real-life situation, and the neglect of cultural or time-dependent differences in the affective situation expressed in the artwork, that is, a view of psychic structure and processes as invariable throughout human history. Certain of Freud's essays, such as "Some Character-Types Met with in Psycho-Analytic Work," are in the tradition of nineteenth-century character criticism, taking the character depicted as a real-life person to be analyzed. Others are psychobiographical, rather than contributions to the psychology of art. "The 'Uncanny'" returns to a view of the artwork as a fantasy scenario. Though Freud's interpretations reflected the state of development of psychoanalysis at the time, and had to do with oedipal and castration anxieties, contemporary interpretations based on early object relations have an important place also. In Freud's last great work on the psychology of literature, "Dostoevsky and Parricide," he moved from the symbol translation of his earlier efforts to a discussion of the emotional characteristics of the story as derived from early infantile object relations. Freud's writings reflect not only the undeveloped and positivistic character of early psychoanalysis, but also the reductionistic aesthetics of the turn of the century.

Contemporary applications of psychoanalytic insights to literature should not simply repeat Freud's efforts, but should attempt to develop them further.

On the Social Psychology of the Reception of Literature. The Schiller Festival in Germany, 1859. Rainer Nolteneus. Pp. 592-616.

The author uses psychoanalytic approaches to examine the individual reader's acceptance of an author and the methods of social psychology for studying the phenomenon of group acceptance. He examines the emotion-laden three-day centennial celebration honoring Friedrich Schiller (1759-1805) held in 1859 which provides invaluable evidence concerning the social acceptance of an author. Recent work has directed attention to the social milieu as important in the genesis of individual psychological symptoms. The evidence available from the public records of the Schiller Festival suggests obvious differences in the status of poetry then and now. Today, appreciation of a poet is a rather private, individual affair, limited to a certain educated social level, in contrast to the mass celebration at the festival. Further, Schiller is honored today mostly in public cultural settings, such as theatre and university, in contrast to the mass acceptance of Schiller and tendency to proclaim him a revolutionary leader and savior in 1859. Nolteneus thus suggests that an individual thinks of an author according to his/her life situation and personal psychology, as well as identification with political or social groups and those groups' reception of an author.

"Always a Daughter of the Air." The Dangerous Life of Effi Briest. Joachim Dyck and Bernhard Wurth. Pp. 617-633.

Theodore Fontane's 1895 novel, *Effi Briest*, is a tragic story of marital infidelity and social rejection. The authors are concerned with Effi's seemingly unrealistic and self-destructive keeping of the letters she had received from her lover. The discovery of these letters eventually led, in the inexorable mores of the time, to a duel between her husband and her lover, to her lover's death, and to the rejection of Effi. As one of the characters in the novel expressed it, "It is unbelievable—first to write such letters and then keep such letters from others. What are furnaces and fireplaces for?" In a symbolic loss of childhood in the novel, Effi is called from her play in the garden to meet her future husband, Instetten. She is shown as a "child of the air," happy to be playing on the trapeze or the seesaw, a mass of contradictions between adulthood and childhood. She is unable to adapt to the adult life required of a Prussian matron and this brings about her ejection from that society, even at the cost of her contact with her child. The authors draw upon Balint's theories to explain the excitement that some adults experience in movement (ship, carousel, etc.). Balint attributed this to a mixture of fear, wonder, and hope in the face of a danger that is experienced and surmounted. He called such individuals "philobates" (lovers of motion). Balint related this to the first object relation in his theory of "primary love" and the discovery of the object world independent of the mother. Effi was a philobatic character. She remained a child as Instetten's wife, searching for the philobatic pleasures of childhood in a grownup world. She sought childlike, philobatic thrills in the theme of the ghost that appears in the novel, and in her lover as well. Her retention of the dangerous letters was itself a philobatic thrill-seeking.

Frank Wedekind's Street Ballad, "The Teacher from Mezzodur." A Poeticized Case Study from the Realm of Forensic Psychiatry. Erhard Weidl. Pp. 634-647.

This is a close textual examination of a ballad by Wedekind that was published in 1896. The author finds evidence of Wedekind's anticipation of psychoanalytic insight, and the use of form and language for defensive purposes.

The Devastated Image of Modern Man in Günter Grass's Novel, *The Tin Drum*. Paul Neumarkt. Pp. 648-663.

Neumarkt explores the symbolic and metaphorical meanings embodied in Oskar Matzerath, the hero of Grass's novel. He argues that Oskar is a homunculus, incapable of meeting reality, a purely intellectual being without body or feeling. His life is a representative of the polymorphous perverse sexuality discussed by Freud as an early state in individual development. Oskar, a dwarf, represents the primitive past of mankind. He retreats periodically under the skirt of his grandmother, as a safety zone, searching for a lost paradise. The character depicts a chthonic element in human nature. Another aspect of Oskar's character is his uncertainty about who his father is: was it Matzerath or was it his mother's cousin, Jan Bronski? This suggests an oedipal element. It contributes to Oskar's identification with the child Jesus. At the same time there is a deeply satanic element in Oskar's makeup, symbolized also by the tin drum. Neumarkt explores the various interpretations of the tin drum, as well as the religious and political implications of the novel. Although much of the focus of the novel is on the irrationality of the Third Reich and the position of the free city of Danzig during that period, the author argues that the novel on another level depicts the irrationality of modern times in general: Oskar is an attempt to depict the contemporary human condition.

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Abstracted by Emmett Wilson, Jr.

The Oedipal Conflict, Its Outlines and Its Role in the Development of Psychic Functions. Eulalià Torras de Beà Pp. 679-766.

Freud's view of the oedipal conflict as the cornerstone of psychic development is currently being questioned because we now recognize patients who present with seemingly oedipal conflicts, but whose anxieties and defenses are more primitive than those usually associated with oedipal organization. Some authors suggest that the oedipal conflict is merely an option, which an individual may or may not enter. Many analysts have found it too narrow to be the basis of development. Some merely cite the oedipal conflict while the reasons for its importance are only assumed. Mme. De Beà considers it basic, but dates its commencement back to the beginning of life when self-object differentiation is developing. The infant perceives its life as a relationship with two objects, one good and one bad. An extreme splitting characterizes these primitive libidinal and aggressive impulses. There are pre-genital anxieties and the fear of castration, as in the fear of being destroyed or annihilated. This primitive conflict is the basis, Mme. de Beà argues, for all subsequent conflict. There is continuity between primitive oedipal conflict with its schizo-paranoid character and the more evolved oedipal conflict with advanced de-

fenses and integrated character structure. The later type of oedipal conflict may show stable and definite formations, or the evolution may involve less stable forms. From these primitive differentiations, the oedipal conflict evolves toward higher levels, including the level of being able to differentiate between the sexes. Sexual differentiation in its wider sense is involved from the very beginning of the oedipal conflict and is linked to oral and alimentary desires and their satisfaction. Genital excitation and gratification occur extremely early in infants. The author discusses symbol formation, internal or external reality, and the mental representation of the latter (the symbol). Each oedipal level involves the external parental objects and also the internal objects as their representations, whether pleasant or unpleasant. The development of psychic functions or their distortion is thus dependent upon oedipal conflict. When this triangular relationship has very primitive characteristics, the result is not a symbol but a symbolic equation. The complete symbol in the verbalized form the patient achieves in analysis permits recovery of the correct articulations between mental contents and the establishment of true mental representations of internal and external reality. Thus, Mme. de Beà believes we can accord to the oedipal conflict all the importance that has so long been attributed to it: it is the model for all human conflict.

Genesis and Change. Daniel Widlöcher. Pp. 889-976.

Widlöcher argues that the theme of change is basic yet has had little psychoanalytic attention, except for the studies of its technical aspects. Prior to psychoanalysis, psychology focused on the question of individual differences, whereas psychoanalysis invites us to reflect on the nature of identity and change, which, he believes, are inseparable terms, for there can be no change without a structure which assimilates the change. Psychoanalysis has oscillated between the genetic point of view—a historical, realist view of the past event—and the intellectual perspective in which past events take on the value of a mythical elaboration, as in reconstruction. The genetic approach has come under question: are references to developmental reality relevant to psychoanalytic process? But even its adversaries do not question the pathogenic role of past external reality or the effect of development on the organization of thought. The genetic point of view has not been so much disputed as set aside in application. Widlöcher attempts to close the gap between psychogenesis and the theory of treatment. Perhaps the process of change in treatment might permit us to understand better what happens in life. Such an approach would complement the genetic point of view, for instead of using our knowledge of child development to understand treatment, we can utilize knowledge of the intrapsychic changes occurring in treatment for a better understanding of development and the cycles of transformation which occur throughout life. Widlöcher takes up a theme of Daniel Lagache: that the fundamental rule of psychoanalysis sets up a new diachronic order in mental functioning, although resistance to the analytic process opposes its establishment. The changes in analysis result from the continuous activity of mental transformations which develop in the real time of the sessions (a view resembling Strachey's 1934 discussion of therapeutic results). The diachronic point of view permits us to describe mental life in a manner different from the spatial metaphors of metapsychology. To think in terms of mechanisms inhering in a synchronic system leads us to forget that this synchrony is a construction and that what we call

mechanisms are in fact operations of thought and laws regulating the temporal order of these operations. Widlöcher proposes a probabilistic model in place of psychic determinism, suggesting that we understand cathexis as defining the probability of occurrence of a thought. The associative mechanisms in psychoanalysis, he suggests, utilize the tactic of trial and error by which a certain choice is made among possible occurrences. Within a field of uncertainty or in a situation of choice, one mental activity develops to the detriment of other possible mental activities. The path of thought thus reveals great instability, and it is within this field that changes are progressively reinforced over the long run. The regressions, negative therapeutic reactions, etc., seen in treatment show us that numerous associations are possible. All thought results from a choice, and for a given situation a number of solutions exist. Child development should therefore be seen as the progressive accumulation of forms of thought and action. Processes of selection, both internal and external, lead to choices and reinforce certain systems of thought to the detriment of others. This concept of multiple potentialities could be generalized to all forms of mental activity. The question, then, is not how a phobic or a persecutory position develops and then disappears, but rather how it is maintained and organized to the point of developing a stable structure recognized as pathological. The spatial metaphors of the structural theory help us to understand the probability of occurrence of certain psychic activities. But we should not forget that these spatial metaphors are only models to permit us to conceptualize psychic reality, which belongs to the temporal order.

"If I Distrust My Memory. . ." An Essay To Have Done with Theories of Inscription. Claude Le Guen. Pp. 1111-1140.

This is a very thoughtful discussion of the ambiguities in Freud's article on the mystic writing pad and the misuse to which it has been put. Freud's short note has evoked an enormous literature. This disproportionate capacity to evoke discussion has been shared by Freud's "Negation," but the latter introduced a new and major concept, while "A Note upon the 'Mystic Writing-Pad'" seems to return to a theory which one might have thought had been abandoned: the theory of inscriptions or mnemonic traces, which looks backward to the *Project*. It involves a neurophysiological explanation which Freud subsequently abandoned for the purely psychological approach he evolved in his major break with the past between the *Project* and *The Interpretation of Dreams*. It is important to recognize the explicit and the implicit limitations that Freud set on his analogy of the writing pad. One of the limits is in the very first sentence, which begins, "If I distrust my memory. . ." Psychoanalysis is concerned with the deformations of memories, which occur through the working of dynamic forces in the unconscious. The inscription of a memory and its truth are not so important as the deformations and the forces which bring them about. It was Freud's inability to account for these dynamic deformations that led him to a purely psychological theory. An insistence on the theory of inscription which some read into the writing pad article is an error, according to Le Guen. The emphasis on inscriptions has had a wide and misleading impact on psychoanalytic theorizing. It is embodied in the genetic point of view and can be seen in the research involving the longitudinal observation of children. Le Guen is critical of all theories that take a predominantly spatial or genetic approach to psychoanalysis. He sees this same

error in the work of Lacan and Melanie Klein. The important issue in psychoanalysis is not what is "written" in memory, but what is "read" from it, with all the ensuing deformations: the "living history" elaborated between analyst and patient. There are abundant references to Freud's later theories in the writing pad article. He did not trouble himself much about the apparent introduction of the writing pad analogy in his intellectually playful article. Its misleading elements would probably have been suppressed by its author had he become aware of the backward-looking use that would be made of the little piece.

From Aphasia to Psychoanalysis. René Henny. Pp. 1157-1161.

Henny focuses on Freud's 1891 paper, "On Aphasia," and attempts to place it in the context of Freud's intellectual development toward a purely psychological theory. Freud was a pupil of Bruecke and Meynert. We forget how excellent a neurologist Freud was at this time, and we overlook his extensive knowledge about aphasia. His work was original, and it questioned that of his predecessors. But by this time his neurophysiological work was of less interest to him. His final rupture with the neurological past seems to have occurred in the few weeks he spent writing the *Project*, four years after the aphasia paper was published. In his desire to understand, he constructed a fantastic neurology, a caricature of neurology. He was not preoccupied with perception, in contrast to present-day intensive research on the problem. However, in the article on the mystic writing pad, seduced by the little device, he made an attempt to explain perception and the registration of perception in the mnemic apparatus. In "On Aphasia" he had spoken of memory deficits at one or another stage of inscription. The mystic writing pad article seems to be a return to preoccupations more neuropsychological than metapsychological. While hardly any humanistic science has remained untouched by Freud's influence, psychoanalysis seems closed to contemporary discoveries, whether in anatomy, physiology, neuroanatomy, or neurophysiology. It is as if psychoanalysis cannot be enriched by the exciting fields of exploration in the neurosciences. Although there have been some attempts at rapprochement, the result is sometimes an unintended caricature, as when some writers would locate the unconscious in the right hemisphere. Nevertheless, Freud himself, as he showed in the note about the mystic writing pad, would hardly have disavowed efforts at a synthesis of findings in contemporary neurosciences.

Some Precursors of the Skin-Ego in Freud. Didier Anzieu. Pp. 1163-1185.

In several previous publications, Anzieu has argued for his theory of the skin-ego. He reviews evidence for this theory from various sources in contemporary science and then defends it by relying on Freud's article on the mystic writing pad. He traces Freud's passage from a topographical model purified of anatomical and neurological references, which acquires, implicitly, a reliance by the ego on the experiences and functions of the skin. Anzieu discusses the psychological schema of word representations as found in "On Aphasia." It was a schema that Freud used until his break with it in *Beyond the Pleasure Principle* and *The Ego and the Id*. In these latter works he switched from this asymmetrical double branching schema and began to use that of an envelope as a model. In the mystic writing pad article it is evident how

much of the ego is dependent upon the surface in the stimulus barrier that the celluloid page represents. The concept of contact barrier was elaborated as early as the *Project*, but analysts, except for Bion, have neglected the notion. We find this idea later developed into the stimulus barrier of *Beyond the Pleasure Principle*. Contact barriers have a triple function of separating unconscious from conscious, memory from perception, and quantity from quality. They constitute for Anzieu a surface of inscription. Freud's article mentioned the periodic fluctuation in the cathexis of the system as a source of the sense of time. Anzieu would add that the ego acquires the sense of its temporal continuity to the extent that the skin-ego constitutes itself as an envelope sufficiently sensitive to interactions with its surroundings and yet a container sufficient to hold what becomes the psychic contents.

The Anniversary and Its Magic. Jacques Cain. Pp. 1187-1197.

Cain discusses the concept of anniversary responses, utilizing the ambiguity of the French word *anniversaire* which also means birthday. Considering that these responses are clinical phenomena familiar to all analysts, it is surprising that Freud was little interested in them. Cain suggests that this may be linked to Freud's problems about his aging and the dates of births and deaths in his family, including his fantasies about the time of his own death. Cain emphasizes the double aspects of anniversary responses, one directed toward consciousness with the periodic ego anxiety, the other turned toward the unconscious and defined by its instinctual aspects, as well as the continuing need to deal with loss. He questions whether mourning is ever complete. The anniversary reaction may also be seen as a mechanism for healing the depression over an irreparable loss. It involves considerable ambivalence. The return of the repressed occurs, then denial sets in, and this resuscitation of the past is again plunged into forgetfulness. Anniversary responses have to do with the maintenance of memory, therefore with the mnemonic trace, yet that is not the full story. Since the invention of the mystic writing pad, science now offers us many types of registrations of external aspects of past events. Still, what is psychologically more important is the condensation that occurs with the associations to the original event. We must also recognize that the anniversary response is a confrontation between the mnemonic trace and reality. It is sometimes so real a confrontation that the stimulus barrier has difficulty carrying out its function, and the birthday or anniversary may be the occasion of dangerous acting out.

On the "Mystic Writing Pad." Topography and Time. Jacqueline Cosnier. Pp. 1198-1230.

Cosnier discusses the evolution of Freud's thought concerning memory, and how this ultimately led him to the metaphor of the mystic writing pad. An intimate relationship existed between Freud's practice and the creation of models, including metaphors at different levels of abstraction, to describe the relations between the past and the present. Cosnier develops the concept of instruments of knowledge, important for the development of Freud's theoretical thinking. The notion of transference, which Freud was able to discern in his observations of Breuer's experience with Anna O., functioned as an instrument of knowledge. This instrument was able to take Freud much farther in generalization than hypnosis and the notion of the hypnoid state, since it immediately differentiated past and present. The author

traces steps in Freud's thought concerning the relationship between memory and perception. The dreams of his self-analysis, as well as his fantasies, were important instruments of knowledge for Freud, as he went about developing his theory of the mental apparatus. He hypothesized two systems, one for registration, the other constituting a combined system of perception and consciousness. When the notions of trauma, actual neurosis, and the prevalence of the economic point of view were taken up in 1920, Freud was led to metapsychological modifications concerning instinctual dualism and topography, stimulated by reflections on the negative therapeutic reactions encountered in his patients. He described various forms of repetition, including repetition in the transference. This resumption in 1920 of reflections on the interrelationship between consciousness and mnemonic traces is correlated with the recognition of the unconscious character of the mechanisms of defense.

Meeting of the Psychoanalytic Association of New York

Edmund Chaitman

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NOTES

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 20, 1985. HOMOSEXUALITY IN HOMOSEXUAL AND HETEROSEXUAL MEN: SOME DISTINCTIONS AND IMPLICATIONS FOR TREATMENT. Richard A. Isay, M.D.

Dr. Isay offered a clinical perspective that would enable psychoanalysts to work more effectively with male homosexual patients. This perspective is based on two premises: 1) that homosexuals can lead well-adjusted lives with gratifying love relationships, and 2) that efforts to change the sexual orientation of most gay patients are not helpful. The psychoanalytic view that homosexuality is an illness and that we should therefore try to change our patients' sexual orientation is, stated Dr. Isay, a bias based on the belief that only heterosexuality is normal and on the internalization of social prejudice against homosexuality. Countertransference arising from such bias has affected objectivity and theory building, leading to a view that "there are no healthy homosexuals."

Dr. Isay's early efforts to help gay patients change their sexual orientation through analysis of early conflict were not successful. He observed that behavioral change could occur only through exploitation of the transference. Moreover, the unsuccessful attempts of other analysts to alter their patients' sexuality suggested that the resulting repression, denial, or suppression of homosexual impulses often produced depression. Relinquishing the goal of changing the gay patient's sexual orientation is not, however, a nihilistic view of psychoanalytic work with homosexuals. Analysis can be helpful in the same manner and for the same problems as it is for heterosexuals. If carried out with neutrality, it may lead to the gay patient's sexuality becoming less maladaptive and better integrated. Dr. Isay emphasized that it is erotic preference expressed in fantasy, rather than behavior, that defines the homosexual. Homoerotic fantasy is not necessarily exclusive in the homosexual, but is predominant and can usually be recalled from early adolescence or late childhood. There are heterosexuals who may engage in homosexual activity: some, like adolescents, for developmental reasons; some, like delinquents, for opportunistic reasons; and some, like prisoners, for situational reasons. Additionally, some heterosexuals may engage in "defensive homosexuality," in which homosexual fantasies and behavior are used to defend against anxiety stirred by assertive behavior. In these patients, femininity is perceived as passive and non-competitive, masculinity as competitive and aggressive. But Dr. Isay does not believe "defensive" homosexuality plays a part in "true" homosexuality. He enumerated the following characteristics which help distinguish the true homosexual from the heterosexual who uses homosexuality as a defense. For the heterosexual, homosexual fantasy and behavior: 1) are ego-dystonic; 2) have the unconscious meaning of being womanlike and unmasculine; 3) serve to ward off heterosexual attachment; 4) are usually recalled as occurring in late adolescence or early adulthood; 5) increase at times of heightened transference anxiety; and 6) lessen with analytic treatment. For the true homosexual, homosexual fantasy and behavior: 1) tend to be ego-syntonic;

2) do not often have the unconscious meaning of being unmasculine; 3) have as their aim homosexual attachment; 4) are recollected as beginning in latency or early adolescence; 5) are not related to issues of increased competitiveness in the transference; and 6) tend to become less conflicted with properly conducted analytic treatment.

Dr. Isay believes that it is only by accepting a homosexual's sexuality as a given that the analyst can really treat him with neutrality. This does not preclude analyzing the origins of homosexual object choice, or of any other behavior. True homosexuals who present for treatment because they are dissatisfied with themselves as homosexuals are responding to several possible factors: social pressures and prejudices; troublesome internal conflicts inhibiting acceptance of their sexuality; or unrelated conflicts displaced onto aspects of their sexuality.

The case of Carl, who was in his twenties, illustrated many of Dr. Isay's points. Carl's early history and the sustained strength of his homosexual impulses met Dr. Isay's criteria for "true" homosexuality. Carl had left a previous treatment because he felt the therapist disapproved of his homosexuality. In the opening stage of treatment, Dr. Isay carefully avoided evincing any bias as to whether Carl should or should not be homosexual. For example, when Carl expressed dismay over his homosexual impulses, Dr. Isay did not ask why he did not date women. Only after the patient perceived Dr. Isay's neutrality and a therapeutic alliance was established were such questions voiced. (They were appropriate in view of Carl's difficulty in forming meaningful attachments to men.) With the awareness of the analyst's neutrality, Carl's initial anxiety about homosexuality disappeared. There was no evidence of a primary conflict over being close to a woman. The unfolding analysis dealt with Carl's conflicts about intimacy with other men. Dr. Isay presented material demonstrating how such conflicts were manifested in the transference, and how the analysis and working through of these conflicts contributed to Carl's increased self-esteem and better integration of himself as a homosexual man.

Dr. Isay discussed some possible determinants for Carl's choosing a male rather than a female love object. Such dynamic explanations, however, were not satisfying to Dr. Isay, because there was nothing specific about Carl's family constellation that could not be found in the families of many heterosexuals, and because the purpose of such explanations would be to understand why Carl avoids women, while the natural flow of a properly conducted analysis of a gay man (unencumbered by realistic or neurotic anxiety about his sexuality) is toward understanding the conflict interfering with his gratifying relations with other men. This is comparable, said Dr. Isay, to the analysis of a heterosexual man where we learn little about why he avoids sex with other men. As to the origins of homosexuality, Dr. Isay believes that there is a genetic flexibility in sexual orientation and that under appropriate environmental conditions either homosexuality or heterosexuality may emerge. Neither genetic disposition nor environment alone is sufficient for the establishment of sexual orientation; thus, the conflicts incurred in the family environment cannot alone change sexual orientation, nor fully explain it. Moreover, what began in conflict may become adaptive, growth-enhancing behavior.

Dr. Isay then turned his attention to bisexuals. The conventional analytic view is that bisexuals are either sick heterosexuals, using homosexuality to ward off anxiety-provoking heterosexual impulses, or true homosexuals. Dr. Isay believes that

although bisexuals may appear to be defending against a homosexual or a heterosexual position, in reality their bisexual orientation was established at an early age. For bisexuals who enter treatment because they want to get or remain married, treatment will be successful to the degree to which they can be made conscious and accepting of their homosexual impulses and fantasies. They, as opposed to homosexuals, gain enough emotional gratification and social discharge in their heterosexual life that the renunciation of their homosexual life will not cause undue difficulty. But, as with homosexuals, the bisexual orientation, established early in development, remains, and only sexual behavior is altered.

Dr. Isay stressed the diversity of homosexuals, noting the partial identification with both parents in every individual and the diverse family patterns associated with homosexuality. The homosexual who is, for example, narcissistic resembles more closely the heterosexual narcissist than he does other homosexuals. In understanding the homosexual, the question cannot be posed simply: "What are the psychological determinants of the homosexual or the homosexual object choice?" The way homosexual orientation affects and is affected by whatever psychopathology exists with it deserves the same effort at understanding that we attempt with our heterosexual patients. And this understanding can be achieved only if the homosexual arousal pattern is accepted as a given.

Dr. Isay believes constitutional and biological factors are important in the predisposition to homosexuality, but he deliberately de-emphasized their possible significance in order to confront two important fallacies: 1) the idea that only what is constitutional in that patient must be accepted as a given by the analyst; and 2) the corollary concept that the analyst can and should change what derives from early conflict. The genesis of sexual orientation is irrelevant for the appropriate treatment of homosexual patients, Dr. Isay ended by stressing that, in his opinion, the view that it is possible for, and in the best interest of, the homosexual to become heterosexual is a value of society and not a "health" value. Our goal, as analysts, is to lessen the burdens that society imposes on these patients and to help them resolve the conflicts that interfere with the fullest and most gratifying expression of their sexuality.

DISCUSSION: Dr. Melvin Stanger disagreed with much that Dr. Isay said, but welcomed the provocative paper as a stimulus to clarify many concepts regarding homosexuality. First, he disagreed with Dr. Isay's concept of neutrality, which involves accepting homosexuality as a given. He felt it rested on false premises: that homosexual orientation cannot be changed through psychoanalysis; and that homosexuality may be adaptive if interfering conflicts are resolved. True neutrality, said Dr. Stanger, included a professional ethical wish to help a patient achieve all he was capable of, while remaining flexible enough to settle for limitations in goals if that proved necessary. It did not foreclose the possibility of change, as did Dr. Isay's view of neutrality. He also wondered if Dr. Isay's use of transference exploitation to effect sexual behavioral change did not in itself make sexual orientation change impossible. Dr. Stanger commented on the difficulties in treating the overt homosexual as opposed to the "defensive" homosexual. While acknowledging phallic oedipal determinants, he stressed the preoedipal origins of the homosexual's conflicts which make it difficult for him to tolerate his intense loneliness and anxiety. The

homosexual seeks a partner for a number of reparative reasons: a) to establish a good mother-child relationship from which he can obtain nurturing supplies; b) to find someone like himself to love as he once wished to be loved; and c) to strive to find his own lost masculinity in the body and the penis of his partner. Since full separation from the mother has not been achieved and identification with the father has been disrupted, he feels incomplete and damaged. The homosexual is thus under considerable pressure to continue his homosexuality. Treatment of such a patient is arduous. But structural change and sexual reorientation are possible to the extent that: 1) the analyst can create an atmosphere in which the patient may engage him with his intense disparagement, hate, and longing; 2) such feelings can be interpreted and worked through with reference to their genetic determinants, and 3) the analyst can be a new and different object to whom the patient can relate in a different way. Dr. Stanger questioned whether homosexuality achieves secondary autonomy and becomes adaptive growth-enhancing behavior, since the fact that many homosexuals are successful in various pursuits is no proof that homosexuality is adaptive; these successes may have been achieved despite the homosexuality, not because of it. The fact that many people with genetic and psychodynamic constellations usually associated with homosexuality do not develop homosexuality cannot be used as an argument against a genetic, psychodynamic explanation of this illness. We know from clinical work that people with similar genetic and dynamic constellations do not necessarily develop the same type or severity of illness. If homosexuals cannot be treated if treatment goals involve a change in sexual orientation, how, he asked, are we to understand the work of experienced analysts who have reported such change in their patients? He cited several authors who have stressed the individuality of the homosexual and of his analysis, and the difficulties for patient and analyst in the treatment of overt homosexuality. Quoting Dr. Ethel Person, he emphasized the narcissistic mortification and rage involved in treatment: the ability of the analyst to tolerate transference rage will often determine the treatment outcome. He also referred to Dr. Charles Socarides's belief that the developing transference relationship is more important in treatment than the presenting symptoms, stressing that such patients must discuss the extent and depth of their feelings of desolation toward the paternal figure in the transference.

Dr. Mervin H. Hurwitz stated that the implication is that only analysts who believe as Dr. Isay does—that homosexuality is not pathologic and that analysis should not aim toward a change in sexual orientation—have had their own homosexual drives adequately analyzed. Dr. Hurwitz wondered if the reverse were true—that countertransference problems may contribute to the conclusion that homosexuality is not pathological. How does one aim an analysis? Anna Freud once described a homosexual man who came to treatment for an obsessive-compulsive illness, stating he did not want his homosexuality altered in any way. At the end of treatment the man was no longer homosexual, but she had been unable to alter his obsessive-compulsive neurosis. What if, in the unfolding of the material, the homosexual object choice does change? Dr. Isay's concept of "true" homosexuals and men using homosexuality as a defense seemed to Dr. Hurwitz an uneconomic distinction that makes the understanding of homosexuality more complicated. What if a patient meets all of Dr. Isay's criteria for true homosexuality, but defense mechanisms are clearly present as well? Dr. Hurwitz's own experience is that homosexu-

ality is of neurotic origin and responds to analysis like any other neurotic syndrome; the more primitive the patient's symptoms and defenses, the more difficult it is to treat that patient successfully. Although Dr. Isay states that homosexuality is not a disease, its frequency in the population does not suggest a normal variant. Even if it were frequent, like hypertension, should it not be treated? Dr. Hurwitz agreed with Dr. Isay that what defines homosexuality is fantasy life and not behavior, but he suspected that he would accept less conscious homosexual fantasy than would Dr. Isay. Working with "situational homosexuals" in prison, Dr. Hurwitz found that a few had previous homosexual experiences and that almost all admitted to homosexual fantasies, leading him to suspect that the "situational homosexual" is, in reality, a bisexual or repressed homosexual. Dr. Hurwitz preferred viewing homosexuality on a disease continuum. If the disease is mild, as in those men Dr. Isay calls "defensive" homosexuals, it can be cured. If the disease is profound, as in those Dr. Socarides labels preoedipal types, cure is less likely.

EDMUND CHAITMAN

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 13, 1984. ON HEARING AND LISTENING. Maurice S. Nadelman, M.D.

Dr. Nadelman distinguished between hearing and listening in order to more clearly understand social interactions, the analytic process, and the development of the individual. Although the dictionary does not make this distinction clearly, Dr. Nadelman noted, our use of language does. "A father called his son's attention to the beautiful music on the radio, and the son replied, 'I wasn't listening.'" Thus, listening is defined more in terms of volitional attention and requires a quota of work. Hearing has more to do with a passive, though sometimes emotional, experience. Freud observed that children hearing a familiar voice can lose the feeling that they are in the dark.

In analysis, this focus is particularly useful. We depend on the patients to listen to themselves and to the analyst. At times patients seem to hear only what they themselves say and listen only when something is repeated by the analyst. Dr. Nadelman discussed the fact that we have no cover for our ears, such as we do for our eyes. We hear all the sounds around us, but we listen to only a few. An example was given of Freud, who heard bells in his sleep, but in the dream found a reason for not listening to them. Dr. Nadelman compared the hearing in such dreams with Freud's distinction between ostensible thinking (the subject matter of the dream thoughts) and thinking which deals with the relations between the dream thoughts. Absence of listening is also an aspect of day dreaming. Dr. Nadelman suggested that the tendency people in deep sleep have to hear sounds first as far away, yet somehow within themselves, and only later as emanating from without is parallel to the Isakower phenomenon, a blurring of what is internal and what is external. "Slips of the ear" in paying attention to certain factitious sounds in the consultation room are related to the inner state of the person. This is particularly enhanced in analysis as opposed to psychotherapy because of the absence of visual stimulation.

Dr. Nadelman then spoke about the significance of hearing and listening in individual development. Listening is outer directed toward an object other than the self. He noted that infants go through a period during which they hear but do not listen because, for them, there is no object other than the self. The capacity to listen grows with maturation. Dr. Nadelman drew our attention to the ways in which hearing and listening play a part in the child's orientation, object relationships, preverbal auditory memory traces, and primal scene sounds. He ended his presentation with the hope that the audience had been listening.

SIDNEY M. LYTTON

The founding of the INTERNATIONAL ERICH FROMM SOCIETY has been announced in Tuebingen, Germany. The organization will serve the purpose of maintaining the Erich Fromm Archives, supporting research, and teaching and further developing the concepts of Dr. Fromm, who died in 1980. The Society will organize scholarly programs and projects on a national and an international basis. For further information, contact: International Erich Fromm Society e.V., Rappenberghalde 17, D 7400 Tuebingen, Federal Republic of Germany.

The 64th Annual Meeting of THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION will be held March 25–29, 1987, at the Washington Hilton, Washington, D.C. The theme of the meeting will be "Toward Empowerment of Families: Strategies for Change." For further information, write to: ORTHO, 19 West 44th St., Suite 1616, New York, N.Y. 10036, or call 212-354-5770.

Name Index

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NAME INDEX

KEY: (N) Note of paper presented at scientific meeting
(R) Book review

- ABEND, SANDER M.
Countertransference, Empathy, and the Analytic Ideal: The Impact of Life Stresses on Analytic Capability, 563-75
- ABRAMSON, JEFFREY B.
Liberation and Its Limits. The Moral and Political Thought of Freud (R) 182-84
- ADATTO, CARL P.
reviewer of Laufer and Laufer, of Kaplan, 350-54
- ARLOW, JACOB A.
on fetish (Arlow) 61
on metaphor in psychoanalytic situation (Poland) 258
on myth (Lester) 454
The Poet as Prophet: A Psychoanalytic Perspective, 53-68
on psychoanalysis as empirical science (Wallerstein) 447
- BAUDRY, FRANCIS
A Dream, a Sonnet, and a Ballad: The Path to Keats's "La Belle Dame sans Merci," 69-98
reviewer of Pederson-Krag, 541-42
- BELL, CLIVE
on aesthetic experience (Hanly) 1-2
- BEREZIN, MARTIN A.
reviewer of Myers, 517-19
- BIANCHI, HENRI
reviewer of Major, 532-36; of Chemouni, 658-60
- BING, JAMES F.
abstractor of *The Annual of Psychoanalysis*, 362-66
- BRAKEL, LINDA A. WIMER
"Nothing Is Missing . . . Yet": Two Disturbances in the Sense of Reality and a Woman's Fantasied Phallus, 301-305
- BRIL, JACQUES
Le Masque ou le père ambigu (R) 179-82
- BROMBERG, NORBERT
co-author of *Hitler's Psychopathology* (R) 536-38
- BURNHAM, JOHN C.
Jelliffe: American Psychoanalyst and Physician (R) 527-32
- CANBY, VINCENT
on artistic achievement and repression (Arlow) 63-64
- CHALFIN, ROBERT M.
reviewer of Burnham, of McGuire, 527-32
- CHASSEGUET-SMIRGEL, JANINE
Creativity and Perversion (R) 656-57
- CHEMOUNI, JACQUY
Georg Groddeck. Psychanalyste de l'imaginaire (R) 658-60
- COHEN, REBECCA S.
co-editor of *Parenthood: A Psychodynamic Perspective* (R) 354-58
- COHLER, BERTRAM J.
co-editor of *Parenthood: A Psychodynamic Perspective* (R) 354-58
- COLARUSSO, CALVIN A.
co-author of *The Race against Time. Psychotherapy and Psychoanalysis in the Second Half of Life* (R) 519-22
- COMPTON, ALLAN
Neglected Classics: Hanns Sachs's "On the Genesis of Perversions": Introduction and Discussion, 474-76, 489-92
- COOPER, ARNOLD M.
Some Limitations on Therapeutic Effectiveness: The "Burnout Syndrome" in Psychoanalysts, 576-98
- DAVISON, WALTER T., et al.
co-authors of *Turning Aggression on the Self: A Study of Psychoanalytic Process*, 273-95
- DEUTSCH, LAWRENCE
reviewer of Lichtenberg, 660-62
- DILMAN, ILHAM
Freud and the Mind (R) 678-80
- DODDS, E. R.
on shame culture (Lester) 464
- DUNDES, ALAN
co-editor of *Oedipus. A Folklore Casebook* (R) 313-18
- EAGLE, MORRIS N.
on hermeneutic exposition in science (Wallerstein) 429
Recent Developments in Psychoanalysis. A Critical Evaluation (R) 346-50
- EDELSON, MARSHALL
on clinical data and suggestion (Wallerstein) 443
Hypothesis and Evidence in Psychoanalysis (R) 334-38
on surprise and hypothesis testing (Wallerstein) 442
- EDMUNDS, LOWELL
co-editor of *Oedipus. A Folklore Casebook* (R) 313-18

- ELIADE, MIRCEA
on myth (Lester) 453
on Plato (Lester) 453
- ELLIS, HAVELOCK
on sexual cannibalism of female organisms (Grossman) 380
- FENICHEL, OTTO
on language and unconscious fantasy (Poland) 257
- FERNALD, DODGE
The Hans Legacy. A Story of Science (R) 522-27
- FISCHER, NEWELL
on masochism (Grossman) 383
- FISHER, DAVID JAMES
reviewer of Bril, 179-82
- FISHMAN, GEORGE G.
abstractor of *American Imago*, 194-96
- FITZPATRICK-HANLY, MARGARET ANN
Keats's Oral Imagination: " 'Tis Not through Envy," 618-39
- FLECK, STEPHEN
reviewer of Frosch, 341-46
- FREUD, ANNA
on psychoanalytic treatment and cure (Wallerstein) 435
- FREUD, SIGMUND
on analysts as human beings (Abend) 574
on analyst's unconscious as receptive organ (Abend) 568-69 n.
on art (Hanly) 18
on child's witnessing beatings at school (Sachs) 479
on countertransference (Rothstein) 299
on creativity (Fitzpatrick-Hanly) 638
on girl and fantasy of penis (Brakel) 303
on Goethe (Waugaman) 310
on insight (Michels) 602, 603
on masochism (Grossman) 394, 395, 397
on memory (Hanly) 13
on *Moses* of Michelangelo (Trosman) 142
on *Oedipus Rex* (Michels) 600
on patient's experience in falling asleep (Waugaman) 310
on repression (Davison, Bristol, and Pray) 280
on suggestion and psychoanalytic treatment (Wallerstein) 432-33
on use of analyst's unconscious (Jaffe) 216
on working through (Davison, Bristol, and Pray) 274
- FROSCH, JOHN
The Psychotic Process (R) 341-46
- FRYE, N.
on myth and literature (Lester) 454, 470
- GEDO, JOHN E.
Psychoanalysis and Its Discontents (R) 323-34
reviewer of Chasseguet-Smirgel, 656-57
- GILLMAN, ROBERT D.
on trauma in child with actual seduction and physical injury (N) 374-76
reviewer of Kernberg, 502-508
- GINSBURG, SYBIL A.
reviewer of Offer and Sabshin, 358-61
- GLENN, JULES
reviewer of Masson, 496-501
- GLOVER, EDWARD
on psychoanalytic research (Wallerstein) 416
- GLYMOUR, C.
on clinical evidence and suggestion (Wallerstein) 441-42
on testing of theories (Wallerstein) 440-41
- GOLDBERG, ARNOLD
co-editor of *Kohut's Legacy. Contributions to Self Psychology* (R) 513-16
- GRAY, PAUL
on analysts' choosing words (Davison, Bristol, and Pray) 278
- GRAY, SHEILA HAFTER
abstractor of *Bulletin of the Menninger Clinic*, 200-203
- GROSSMAN, WILLIAM I.
Notes on Masochism: A Discussion of the History and Development of a Psychoanalytic Concept, 379-413
- GRÜNBAUM, ADOLF
on contamination of clinical data (Wallerstein) 437-38
on fallibility of early memories (Wallerstein) 437
on Freud's modifications of theories (Wallerstein) 432-33
on Freud's "Tally Argument" (Wallerstein) 434-35
on making use of causal connection (Wallerstein) 425
on suggestibility and psychoanalysis (Wallerstein) 436
- GRUNBERGER, BÉLA
on libidinal object cathexis (Fitzpatrick-Hanly) 632
- HALL, LAURENCE B.
reviewer of Stepansky and Goldberg, 513-16
- HALPERT, EUGENE
reviewer of Mahony, 670-72
- HAMILTON, JAMES W.
on object loss and Keats (Baudry) 90

- HANLY, CHARLES M. T.
Psychoanalytic Aesthetics: A Defense and an Elaboration, 1-22
 reviewer of Dilman, 678-80
- HARTMAN, JOHN J.
 abstractor of *Psychoanalytic Study of Society*, 197-200
- HOLLAND, NORMAN N.
Twenty-Five Years and Thirty Days, 23-52
- HOLT, ROBERT R.
 on psychoanalysis as science (Wallerstein) 417, 427-28
 on reasons and causes (Wallerstein) 430
- HOLZMAN, PHILLIP S.
 on reasons as causes (Wallerstein) 430
- HOME, H. J.
 on psychoanalysis as one of the humanities (Wallerstein) 420
- ISAY, RICHARD A.
 on homosexuality in homosexual and heterosexual men (N) 703-707
- ITZKOWITZ, NORMAN
 co-author of *The Immortal Atatürk. A Psychobiography* (R) 681-88
- JACOBS, THEODORE J.
 on analyzing instrument (N) 373-74
 reviewer of Kiell, 168-70
- JAFFE, DANIEL S.
Empathy, Counteridentification, Countertransference: A Review with Some Personal Perspectives on the "Analytic Instrument," 215-43
- JOSEPH, EDWARD D.
 co-editor of *The Identity of the Psychoanalyst* (R) 339-41
- JUCOVY, MILTON E.
 reviewer of Luel and Marcus, 184-91
- KAPLAN, LOUISE J.
Adolescence. The Farewell to Childhood (R) 350-54
- KELMAN, HARVEY
The Day Precipitate of Pharaoh's Dreams, 306-309
- KERNBERG, OTTO F.
Severe Personality Disorders: Psychotherapeutic Strategies (R) 502-508
- KERRIGAN, WILLIAM
 co-editor of *Interpreting Lacan* (R) 644-52
- KESTENBERG, JUDITH S.
 reviewer of Cohen, Cohler, and Weissman, 354-58
- KIELL, NORMAN
 editor of *Blood Brothers. Siblings as Writers* (R) 168-70
- KILBORNE, BENJAMIN
 reviewer of Spiro 319-23
- KLUMPNER, GEORGE, H.
 reviewer of Wegman, 542-43
- KOHUT, HEINZ
 on reality (Jaffe) 233-34
- KRACKE, WAUD H.
 reviewer of Wallace, 174-79
- KRAFT, HARTMUT
 editor of *Psychoanalyse, Kunst und Kreativität heute* (R) 170-73
- KRASNER, RONALD F.
 abstractor of *Contemporary Psychoanalysis*, 203-206
- KRIS, ERNST
 on memories and personal myth (Lester) 455
 on negative oedipal attachment (Lester) 470
- KUNSTADT, LAWRENCE P.
 reviewer of Winsen, 689-90
- KURZWEIL, EDITH
 co-editor of *Literature and Psychoanalysis* (R) 191-93
- LAOR, NATHANIEL
 reviewer of Meissner, 672-78
- LAUFER, MOSES, and LAUFER, M. EGLÉ
 co-authors of *Adolescence and Developmental Breakdown* (R) 350-54
- LEAVY, STANLEY A.
 on primary and secondary process in creativity (Silverman and Will) 103
- LESTER, EVA P.
Narcissism and the Personal Myth, 452-73
- LEVY, STEVEN T.
Principles of Interpretation (R) 652-55
- LICHTENBERG, JOSEPH D.
The Talking Cure. A Descriptive Guide to Psychoanalysis (R) 660-62
- LOEWENSTEIN, RUDOLPH M.
 on analyst's speech (Poland) 245
- LUEL, STEVEN S.
 co-editor of *Psychoanalytic Reflections on the Holocaust* (R) 184-91
- MAHONY, PATRICK J.
Cries of the Wolf-Man (R) 670-72
- MAJOR, RENÉ
Le Discernement. La Psychanalyse aux frontières du droit de la biologie et de la philosophie (R) 532-36
- MARCUS, PAUL
 co-editor of *Psychoanalytic Reflections on the Holocaust* (R) 184-91
- MASSON, JEFFREY MOUSSAIEFF
 translator and editor of *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904* (R) 496-501

- MC CAFFREY, PHILLIP
Freud and Dora. The Artful Dream (R) 666-70
- MC DOUGALL, JOYCE
 on female sexuality (N) 208-11
- MC GUIRE, WILLIAM
 editor of *[Jelliffe's] Correspondence with Sigmund Freud and C. G. Jung* (R) 527-32
- MC INTOSH, DONALD
 on new wave of revisionism in psychoanalysis (Wallerstein) 418
- MC LUHAN, M.
 on Keats ode (Fitzpatrick-Hanly) 633
- MEISEL, FREDERICK
 abstractor of *Psychoanalytic Study of the Child*, 366-71
- MEISSNER, W. W.
Psychoanalysis and Religious Experience (R) 672-78
- MICHELIS, ROBERT
Oedipus and Insight, 599-617
- MOBERLY, ELIZABETH R.
Psychoanalysis. The Early Development of Gender Identity (R) 691-93
- MODELL, ARNOLD H.
 on failure of creativity (Silverman and Will) 102
- MYERS, WAYNE A.
Dynamic Therapy of the Older Patient (R) 517-19
 reviewer of Nemiroff and Colarusso, 519-22
- NADELMAN, MAURICE S.
 on hearing and listening (N) 707-708
- NEMIROFF, ROBERT A.
 co-author of *The Race against Time. Psychotherapy and Psychoanalysis in the Second Half of Life* (R) 519-22
- NERSESSIAN, EDWARD
 on masochism (Grossman) 383
- OFFER, DANIEL
 co-author of *Normality and the Life Cycle* (R) 358-61
- PAJEJA, JOHN
 reviewer of Levy, 652-55
- PEDERSON-KRAG, GERALDINE
The Lurking Keats (R) 541-42
- PERDIGÃO, H. GUNTHER
 reviewer of Volkan and Itzkowitz, 681-88
- PFEFFER, ARNOLD Z.
 on obsessional thinking (N) 207
- PHILLIPS, WILLIAM
 co-editor of *Literature and Psychoanalysis* (R) 191-93
- PINE, FRED
Margaret S. Mahler: 1897-1985, 493-95
- PLATH, SYLVIA
 on being suicidal (Silverman and Will) 106-107
 on father and mother (Silverman and Will) 105
 on writing as religious act and as substitute for self (Silverman and Will) 109
- POLAND, WARREN S.
The Analyst's Words, 244-72
- POPPER, KARL
 on method in science (Wallerstein) 429
- POSNER, D.
 on Fragonard's *The Swing* (Trosman) 153
- PULVER, SYDNEY E.
 reviewer of Eagle, 346-50
- RAPAPORT, DAVID
 on psychoanalytic research (Wallerstein) 415-16
- REED, GAIL S.
 reviewer of McCaffrey, 666-70
- RICHARDS, ARNOLD D.
 on Isakower-like experiences (Waugaman) 311
- RICOEUR, PAUL
 on truth claim of psychoanalysis 421
- ROGOW, ARNOLD A.
 reviewer of Bromberg and Small, 536-38
- ROSE, GILBERT J.
 on Freud's aesthetics (Hanly) 3
- ROTHSTEIN, ARNOLD
The Seduction of Money: A Brief Note on an Expression of Transference Love, 296-300
The Structural Hypothesis: An Evolutionary Perspective (R) 508-13
- SABSHIN, MELVIN
 co-author of *Normality and the Life Cycle* (R) 358-61
- SANDER, FRED M.
 reviewer of Slipp, 662-66
- SANDLER, JOSEPH
 on superego (Grossman) 404
- SCHLESSINGER, NATHAN
 reviewer of Edelson, 334-38
- SEIDES, S. WARREN
 reviewer of Rothstein, 508-13
- SILVERMAN, MARTIN A.
 co-author of *Sylvia Plath and the Failure of Emotional Self-Repair through Poetry*, 99-129
 reviewer of Edmunds and Dundes, 313-18
- SILVERMAN, MARTIN A. and SILVERMAN, ILENE
 reviewers of Fernald, 522-27
- SILVERMAN, SAMUEL
 on thought transference (N) 211-12

- SIOMOPOULOS, GREGORY
on attunement between poet and reader
(Silverman and Will) 102
- SLIPP, SAMUEL
Object Relations. A Dynamic Bridge between Individual and Family Treatment (R) 662-66
- SMALL, VERNA VOLTZ
co-author of *Hüler's Psychopathology* (R) 536-38
- SMITH, JOSEPH H.
co-editor of *Interpreting Lacan* (R) 644-52
- SPENCER, THEODORE
on "Thirty Days Hath September" (Holland) 34-35
- SPIRO, MELFORD E.
Oedipus in the Trobriands (R) 319-23
- SPRUIELL, VANN
reviewer of Wallace, 640-44
- STEELE, ROBERT S.
on hermeneutic method (Wallerstein) 422
- STEPANSKY, PAUL E.
co-editor of *Kohut's Legacy. Contributions to Self Psychology* (R) 513-16
- THOMÄ, H. and KACHELE, H.
on testing psychoanalytic theories (Wallerstein) 444
- THOMPSON, NELLIE L.
reviewer of Abramson, 182-84
- TOLSTOY, LEO
on art (Hanly) 2
- TYSON, PHYLLIS
reviewer of Moberly, 691-93
- VIDERMAN, SERGE
on analytic space (Poland) 268
- VOLKAN, VAMIK D.
co-author of *The Immortal Atatürk. A Psychobiography* (R) 681-88
- WADELL, MAJ-BRIT
The Dream of the Salamander. An Interpretation of the Latent Content in a Painting by Ingemar Pettersson (R) 538-41
- WÄELDER, ROBERT
on empathy (Jaffe) 233
- WALLACE, EDWIN R.
Freud and Anthropology. (R) 174-79
- WALLACE, LEON
Pleasure and Frustration: A Resynthesis of Clinical and Theoretical Psychoanalysis (R) 640-44
- WALLERSTEIN, ROBERT S.
Psychoanalysis as Science: A Response to the New Challenges, 414-51
reviewer of Gedo, 323-34
- WAUGAMAN, RICHARD
A Footnote in Freud's Work and the Isakower Phenomenon, 310-12
- WEGMAN, CORNELIS
Psychoanalysis and Cognitive Psychology. A Formalization of Freud's Earliest Theory (R) 542-43
- WEISS, STANLEY S.
reviewer of Joseph and Widlöcher, 339-41
- WEISSMAN, SIDNEY H.
co-editor of *Parenthood: A Psychodynamic Perspective* (R) 354-58
- WEISSMAN, STEPHEN M.
reviewer of Kurzweil and Phillips, 191-93
- WERMAN, D.
on oceanic experience (Lester) 472
- WIDLOCHER, DANIEL
co-editor of *The Identity of the Psychoanalyst* (R) 339-41
- WILL, NORMAN P.
co-author of *Sylvia Plath and the Failure of Emotional Self-Repair through Poetry*, 99-129
- WILLIAMS, ARTHUR H.
on Keats's "La Belle Dame sans Merci" (Baudry) 89
- WILSON, EMMETT, JR.
abstractor of *Psyche*, 694-97; OF *Revue Française de Psychanalyse*, 697-702
- WILSON, LAURIE
reviewer of Wadell, 538-41
- WINSON, JONATHAN
Brain and Psyche. The Biology of the Unconscious (R) 689-90
- WOLF, ERNEST S.
reviewer of Kraft, 170-73
- YEOMANS, FRANK
reviewer of Smith and Kerrigan, 644-52

Subject Index

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SUBJECT INDEX

KEY: (A) Abstract from other journal
(N) Note of paper presented at scientific meeting
(R) Book review

ACTION
 words as (Poland) 264-66
ADAPTATION
 and art (Hanly) 17-21
ADDICTION
 anorexia nervosa as (A) 552
 as similar to perversion in psychic structure (Sachs) 481-82
ADLER, ALFRED
 and developmental theory (A) 362
ADOLESCENCE
 and developmental breakdown (R) 350-52
 and mourning (A) 545
 as "second birth" (R) 352-53
ADOLESCENT(S)
 and anorexia nervosa (A) 371
 boy, successful analytic work with (A) 544-45
 delinquent female (A) 544
 developmental approach to psychotherapy of (A) 544
 and paranoia (A) 545
 severely disturbed, and countertransference (A) 545
 and suicide (R) 350-51
AESTHETICS
 psychoanalytic study of (Hanly) 1-22
AFFECT(S)
 depressive, and Keats's writings (Baudry) 70, 83, 85, ff.
AGGRESSION
 and masochism (Grossman) 399, ff.
 and sublimation (R) 641-42
 turned on self, in psychoanalytic process (Davison, Bristol, and Pray) 273-93
AKHNATON
 as earlier analogue of Schreber (A) 553-54
ANALYSAND
 and turning aggression on self (Davison, Bristol, and Pray) 276, ff.
 see also, PATIENT
ANALYTIC CAPABILITY
 impact of life stresses on (Abend) 563, ff.
ANALYTIC INSTRUMENT
 operation of (N) 373-74
 two complementary parts of (Jaffe) 217, 224, ff.

ANALYTIC STYLE
 and therapeutic limitations (Cooper) 585-86
ANIMAL BEHAVIOR
 and observer's unconscious bias (R) 522-27
ANNIVERSARY RESPONSES
 double aspects of (A) 701
ANOREXIA NERVOSA
 as addiction to starvation (A) 552
 as feminine disorder (R) 353-54
 psychoanalytic treatment of (A) 371
 see also, PATIENT(S), anorexic and bulimic
ANTHROPOLOGY
 and Freud (R) 174-79
 and psychoanalysis (R) 319-23
APPLIED PSYCHOANALYSIS
 (R) 168-93, 536-42, 670-88
 and aesthetics (Hanly) 3, ff.
 and literature (Holland) 23-52; (Arlow) 53-68; (Silverman and Will) 99-129
 problems in (Baudry) 79, 89, ff.
 and visual arts (Trosman) 130-67
ARISTOTLE
 and definition of tragedy (Hanly) 1, ff.
 Poetics of, and origins of tragedy (A) 554-55
ARMENIANS
 extermination of, and Atatürk (R) 687-88
ART
 aesthetic response to (Trosman) 141, 164-65
 as co-creation of creators and observers (A) 550
 as expression of biography of artist (Trosman) 131-32, 138, 161
 form and content in (Hanly) 1, ff.
 as instrument for change (Arlow) 53, ff.
 psychoanalytic psychology of (R) 170-73; (A) 695-96
 visual, psychoanalytic understanding of (Trosman) 130-67
 see also, DRAMA, LITERATURE, MUSIC, PAINTING(S), SCULPTURE, WRITERS
ATATÜRK, MUSTAFA KEMAL
 psychobiography of (R) 681-88
AUDIENCE
 as co-creator of art (Arlow) 57, ff.
 and poetry (Silverman and Will) 100-102, ff.
BALLAD
 of Keats, analytic study of (Baudry) 69-98

- BARRABAS**
as split-off part of Jesus (A) 554
- THE BEARD**
psychoanalytic study of drama titled (Arlow) 59-63
- BIOGRAPHY**
as illuminated by art (Trosman) 132, ff.
see also, **PSYCHOBIOGRAPHY**
- BIOLOGY**
and psychoanalysis (R) 532-36
- BRAIN**
and mind (R) 689-90
- "**BRAIN-FAG**" SYNDROME
in African patient (A) 197
- BURNOUT SYNDROME**
in psychoanalysts (Cooper) 576, 591-97
- CASTRATION ANXIETY**
fetishism as defense against (Arlow) 61-62
and Keats (Baudry) 88-89; (Fitzpatrick-Hanly) 624, ff.
personal myth as defense against (Lester) 457, ff.
- CATHARSIS**
aesthetics of (Hanly) 1, 4-5, ff.
- CAUSES**
contrasted with reasons in science (Wallerstein) 420, 424, ff.
- CEREBRAL HEMISPHERES**
and psychoanalysis (A) 363-64
- CHANGE**
resulting from analytic treatment (A) 698-99
in society, and function of poet (Arlow) 53, ff.
therapeutic, and insight (Michels) 599, 611, ff.
- CHARACTER**
of analyst, and therapeutic limitations (Cooper) 576, 578-81, ff.
- CHARACTER DISORDERS**
and masochism (Grossman) 403, ff.
- CHICAGO INSTITUTE FOR PSYCHOANALYSIS**
history of (A) 362
- CHILD ANALYSIS**
and interaction with parents (R) 356
- CHILD ANALYST**
and adult analyst compared (A) 370
- CHILD(REN)**
abused, and strabismus (A) 546
and actual seduction and physical injury (N) 374-76
adopted, and analytic termination (N) 559-62
adopted, in analytic treatment (A) 546
behavior of, as Freud's prototype of mental function (Grossman) 379, 399, ff.
see also, **ADOLESCENTS**, **INFANTS**, **PLAY**, **CHILDREN'S**, **TODDLERS**
- CHILDHOOD**
mental health in (A) 547-48
trauma in, as precursor of creativity (R) 192-93
- CLINICAL DATA**
and contamination and suggestion (Wallerstein) 437-38, 441-43
- COGNITION**
and primary process (A) 364
see also, **OBSESSIVE THINKING**, **THOUGHT TRANSFERENCE**
- COGNITIVE PROCESSES**
and regression in clinical work (Jaffe) 229-32
- COMMUNICATION**
mother-child (A) 366
see also, **LANGUAGE**, **WORDS**
- COMPROMISE FORMATIONS**
analyst's, and analytic capability (Abend) 563, 564, 567, ff.
and conflict resolution (Arlow) 55-56
and duality in artistic creativity (Silverman and Will) 100-103
- CONTENT**
in art (Hanly) 1, ff.
in Keats poem (Baudry) 85, ff.
latent, in painting (R)
in literature (Holland) 26, ff.
manifest and latent, relationship of (R) 666-70
- CONTROL ANALYSIS**
and Helene Deutsch (A) 204
see also, **SUPERVISION**
- COUNTERIDENTIFICATION**
in clinical work (Jaffe) 217-19, ff.
- COUNTERTRANSFERENCE**
and adolescent paranoia (A) 545
and analyst's words (Poland) 267-70
and empathy (Jaffe) 219-21, ff.
and empathy and analytic capability (Abend) 563, ff.
expressive uses of (A) 203
of female therapist with male patient (A) 550
and hate (A) 200
and patient's use of money (Rothstein) 299-300
in psychotherapy with adolescents (A) 546
and severely disturbed adolescent (A) 545
- CREATIVE PROCESS**
evolution of, in Keats's writing (Baudry) 70, ff.

- as means of self-control and self-healing (Silverman and Will) 103-104, ff.
- CREATIVITY
- artistic, and primary process (Hanly) 9-17
 - artistic, and psychoanalysis (R) 170-73
 - and Keats (Fitzpatrick-Hanly) 619, ff.
 - literary, and sibling (R) 168-70
 - Loss-Restitution Hypothesis of (R) 192-93
 - as perverse solution to early childhood dilemmas (R) 656-57
 - psychoanalytic debate about (Fitzpatrick-Hanly) 620-21
 - and psychoanalytic iconography (Trosman), 130, ff.
 - scientific, and Janusian thinking (A) 204-205
 - see also, ART, DRAMA, LITERATURE, MUSIC, PAINTINGS, POEMS, POETRY
- CULT PHENOMENON
- and psychopathology (A) 197-98
- CULTURE(S)
- influence of, on Keats (Baudry) 94-95
 - non-Western, Freud's views on (R) 175-79
 - orality in (R) 180-81
 - "primitive," as complex, great civilizations (R) 178-179, 182
- DAY PRECIPITATE
- of dreams of Pharaoh (Kelman) 306-309
- DAYDREAM
- shared, and artistic creativity (Arlow) 56-58
- DEATH
- and Keats (Baudry) 81, ff.; (Fitzpatrick-Hanly) 631, ff.
 - in poetry of Sylvia Plath (Silverman and Will) 120, ff.
- DEFENSE
- adaptive use of (Davison, Bristol, and Pray) 286, ff.
 - masochistic, of analyst (Cooper) 593-95
 - narcissistic, of analyst (Cooper) 595-96
 - projective identification as (R) 506-507
 - and repression (Davison, Bristol, and Pray) 275, ff.
- DEFENSIVE FUNCTION
- of personal myth (Lester) 452, 454, ff.
- DEPRESSION
- and dependence (A) 551
 - and Sylvia Plath (Silverman and Will) 104, ff.
 - see also, AFFECTS, depressive
- DESTRUCTIVENESS
- and Sylvia Plath (Silverman and Will) 111, ff.
- DEUTSCH, HELENE
- and early paper on control analysis (A) 204
- DEVELOPMENT
- and insight (Michels) 599, 611, ff.
 - psychoanalytic theory of, and Oedipus myth (Michels) 599-600
- DIAGNOSIS
- differential, and severe pathology (R) 502-503, 504
- DISPLACEMENT
- adaptive value of (Davison, Bristol, and Pray) 287-88
- DISAVOWAL
- in psychosis and normal behavior (A) 363
- DORA
- reinterpretation of dream of (R) 668-69
- DOSTOEVSKY, FEODOR
- and epilepsy (A) 194
- DRAMA
- psychoanalytic study of (Arlow) 59-63
 - see also, GREEK TRAGEDY
- DREAM(S)
- of Keats, as "seed" in three writings (Baudry) 69, ff.
 - of Pharaoh, day precipitate of (Kelman) 306-309
 - recurrent (A) 202
 - and relationship of manifest and latent content (R) 666-70
- DREAM INTERPRETATION
- and biblical Joseph (Kelman) 307-309
 - literary criticism applied to (R) 666-70
- DRIVES
- and perversion (Sachs) 477, ff.
- ECKSTEIN, EMMA
- and Freud and Fliess (R) 497-98
- EDUCATION
- psychoanalytic, in France (A) 363
- EGO
- and artistic creativity (Hanly) 10-17
 - and formation of personal myth (Lester) 455-56
 - and perversion (Sachs) 479, ff.
 - synthetic activity of, and dreams (Kelman) 306-307
 - and turning aggression on self (Davison, Bristol, and Pray) 275, ff.
- EGO IDEAL
- and Keats's creativity (Fitzpatrick-Hanly) 620-21, 625
- EGO PSYCHOLOGY
- and literary criticism (Holland) 23, 26-28, ff.
- EMPATHY
- and analyst's character (Cooper) 578, ff.

- and analyst's words (Poland) 248, ff.
in clinical work (Jaffe) 217, 227, ff.
and countertransference, and analytic
capability (Abend) 563, 564, ff.
as distinguished from countertransfer-
ence (A) 363
mother-child origins of (Jaffe) 232-33
- EPISTEMOLOGY
and psychoanalysis (Wallerstein) 425, ff.
- ESKIMO
social control of (A) 197
- EVE
and struggle for identity in Milton's *Par-
adise Lost* (A) 195
- EVOLUTIONISM
cultural, and Freud (R) 176-79
- EXECUTIONERS
French, motives of (A) 198
- EXPERIENCE
unformulated (A) 204
- FALSIFIABILITY
and psychoanalysis as science (Waller-
stein) 415, 431-32, ff.
- FAMILY ROMANCE
and Kris's concept of personal myth
(Lester) 452, 454-56
- FAMILY STRUCTURE
and psychopathology (R) 662-66
- FAMILY THERAPY
psychoanalytically based (R) 662-66
- FANTASY
beating, Freud's analysis of (Sachs)
482-83
and masochism (Grossman) 381,
386-88, ff.
and personal myth formation (Lester)
452, 454, ff.
and perversion (Sachs) 478, ff.
of phallus, and disturbance in sense of
reality (Brakel) 301-305
unconscious, and function of poet
(Arlow) 53, 55, ff.
unconscious, and Keats's poetry (Fitzpat-
rick-Hanly) 620, 621, ff.
- FATHER
as ambiguous figure (R) 179-82
function of (A) 370
of Nikos Kazantzakis, and violence
(Lester) 460, ff.
and Sylvia Plath (Silverman and Will)
104-105, 106, 108, ff.
- FEMALE SEXUALITY
Edvard Munch's view of (Trosman)
155-60
narcissistic and homosexual components
of (N) 208-11
- FEMALE THERAPIST
and male patient (A) 550
- FEMININITY
and masochism (Grossman) 392, ff.
- FEMINIST LITERARY CRITICISM
and reader response (Holland) 30-31
- FETISH
female phallus as (Arlow) 61-62
- FLIESS, ROBERT
personality profile of (A) 554
- FLIESS, WILHELM
and Freud (R) 493-501
- FLYING
psychoanalytic observations on (A) 371
- FOLKLORE
Oedipus myth in (R) 313-18
- FONTANE, THEODORE
analytic study of novel of (A) 696
- FORM
in art (Hanly) 1, ff.
in Keats's poetry (Baudry) 85, ff.
in literature (Holland) 25, ff.
in Plath's poetry, as means of self-control
(Silverman and Will) 99, ff.
- FRAGONARD, JEAN-HONORÉ
sexual symbolism in painting of
(Trosman) 154-55
- FREE ASSOCIATION
and poetry interpretation (Holland)
34, ff.
- FREUD MUSEUM
establishment of (N) 372-73
- FREUD, SIGMUND
and aesthetics (Hanly) 2-4, ff.
and anthropology (R) 174-79
and art (R) 170-71
and concepts on perversion (Sachs)
477, ff.
and criticisms of his approach to art
(Hanly) 3-4, 6, 8-10
and development of theory (A) 700
and Dora (R) 666-70
and Smith Ely Jelliffe (R) 527-32
letters to Wilhelm Fliess of (R) 493-501
and literature (A) 550
and Little Hans (R) 522-26
and memory (A) 699-702
monograph on Leonardo of (Trosman)
131-41
moral and political thought of (R) 182-84
and "mystic writing pad" article (A)
699-700
and paper on *Moses* of Michelangelo
(Trosman) 141-48
philosophical study of theories of (R)
678-80
precursor to Isakower phenomenon in
writing of (Waugaman) 310-12

- and psychology of art (A) 695-96
and religion (A) 198; (R) 673-78
and use of others' ideas about sexuality (Grossman) 380, 382, 390, ff.
and views on masochism (Grossman) 393-99
and Wolf-Man (R) 670-72
- FRUSTRATION
psychoanalytic theory of (R) 640-44
- FUSION
and Keats (Fitzpatrick-Hanly) 618, ff.
Virginia Woolf's yearnings for (A) 194
- GENET, JEAN
and relationship between author and audience (A) 199
- GENTILESCHI, ARTEMISIA
sexual reversal in painting by (A) 196
- GILGAMESH
analysis of epic of (A) 552-53
- GOETHE
and birth of sibling (Waugaman) 310-11
- GRANDIOSITY
and Nikos Kazantzakis (Lester) 468, ff.
- GRASS, GÜNTER
analysis of *The Tin Drum* of (A) 697
- GRATIFICATION
perverse (Sachs) 479, ff.
- GREEK TRAGEDY
cathartic function of (Hanly) 3-5, ff.
psychoanalytic understanding of (A) 554-55
- GRODDECK, GEORG
biography of (R) 658-60
- GRUNBAUM, ADOLF
and scientific status of psychoanalysis (Wallerstein) 414, 425, ff.
- GUILT
and masochism (Grossman) 386, 397, ff.
and shame (A) 550
shared, of audience and poet (Arlow) 57, ff.
- HAMLET
and Seneca's *Oedipus* (A) 196
- HEARING
distinguished from listening (N) 707-708
- HERMENEUTIC POSITION
and psychoanalysis (Wallerstein) 414, 419-25, ff.
- HITLER, ADOLF
psychopathology of (R) 536-38
- HOLOCAUST
psychoanalytic reflections on (R) 184-91
- HOMOSEXUALITY
as component of female sexuality (N) 208-11
etiology of (R) 691-92
in homosexual and heterosexual men (N) 703-707
in Oedipus myth (R) 317-18
- HUMANISTIC DISCIPLINE
psychoanalysis as (Wallerstein) 420, 427-28
- ICONOGRAPHY
psychoanalytic (Trosman) 130-67
- IDEALS
perfectionistic, of analyst (Abend) 563, 565, ff.
- IDENTIFICATION
of analyst with patient (Jaffe) 217-18, ff.
of audience with fictional characters (Arlow) 57-58
and masochism (Grossman) 386, 399, ff.
of Sylvia Plath with her writing (Silverman and Will) 109-10, ff.
in psychoanalytic situation (Poland) 252-53, ff.
with tragic heroes (Hanly) 5-6, 9, 19-20
trial, in clinical work (Jaffe) 217-19
see also, COUNTERIDENTIFICATION, PROJECTIVE IDENTIFICATION
- IDENTITY
Eve's struggle for, in Milton's *Paradise Lost* (A) 195
gender, early development of (R) 691-93
Keats's struggle for (Fitzpatrick-Hanly) 636-37
of psychoanalyst (R) 339-41
"secondary," of Keats (R) 541-42
- ILLNESS
as deviancy (A) 551
- IMAGERY
affective, in painting (R) 538-41
in Keats's poem (Baudry) 87-88, ff.
visual, of analyst (Jaffe) 235-36
- IMAGINATION
oral, of Keats (Fitzpatrick-Hanly) 618, ff.
- IMPOSTURE
as masculine disorder (R) 353-54
- INFANT
and normality (R) 359-60
and peer relatedness (A) 364
- INFANTILE SEXUALITY
and neurosis and perversion (Sachs) 478, ff.
- INSIGHT
as central in psychoanalytic theory (Michels) 599, 607, ff.
and *Oedipus Rex* (Michels) 599, ff.
- INTERPERSONAL PARADIGM
and degree of therapist's involvement (A) 547

- INTERPRETATION
 and analyst's choice of words (Poland) 247, ff.
 in psychoanalytic psychotherapy (R) 652-55
 see also, DREAM INTERPRETATION
- INTERVENTION
 ideal, in psychoanalytic situation (Davison, Bristol, and Pray) 273, 285, ff.
- INTERSUBJECTIVITY
 in psychoanalytic treatment (A) 201
- INTRACLINICAL FOCUS
 in psychoanalytic process (Davison, Bristol, and Pray) 274, ff.
- ISAKOWER PHENOMENON
 precursor to, in Freud's writing (Waugaman) 310-12
- IVES, CHARLES
 and aggression toward father (A) 199
- JELLIFFE, SMITH ELY
 biography of (R) 527-32
- JESUS
 as anti-Roman rebel (A) 554
- JUNG, CARL G.
Answer to Job of (A) 194
 and Smith Ely Jelliffe (R) 527-32
- KAZANTZAKIS, NIKOS
 and personal myth (Lester) 452-72
 work and life of (Lester) 457-72
- KEATS, JOHN
 and creative process (Baudry) 70, ff.
 oral imagination of (Fitzpatrick-Hanly) 618-38
 and "secondary identity" (R) 541-42
- KOHUT, HEINZ
 legacy of (R) 513-16
 and psychoanalytic theory (A) 362-63
- KRAFFT-EBING, RICHARD VON
 Freud's use of ideas of (Grossman) 382, 390, ff.
- KRIS, ERNST
 and concept of personal myth (Lester) 452, ff.
 and paper on Messerschmidt's sculpture (Trosman) 148-53
- "LA BELLE DAME SANS MERCI"
 Keats's, precursors of (Baudry) 69-98
- LACAN, JACQUES
 concepts of (R) 644-52
 and French psychoanalytic education (A) 363
- LANGUAGE
 Freud's theoretical, as unsatisfactory (R) 679-80
 and Lacanian concepts (R) 645-46
 see also, METAPHOR, WORDS
- LEONARDO DA VINCI
 psychoanalytic study of paintings of (Trosman) 131-41
- LIBERATION
 communitarian (R) 183-84
- LIFE STRESSES
 and analytic capability (Abend) 563, ff.
- LISTENING
 distinguished from hearing (N) 707-708
- LITERARY CRITICISM
 applied to dream interpretation (R) 666-70
 psychoanalytic, three stages of (Holland) 23-52
- LITERATURE
 and Freud (A) 550
 group reception of (A) 696
 and myth (Lester) 454, ff.
 and psychoanalysis (R) 191-93
 see also, BALLAD, BIOGRAPHY, DRAMA, GREEK TRAGEDY, POEM(S), POETRY, PSYCHOBIOGRAPHY, WRITERS
- LITTLE HANS
 and Freud (R) 522-26
- LOGICAL POSITIVISM
 and attack on psychoanalysis (Wallerstein) 414, ff.
- LOSS OF BOUNDARIES
 and empathy in clinical work (Jaffe) 237-38
- LUCRETIUS
De Rerum Natura of (A) 199
- MALINOWSKI-JONES DEBATE
 and oedipus complex in Trobriands (R) 319-21
- MASCULINITY
 and sadism (Grossman) 392, ff.
- MASK
 as symbol of conflict and patriarchy (R) 180-82
- MASOCHISM
 development of concept in Freud's work (Grossman) 379-411
 see also, DEFENSE, masochistic
- MEANING
 and language in the psychoanalytic situation (Poland) 256-61
 and scientific status of psychoanalysis (Wallerstein) 420, 423, ff.
- MEDITATION
 effects of (A) 198
- MEMORY
 disturbance in, and woman's fantasied phallus (Brakel) 302-305

- evocative, disturbances in (N) 558-59
 and Freud's "mystic writing pad" (A)
 701-702
 and psychoanalysis (A) 699-700
 MENNINGER FOUNDATION
 Psychotherapy Research Project of (Wal-
 lerstein) 417-18, 445-46
 MESSERSCHMIDT, FRANZ XAVER
 psychoanalytic study of sculpture of
 (Trosman) 148-53
 METAPHOR
 in analyst's interpretations (Poland)
 255, ff.
 double, "insight" as (Michels) 603-606
 METAPSYCHOLOGY
 debate about (Wallerstein) 414, 417, ff.
 revised (R) 323, ff.
 METHOD
 scientific, and psychoanalysis (Waller-
 stein) 425-30
 MICHELANGELO
 psychoanalytic study of *Moses* of
 (Trosman) 141-48
 MIDLIFE CRISIS
 in James Dickey's *Deliverance* (A) 196
 MILTON, JOHN
 Eve in *Paradise Lost* of (A) 195
 MONEY
 as expression of transference love (Roth-
 stein) 296-300
 MORALITY
 changing, and function of poet (Arlow)
 53, ff.
 and oedipal object relations (A) 365
 MOTHER
 and child's leaving for nursery school (A)
 366
 and communication with child (A) 366
 and Nikos Kazantzakis (Lester) 460, ff.
 and Edvard Munch (Trosman) 155-60
 and Sylvia Plath (Silverman and Will)
 104, 106, 108, ff.
 MOTHER-CHILD RELATIONSHIP
 and origins of empathy (Jaffe) 232-33
 MOTHERHOOD
 and Sylvia Plath's struggle to write (Sil-
 verman and Will) 115-17, ff.
 see also, PARENTHOOD
 MOURNING
 in adolescence (A) 545
 and resolution of bereavement (A) 552
 MUNCH, EDVARD
 psychoanalytic study of paintings of
 (Trosman) 155-60
 MUSIC
 contemporary, and time (A) 199-200
 MUSICAL CUES
 analyst's use of, in clinical work (Jaffe)
 221, ff.
- MYTH(OLOGY)
 and literature (Lester) 453, ff.
 personal, and Nikos Kazantzakis (Lester)
 452-72
 see also, OEDIPUS MYTH
 NARCISSISM
 as component of female sexuality (N)
 208-11
 and formation of personal myth (Lester)
 452, 456, ff.
 and Keats's poetry (Fitzpatrick-Hanly)
 618, ff.
 and psychoanalytic treatment (A) 549
 and shame (A) 548, 550
 of Oscar Wilde (A) 198-99
 see also, DEFENSE, narcissistic
 NAZI GERMANY
 inability of social sciences to explain (R)
 536-38
 NEUROSIS
 and repression of fantasy (Sachs) 478, ff.
 NORMALITY
 and life cycle (R) 358-61
 NUCLEAR TESTING
 psychological effects of (A) 195
 OBITUARY
 Mahler, Margaret S. (Pine) 493-95
 OBJECT CONSTANCY
 and self (A) 368
 OBJECT RELATIONS
 oedipal (A) 365
 as primary human motivational system
 (R) 348
 and self (A) 202-203
 see also, MOTHER-CHILD RELATIONSHIP,
 PEER RELATIONS
 OBJECT RELATIONS THEORY
 applied to psychobiography (R) 684-86
 and individual and family therapy (R)
 662-66
 OBSESSIONAL THINKING
 modes of (N) 207
 OBSSIVE PERSONALITY
 and need for control (A) 549-50
 OEDIPAL CONFLICT
 and capital punishment in France (A)
 198
 and development of psychic function (A)
 697-98
 and oral/fusional aspects of Keats's po-
 etry (Fitzpatrick-Hanly) 618, ff.
 and perversion (Grossman) 396-97, ff.
 OEDIPUS
 and insight (Michels) 599-602, 610-11,
 614, ff.
 as victim (A) 553

- OEDIPUS COMPLEX**
 homosexual tensions in (R) 316-18
 and perversion (Sachs) 477, ff.
 in Trobriand Islands (R) 319-23
- OEDIPUS MYTH**
 as central metaphor in psychoanalytic theory (Michels) 599
 in folklore throughout world (R) 317
- OEDIPUS REX**
 aesthetics of (Hanly) 6, 8
 as prototype for model of psychoanalytic process (Michels) 600, ff.
 see also, **SENECA'S OEDIPUS**
- ORALITY**
 in Keats's poetry (Fitzpatrick-Hanly) 618, ff.
- OUTCOME DATA**
 lack of, in psychoanalysis (Cooper) 588-89
- PAIN**
 and sexual pleasure (Grossman) 384, ff.
- PAINTING(S)**
 form and content in (Hanly) 14-17
 latent content in (R) 538-41
 psychoanalytic study of (Trosman) 131-41, 153-60
- PARANOIA**
 adolescent, and transference and countertransference (A) 545
 Schreber's, as response to persecution by father (R) 691
- PARENTHOOD**
 psychodynamic perspective on (R) 354-58
 see also, **MOTHERHOOD**
- PATIENT(S)**
 anorexic and bulimic (A) 547
 difficult, and self psychology treatment (R) 513-16
 difficult, and stress on physicians (A) 201
 homosexual, and analysis (N) 703-707
 older, and dynamic therapy (R) 517-22
 psychotic, treatment of (R) 342-46
 sicker, treatment of (R) 502-508
 see also, **ANALYSAND**
- PATRILINEAL SUCCESSION**
 and oedipal conflict (R) 314-16
- PEER RELATIONS**
 in infants and toddlers (A) 364
- PERSONALITY**
 antisocial, and treatment (A) 201-202
- PERSONALITY DISORDERS**
 severe, and psychotherapeutic strategies (R) 502-508
 see also, **OBSESSIVE PERSONALITY**
- PERVERSION**
 formation of (R) 656-57
 as Freud's early model of mental life (Grossman) 380, ff.
 genesis of (Sachs) 477-88
 masochism as (Grossman) 381, ff.
- PETER PAN**
 and "lost boys" in fiction (A) 544
- PFUNGST, OSKAR**
 and animal behavior studies (R) 522-27
- PHILOSOPHY**
 as corrector of psychoanalysis (R) 678-80
 and Lacanian psychoanalysis (R) 647-49
 and psychoanalysis (R) 532-36
 of science, and critiques of psychoanalysis (R) 334-38
 see also, **LOGICAL POSITIVISM**
- PHOBIA**
 and repression of perverse impulse (Sachs) 479-80
- PIAGET, JEAN**
 theories of, and psychoanalysis (A) 548-49
- PLATH, SYLVIA**
 life and work of (Silverman and Will) 103-128
- PLATO**
 and attitude toward art (Hanly) 4, 6, 10, 13
- PLAY**
 children's, and adaptation (Hanly) 17-19
 children's, as prototype of masochistic perversion (Grossman) 399-403
- PLEASURE**
 and reality in Keats's poetry (Fitzpatrick-Hanly) 618, ff.
 revision of psychoanalytic theory of (R) 640-44
 sexual, and masochism (Grossman) 380, ff.
 and unpleasure, relation between (Grossman) 385, 387-90
- POEM(S)**
 of Keats, and oral imagery (Fitzpatrick-Hanly) 618, ff.
 of Sylvia Plath, psychoanalytic study of (Silverman and Will) 111-28
 sixteenth century, analysis of (Holland) 25, ff.
- POET**
 as herald of changing morality (Arlow) 53-68
- POETRY**
 as means of emotional self-repair, and Sylvia Plath (Silverman and Will) 99-128
- POLITICS**
 and psychoanalysis (R) 182-84
- POPPER, KARL**
 and psychoanalysis (Wallerstein) 414-15, 429, ff.

- PREDICTION**
 as measure of therapist's understanding (A) 551
- PROEDIPAL TRAUMA**
 of Oedipus (Michels) 599-600
- PREVENTION**
 in childhood mental health (A) 547-48
- PRIMARY PROCESS**
 and artistic creativity (Hanly) 9-17
 and cognition (A) 364
 in functioning of analyst (Jaffe) 215, 218, ff.
 and secondary process, in creativity (Silverman and Will) 102-103
- PROCESS DATA**
 lack of, in psychoanalysis (Cooper) 589-91
- PROJECTIVE IDENTIFICATION**
 as defense (R) 506-507
- PROPHET**
 function of (Arlow) 53-55, 64-67
- PROTOCOLS**
 verbatim and recollected, of psychoanalytic interviews (A) 694-95
- PSYCHIATRY**
 geriatric (R) 517-22
- PSYCHOANALYSIS**
 of anorexic woman (A) 547
 and biology (R) 532-36
 and centrality of insight (Michels) 599, 607, ff.
 clinical and theoretical, revision of (R) 640-44
 and cognitive psychology (R) 542-43
 descriptive guide to (R) 660-62
 discontents of (R) 323-34
 Freudian and Groddeckian (R) 658-60
 and Holocaust victims (R) 184-91
 hypothesis and evidence in (R) 334-38
 and literary criticism (Holland) 23-52
 and literature (R) 191-93
 of narcissistic personality disorders (A) 549
 with older patients (R) 517-22
 with Piagetian theories (A) 548-49
 as science (R) 334-38; (Wallerstein) 414-47; (R) 678-79
 and suppression of new concepts (R) 508-13
 see also, ANALYTIC CAPABILITY, ANALYTIC INSTRUMENT, ANALYTIC STYLE, APPLIED PSYCHOANALYSIS, CHILD ANALYSIS, CONTROL ANALYSIS, EDUCATION, psychoanalytic, SUPERVISION, TECHNIQUE, psychoanalytic, THEORY, psychoanalytic, TRAINING ANALYSIS
- PSYCHOANALYST**
 identity of (R) 339-41
 and impact of life stresses on analytic capability (Abend) 563-74
 and limitations on therapeutic effectiveness (Cooper) 576-97
 and provoking of self-derogation in analysts (Davison, Bristol, and Pray) 277, ff.
 use of musical cues in work of (Jaffe) 221, ff.
 and use of words (Poland) 244-71
 see also, CHILD ANALYST, FEMALE THERAPIST
- PSYCHOANALYTIC INTERVIEWS**
 verbatim and recollected protocols of (A) 694-95
- PSYCHOANALYTIC PROCESS**
 and analyst's turning aggression on self (Davison, Bristol, and Pray) 273-93
- PSYCHOANALYTIC SITUATION**
 and analyst's use of words (Poland) 244-71
- PSYCHOBIOGRAPHY**
 of Atatürk (R) 681-88
- PSYCHOGENESIS**
 and theory of treatment (A) 698-99
- PSYCHOLOGY**
 cognitive, and psychoanalysis (R) 542-43
 social, and literature (A) 696
 see also, EGO PSYCHOLOGY, METAPSYCHOLOGY, SELF PSYCHOLOGY
- PSYCHOPATHOLOGY**
 and cult phenomenon (A) 197-98
 and family structure (R) 662-66
 of Hitler (R) 536-38
- PSYCHOSIS**
 of Messerschmidt (Trosman) 150-53
 see also, PARANOIA, PATIENT, psychotic, PSYCHOTIC PROCESS
- PSYCHOTHERAPY**
 of adolescents (A) 544
 and amelioration of strabismus in abused child (A) 546
 different types of (A) 551-52
 drop-outs and continuers in (A) 552
 expressive and supportive (R) 503-504
 with older patients (R) 517-22
 psychoanalytic, interpretation in (R) 652-55
 short term, teaching of (A) 200
 see also, FAMILY THERAPY
- PSYCHOTIC PROCESS**
 and psychoanalysis (R) 341-46
- PUNISHMENT**
 as "disease" (A) 365

- READING
and literary criticism (Holland) 35, 41-50
- REALITY
disturbance in sense of (Brakel) 301-305
and oral pleasure in Keats's poetry (Fitzpatrick-Hanly) 618, ff.
- REASONS
contrasted with causes in science (Wallerstein) 420, 424, ff.
- REBELLION
and artistic creativity (Arlow) 53, ff.
- RECONSTRUCTION
panel on (N) 556-58
- REGRESSION
of analyst, in clinical work (Jaffe) 216, 229, ff.
in analytic situation, and analyst's words (Poland) 253, ff.
and Keats's creativity (Fitzpatrick-Hanly) 619, ff.
- RELIGION
and Freud (A) 198
and Nikos Kazantzakis (Lester) 458-59, ff.
see also, CULT PHENOMENON, RITUAL
- RELIGIOUS EXPERIENCE
and psychoanalysis (R) 672-78
- REPRESENTATIONAL WORLD
as substructure of ego (R) 509-10
- REPRESSION
and perversion (Sachs) 477, ff.
as present in all defenses (Davison, Bristol, and Pray) 275, ff.
- RESEARCH DATA
lack of, in psychoanalysis (Cooper) 576, 584, 586-91
- RESISTANCE
and turning aggression on self (Davison, Bristol, and Pray) 273, ff.
- REVISIONISM
in psychoanalysis (Wallerstein) 418, ff.
- RITUAL
tribal, and liminality (A) 553
- SACHS, HANNS
and paper on genesis of perversions (Compton) 474-76, 489-92
- SADISM
and masochism (Grossman) 380, 386, 391, ff.
- SCHILLER, FRIEDRICH
mass acceptance of poetry of (A) 696
- SCHREBER, DANIEL PAUL
re-evaluation of case of (R) 691
- SCIENCE
and bias of experimenters (R) 522-27
and psychoanalysis (R) 532-36
psychoanalysis as (Wallerstein) 414-47
- SCULPTURE
psychoanalytic study of (Trosman) 141-53
- SELF
experience of (A) 367-68
and object constancy (A) 368
and object relations (A) 202-203
- SELF-ANALYSIS
and analyst's use of words (Poland) 244, ff.
of Freud (R) 498-99
- SELF-DEROGATION
analysand's, provoked by analyst (Davison, Bristol, and Pray) 277, ff.
- SELF-IMAGE
wished-for (A) 367
- SELF-ORGANIZATION
Gedo's concept of (R) 324, ff.
- SELF PSYCHOLOGY
history and nature of (R) 513-16
and implications for practice (A) 206-207
and literary criticism (Holland) 23, 29, ff.
- SENECA'S OEDIPUS
and Jones's *Hamlet* interpretation (A) 196
- SHAKESPEARE
and aesthetics (Hanly) 8-10, 12-13
- SHAME
contrasted with guilt (A) 550
and ideal self and narcissism (A) 548
- SHOPLIFTING
as revenge and restitution (A) 365-66
- SIBLING(S)
reactions to birth of (Waugaman) 310-12
as writers (R) 168-70
- SILENCE
as communication (Poland) 244, 265-66
- SKIN-EGO
theory of (A) 700-701
- SLEEP
mental organization in (A) 369
REM, as substitute for prefrontal cortex function (R) 689-90
- STAR WARS
psychoanalytic view of (A) 195
- STRABISMUS
and psychotherapy (A) 546
- STRUCTURAL HYPOTHESIS
usefulness of (R) 508-13
- SUGGESTION
and psychoanalytic treatment (Wallerstein) 432, ff.
- SUICIDE
and adolescents (R) 351

- and Sylvia Plath (Silverman and Will) 106, ff.
- SULLIVANIAN INTERPERSONALISM
teaching of (A) 205
- SUPEREGO
and aggression (Davison, Bristol, and Pray) 277, ff.
and masochism (Grossman) 385-86, ff.
preoedipal and early oedipal contributions to (A) 368-69
- SUPERVISION
in French psychoanalytic education (A) 363
see also, CONTROL ANALYSIS
- SURVIVORS
Holocaust (R) 184-91
- SYMBOLISM
in Keats's poetry (Baudry) 82, ff.
of masks (R) 179-82
sexual, in painting by Fragonard (Trosman) 154-55
- "TALLY ARGUMENT"
of Freud, and scientific status of psychoanalysis (Wallerstein) 433-40, 444-45
- TEACHING
and theories of Sullivan (A) 205
- TECHNIQUE
and developmental failures (R) 324-26
psychoanalytic, and adolescents (R) 350-52
psychoanalytic, critique of (A) 203-204
in psychotherapy (R) 652-55
and rules (Cooper) 484-85
- TERMINATION
with adopted child (N) 559-62
- TESTING
of psychoanalytic hypotheses (Wallerstein) 415, 436, 438, 440-47
- THEOLOGY
and psychoanalysis (R) 672-78
- THEORETICAL PROPOSITIONS
lack of data to support (Cooper) 587-88
- THEORY
analyst's choice of, and character (Cooper) 582-84
to bridge individual and family treatment (R) 662-66
clinical, and revision (R) 323-34
deconstructive, and literary criticism (Holland) 37-40
evolution of psychoanalytic, and concept of masochism (Grossman) 379-411
Freud's shifts in (Wallerstein) 432-33
of inscriptions, as misleading (A) 699-700
Lacanian (R) 644-52
Lacanian, and literary criticism (Holland) 35-37, 49
Piagetian, and psychoanalysis (A) 548-49
psychoanalytic, and Oedipus and insight (Michels) 599, ff.
psychoanalytic, recent developments in (R) 346-50
psychoanalytic, and revision (R) 640-44
psychoanalytic, scientific status of (Wallerstein) 414, ff.
of skin-ego (A) 700-701
structural, revisions in (R) 508-13
see also, OBJECT RELATIONS THEORY
- THERAPEUTIC EFFECTIVENESS
limitations on (Cooper) 576-97
of psychoanalysis (Wallerstein) 435-37, ff.
- "THIRTY DAYS HATH SEPTEMBER"
psychoanalytic study of (Holland) 25, ff.
- THOUGHT TRANSFERENCE
and psychoanalysis (N) 211-12
- TIME
and contemporary music (A) 199-200
- TODDLERS
and peer relatedness (A) 364
- TRAINING ANALYSIS
and analytic ideals (Abend) 566, 569-70
- TRANSFERENCE
and adolescent paranoia (A) 545
and insight (Michels) 609-10
of male patient with female therapist (A) 550
see also, COUNTERTRANSFERENCE
- TRANSFERENCE LOVE
money as expression of (Rothstein) 296-300
- TRAUMA
in seduced and injured child (N) 374-76
see also, PREOEDIPAL TRAUMA
- TROBRIAND ISLANDS
and oedipus complex (R) 319-23
- UNCONSCIOUS
of analyst, and analytic capability (Abend) 563, 568-69, ff.
biology of (R) 689-90
and language in analytic situation (Poland) 256, ff.
and perversion and neurosis (Sachs) 477, ff.
use of analyst's (Jaffe) 215, ff.
see also, FANTASY, UNCONSCIOUS
- VALUE SYSTEMS
of analysts, and therapeutic difficulties (Cooper) 581-82

- VIETNAM VETERANS
character pathology in (A) 202
- WEDEKIND, FRANZ
textual examination of ballad of (A) 697
- WILDE, OSCAR
and narcissism (A) 198-99
- WOLF-MAN
re-examination of case of (R) 670-72
- WOMEN
two archetypes of, in writings of Nikos Kazantzakis (Lester) 461-62, 466
see also, FEMALE SEXUALITY, FEMALE THERAPIST, FEMININITY, FEMINIST LITERARY CRITICISM
- WOOLF, VIRGINIA
and yearnings for fusion (A) 194
- WORDS
of analyst at work (Poland) 244-71
analyst's choice of, and analysand's turning aggression on self (Davison, Bristol, and Pray) 278, ff.
formation of analyst's (Poland) 246, 261-67
see also, COMMUNICATION, LANGUAGE, METAPHOR
- WORKING THROUGH
and resistance (Davison, Bristol, and Pray) 273, ff.
- WRITERS
and sibling influence (R) 168-70