Projective Identification: An Alternative Hypothesis

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Published online: 27 Nov 2017.

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PROJECTIVE IDENTIFICATION: AN ALTERNATIVE HYPOTHESIS

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The concept of projective identification as a primitive defense mechanism is reassessed. An alternative hypothesis is offered: that projective identification can best be understood as a compromise formation which includes as its major component an "identification with the aggressor" or a "turning of passive into active." This reversal is demonstrated within a two-tiered transference/countertransference structure. On the surface is the familiar transference/countertransference of the analyst as powerful parent and the patient as the helpless child. On the deeper level the patient enacts the role of dominant parent and the analyst experiences the feelings which the patient had felt as a child.

The concept of projective identification has been a vexing problem for psychoanalysts since its original description by Klein (1946). One has only to ask any group of psychoanalysts or psychiatrists to define the term to realize that it remains very difficult for both clinicians and theoreticians to arrive at an acceptable consensus as to its meaning. Meissner (1980) even recommended that the term be abandoned because of the "mixing or confusion of fantasy and process, of metaphor and mechanism" (p. 65). Despite this drawback, many analysts agree that there is something of great importance to the concept.

In this paper I will review some of the history of the term and will describe some of the various attempts that have been made to account for the clinical picture it defines. I will also present case material in an attempt to understand the clinical phenomena which have been described as projective identification.

Much of what I have to say is based on the concept of defense structure as compromise formations; this was originated by Brenner (1981) and then extended by Abend (1981) and by Willick (1983), as well as by the latter two authors and myself (Abend, Porder, and Willick, 1983).

I believe that projective identification can best be understood as a compromise formation that includes as its major component an "identification with the aggressor" or a "turning of passive into active," in which the patient unconsciously *acts out* in the transference the role of the major pathological parent or both parents and, via this re-enactment, induces feelings in the analyst similar to those that the patient experienced as a child. I suggest that the replay of this drama, with the roles reversed from the ones that took place in childhood, is the crucial unconscious transference/countertransference interaction observed in patients who demonstrate what has been called projective identification. What is more obviously conscious or is latently unconscious in the transference is the image of the analyst as the dominant, controlling parent while the patient re-experiences the role of the helpless child. I should add at this point that, although I believe that more disturbed patients may often have sicker parents, I am referring here to the parental images of the patient, which are imbued with fantasies and projections built up over the developing mental life of the child. These organized fantasy images are compromise formations and serve multiple purposes.

REVIEW OF THE LITERATURE

Klein (1946) coined the term as part of her description of the paranoid/schizoid position. She wrote that when the death instinct is projected outward, "much of the hatred against parts of the self is now directed towards the mother. This leads to a particular kind of identification which establishes the prototype of an aggressive object relation" (p. 102). Later on she wrote: "An-

other aspect of projective processes, as we have seen, implies the forceful entry into the object and control of the object by parts of the self" (p. 103). Therefore, according to Klein, projective identification is the process of projection of impulses, continuing identification with these impulses, and control over the object onto or "into" whom the impulses have been projected.[1] According to these writings, sadistic and libidinal aspects of the self are perceived via projection to be coming from the object, although the self still retains some identification with these impulses. One then defends oneself against the bad object and tries to control it. This forms the basis of the paranoid/schizoid position of infancy.

Segal (1964) attempted to clarify the term further. She wrote: "In projective identification parts of the self and internal objects are split off and projected into the external object, which then becomes possessed by, controlled and identified with the projected parts" (p. 27). She stated that projective identification has manifold aims: to avoid separation, to gain control of the bad object, to project bad parts of the self, or to keep safe good parts of the self. She saw this as a very early mechanism which begins "when the paranoid-schizoid position is first established in relation to the breast, but it persists and becomes intensified when the mother is perceived as a whole object and the whole of her body is entered by projective identification" (p. 28).

Segal chose as one of her clinical examples a five-year-old girl shortly before a separation in the analysis. First the child spread glue on the floor, which Segal saw as a defense against separation. The child then called the glue a "sick." Since the child was preoccupied with pregnancy, Segal interpreted the "sick" as a wish to get into her body and destroy her babies. The child then

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[1] Much has been written about how projection "into" the object is important in understanding this mechanism. However, Klein (1946) used "into" because she believed that such fantasies take place "at a time when the infant has not yet begun to think in words" (p. 102, n. 5). The whole process is thus linked to her theories of very early infantile development, so that projective identification, by definition, must be a very early, primitive process.

brought a flower she called a "foxglove," which became a fox in the child's mind. "They creep in without anybody noticing. They have big mouths and teeth and eat up little chicks and eggs" (p. 28). The fox was also "slippery," which Segal interpreted to be like the child's father's destructive penis. The next day the little girl was frightened of entering the room and opening the play drawer. "The phantasy involved in projective-identification was very real to her. The day after she had painted the slippery fox, the playroom and the drawer—standing for my body—had become a place containing a dangerous animal" (p. 29). Soon afterward Segal became the dangerous animal in a dream, with "spectacles" and "the same big mouth" as the fox. Segal believed that projective identification in this example was a defense against separation and a means of controlling the object.

Rosenfeld (1952) described the term in the treatment of a patient with acute catatonic schizophrenia. He stated that in Klein's view of projective identification, "impulses and phantasies of entering inside the object with the whole or parts of himself in order to control it . . . . may be regarded as the most primitive type of object-relationship, starting from birth . . . . the schizophrenic has never completely outgrown the earliest phase of development to which this object-relation belongs . . ." (p. 458). In Rosenfeld's paper two clinical examples were given, one of a patient who felt that by loving her analyst, she would enter him and rob him of his goodness, while the other patient was afraid to lose himself inside the analyst. The fear of fusion and the fear of entering the analyst and destroying him appear to be taken as evidence of projective identification in this paper. In a subsequent Rosenfeld paper (1954) the patient is said to have projected her hot sexual impulses into him and then to have feared she would be taking away his good penis if she accepted any of his interpretations.

From these early clinical examples, it is not clear why the authors thought that the blurring of self/non-self boundaries was indicative of a new mechanism which embodied a new type of

object relationship, or why the mechanism was different from projection as that term is usually described. In these examples, the use of identification is also not clearly defined.

Bion (1959) made the concept more specific and organized. He observed from his own feelings in a session that his patient tried "to force the fear of death into him" with the idea that if these fears "reposed" in the analyst for a while, they could later be reintrojected in a modified form. If the analyst could not accept the projected feelings, the patient would then try to force them on him with increasing intensity and violence. Bion (1959) wrote:

> The analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had experienced in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it an element of impatient 'I don't know what's the matter with the child.' My deduction was that in order to understand what the child wanted the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not *contain* . . . . the link between patient and analyst, or infant and breast, is the mechanism of projective identification (pp. 312-313, italics added).

Here Bion stated that projective identification involves the projection into the analyst of feelings which are intolerable to the patient, in this case the fear of dying. The analyst, in contrast to the infant's mother, allows this projection and allows the patient to insist that this fear belongs to the analyst for a period of time, i.e., is "contained" by the analyst, before the patient can reintroject the feelings without fear. It is not made clear where the identification takes place. Perhaps Bion would allow that the projected impulse is not completely projected so that the patient continues to identify with the impulse; or perhaps it is the shared ownership of the impulse to which he is referring. At any rate, one should note that Bion's view of the therapeutic

effect is the acceptance of the projected impulse by the analyst. Bion believed that the patient would be increasingly rageful if the analyst failed to accept the impulse and therefore repeated the failure of the infant's mother. This view of projective identification as communication is a different focus from that of other authors who see the mechanism primarily as a malevolent need to control the object.

Grinberg (1962) presented a particularly interesting case. During her first session, a patient lay still and silent for a while and then associated to her feelings on passing an oral examination and her feelings on her wedding night when she was told that she looked like a statue. After an initial interpretation about her being "still" to avoid defloration, Grinberg felt as if he were "analysing a corpse. . . . 'She is trying to force the dead into me' " (p. 437). In response to his feeling, he commented to her that she was trying to express something about her own death. She then told him that when she was six years old, her mother was dying of cancer, and she had watched her mother prepare to commit suicide. The little girl waited before telling others, and then it was too late. Grinberg stated, "The excessive use of this mechanism . . . gives rise to a specific reaction in the analyst, who is unconsciously and passively 'led' to play the sort of role the patient hands over to him. From this particular reaction, I suggested the term 'projective counter-identification' " (p. 436). Here, once again, the term is used to describe the creation of a feeling in the analyst which was inside of the patient. Grinberg, like Bion before him, cautioned that the analyst should not defend against the projection of these feelings, since a part of the therapeutic task is the acceptance of these projections.

Kernberg (1975) described projective identification as one of the "primitive defenses" used by patients with "borderline personality organization." Willick (1983) and Abend, Porder, and Willick (1983) have questioned the usefulness of the concept of "primitive defenses." It is noteworthy that essentially the same defenses labeled by Klein (1946) as those used by psychotic pa-

tients and derived from the first three months of life have been described by Kernberg as those used by "borderline" patients. Projective identification is one of these. Kernberg (1975) stated that patients with "borderline personality organization" have strong "projective needs" in order to "externalize the all-bad aggressive self and object-images" so as to protect the "ego core," which is made up of good, libidinally charged images. "The very intensity of the projective needs, plus the general ego weakness characterizing these patients, weakens ego boundaries in the particular area of projection of aggression" (p. 31). Although these patients have otherwise differentiated themselves from others, as compared to psychotic patients who have not, they still "identify" and maintain "empathy" with the object onto whom the aggression has been projected. As a result, they become afraid of the object's aggression and attack it in order to control it (p. 31).

In a more recent paper (1987), Kernberg specified the four steps in projective identification as: "a) projecting intolerable aspects of intrapsychic experience onto an object, b) maintaining empathy with what is projected, c) attempting to control the object as a continuation of the defensive efforts against the intolerable intrapsychic experience, and d) unconsciously inducing in the object what is projected in the actual interaction with the object." Kernberg separated projective identification from projection because in the latter there is "neither empathy with what is projected nor induction in the object of a corresponding intrapsychic experience."

Ogden (1979) began his article by stating that "the term 'projective identification' has been used to refer to a variety of different, but often complementary, conceptualizations" (p. 357). He went on to synthesize and expand the term to include "a group of fantasies and accompanying object relations having to do with the ridding of the self of unwanted aspects of the self; the depositing of those unwanted 'parts' into another person; and finally, with the 'recovery' of a modified version of what was extruded" (p. 357). Ogden's definition is so extensive that it in-

cludes aspects of all that has been written on the topic. Along the way, he includes some ideas which are similar to my own, i.e., that "there is a pressure exerted via the interpersonal interaction such that the 'recipient' of the projection experiences pressure to think, feel, and behave in a manner congruent with the projection . . ." (p. 358). I will return later to this point which, when elucidated more specifically, will be central to understanding my ideas about projective identification.

Frosch (1983) gave a comprehensive review of the term projective identification and preferred the term "projective-introjection." He supported Bion's and Ogden's views that the external object, the mother, and later the analyst, may "contain" the projected impulses which are then reintrojected into the child/patient in a healthier form. His case material focuses on vignettes which demonstrate problems in self/non-self differentiation rather than on the total clinical picture of projective identification. In the end he questioned whether the use of the term in relation to infancy or psychosis, as suggested by Klein, is more helpful than simply describing self/non-self fusions or transitivism in psychotics. On this point I would agree with him.

There is a considerable consistency to what all of these authors are describing. The impulses which are internally threatening, or the "bad self" or "bad object" images which threaten the "ego core," must be projected and then can be defended against by aggression in order to keep the impulses external. In addition, unlike projection used by neurotic patients, the projection of sicker psychotic and so-called borderline patients causes the analyst to experience intense affects which the authors cited believe are literally those impulses or split-off parts of the self which are projected by the patient. Since such patients present manifest confusion between self and non-self, these authors, many of whom treat severely disturbed patients and/or write from the point of view of object relations theory, assume on theoretical grounds that this mechanism originates at a time very early in life. Klein and Rosenfeld date projective identification to the time of the schizoid position in the first

three months of life. All of the other authors believe that this mechanism must reflect a disturbance in the very early mother-infant relationship and that it is a dominant mechanism in the first few years of life. Thus, it is called a "primitive" defense mechanism and is usually grouped with "splitting" and "denial."

AN ALTERNATIVE HYPOTHESIS

As I have already implied, my thesis is that projective identification is not a simple "mechanism of defense." Furthermore, I do not believe it is the result of disturbances in the mother-infant relationship. I believe that it can best be understood as the chronic repetition of a childhood interaction between a parent, not necessarily the mother, and the child. This interaction may well begin early in life, although it is a highly speculative proposition to date it to the first year of life. The repetition is a classical example of "identification with the aggressor" or "turning passive into active." Usually, the patient consciously experiences the analyst as the powerful parent in the transference. However, there is an *unconscious reversal* which casts the analyst in the role of the bad child and the patient as the powerful, demanding, critical, sadistic, or masochistic parent. I will try to show that there is clear evidence that an affect is *induced in*, not *projected into* the analyst, because the patient is acting in, within the analytic hour, in a way which provokes strong responses in the analyst. Such patients not only speak, they enact. What is more, they continue to do so tenaciously for long periods of time despite the analyst's interpretative efforts. As a result, they are more likely to provoke the strong affective responses upon which all of the authors have commented.

CASE MATERIAL

Ms. A entered treatment at the age of twenty-four because of recurrent depression, feelings of worthlessness and self-

loathing, and persistent suicidal ideation which both tempted and frightened her. In the initial evaluation I felt that she was too disturbed for a formal analysis, so a four times weekly analytic psychotherapy was begun. This continued for three years sitting up and for six years on the couch.

Her history is briefly as follows. She was born out of wedlock. Her mother had an affair with her employer, a general practitioner, who was married and manic-depressive. Already forty, once divorced, and without children, the mother decided to keep her child. She told the child that her former husband was the child's father. When the patient came for treatment, she said that she had not known the true identity of her father until she was ten. This turned out not to be so.

The patient was raised in a small town in the Southeast not far from the city where her actual father lived and practiced. Her mother was an unusual person for the blue-collar town in which they lived. She had been partially college educated and was somewhat intellectual. She was interested in organic foods, left-wing politics, good literature, and classical music. As was consistent with her character, she strongly disapproved of the culture around her. Living without a husband and purporting to be divorced from the father of her child, the mother devoted much time to her little girl, who was docile, affectionate, and very bright. However, the mother was easily displeased, hurt, and depressed. When the patient was naughty or inconsiderate, her mother would indicate that the little girl was "too much" for her or say, "I'm at the end of my rope." She would frequently take to her bed depressed, although never for an extended length of time. The patient remembers that she would feel very guilty for hurting her mother, only to be naughty and inconsiderate again, although she never was a true behavior problem.

Masturbation and toilet fantasies were secret guilty pleasures indulged in in bed, with the fear that her mother would hear while she sat in the living room listening to music. However, there was a reverse side to this scene. The mother had a male visitor who would come to the house intermittently and bring

the patient gifts. He was a large, rugged, outdoor type who would occasionally take them on camping or fishing trips to the mountains. Her mother was always very happy to see him, and they would drink and giggle in the living room or in the mother's bedroom, while the patient listened excitedly.

When the patient was ten or eleven, this man appeared again, and this time announced that he was her father. She and her mother were going to go away and live with him. The patient felt that this idea was crazy, but she joined in with the planning.

Up until this time, the patient had been a guilty and passive child but had made a reasonably good adjustment in school. She considered herself an outsider, and she longed to belong to the groups of children from "normal" families with "ordinary tastes," unlike those of her mother. She had begun to move in that direction as she approached puberty.

Now she was moved to a strange town where she did not know anyone, and she lived in a small house with her mother and her exciting and seductive father. She remembers him explaining anatomy to her, how to do venesections for varicose veins, and how to sew up an incision. He examined her stool and treated her for diarrhea, urinated in front of her, and took her for lunch to a lodge in the hills. She was filled with romantic and erotic fantasies about him. Meanwhile, he had become increasingly angry with her mother, and increasingly manic and violent. The patient recalled that her mother had told her of his hospitalizations for depression, for which he had been given electroconvulsive therapy. The mother fled with the patient back to her home city, first living with her own mother and then finding an apartment. All contact with the father was cut off at that time, and the patient repressed her feelings for him. She heard nothing further about him until she was notified of his death two years prior to beginning treatment. He left her the funds which she then used for her analysis.

After the return to her mother's home city, she lived alone with her mother and during high school had almost no social life. Her mother became very religious and was openly hostile

toward any ideas the patient may have had about dating. The patient applied to and was accepted at a prestigious college. There, she began to date for the first time, to join in activities with her peer group, to smoke marijuana, and, finally, to have intercourse. The first time she had sexual intercourse, she left the telephone number where she could be reached. Her mother called, and she felt very guilty. Her first boyfriend was a philosophical, idealistic young man who made her feel morally inferior. She "betrayed" him with a "preppy" classmate, whom she began to date steadily. Her academic record was excellent, although she often required special attention to allay her panic about exams and papers. After graduation, she moved to New York where she worked in an office of only women. However, she continued to date the same young man, married him, and applied to graduate school. She did extremely well there and was offered a job in a large business organization. At that point, she became increasingly anxious, depressed, and suicidal and she sought treatment.

The treatment began with a storm, after the first two history-taking sessions in which she was cooperative and docile. The transference began intensely and escalated almost immediately, although the patient was able to verbalize many of her conflicted thoughts. She believed that I had set up the office to block her view from the window, and she would insist on moving the plants or her chair to be on a more equal footing with me. My comments to her seemed to her to have only malevolent purposes. Either I was discounting everything she said in order to change her focus to my own agenda, or I was trying to hurt and humiliate her by focusing on her conflicts and inadequacies. Often my remarks were met by silent suffering and weeping, with her saying, "I'm sorry, I'm sorry," or by her shrieking in anger that I was "torturing " her and "rubbing salt" in her wounds. She continued to talk of anal and sexual material while insisting that I was enjoying her humiliation. My interpretations focused on how she saw me as her hypercritical mother and how she projected her own sadistic, critical, and

humiliating thoughts onto me. She insisted that I was trying to control her by making her behave like a "good patient." First I would tell her to say what came into her mind, and then I would comment on its meaning so that she was humiliated or discounted as "illegitimate" for whatever she tried to tell me. She constantly threatened to commit suicide.

From early in the treatment not only was the transference intense but my countertransference[2] affects were powerful as well. I felt misunderstood, mistreated, angry, confused, guilty, and concerned about how much my own hostility was being unconsciously expressed in the treatment. My tone, my slips, my comments, were constantly under attack, and I had strong desires to abandon the treatment. Often these feelings would inhibit me from saying what I wished to communicate, not always to the patient's benefit. At times I worried that whatever I might say would upset her and make her more suicidal.

For purposes of this paper, I will end the clinical presentation here and will turn to an examination of what I believe transpired in these interactions between patient and analyst during this period of treatment, which lasted for three and a half years. My patient continued to feel as if she were a helpless child/victim before her omnipotent sadistic mother/analyst. She could never please her/me and felt constantly vulnerable to attack or rejection or both. There can be no doubt that she had a maternal transference and that her sadism had been projected onto me. However, as far as I could tell, she did not have "empathy" with her projected impulses.

The next step is crucial to what I consider an accurate understanding of what is called projective identification. I began to "feel" an intense series of affective responses. I experienced anger, guilt, a fear of hurting the patient, discouragement, doubt, insecurity, the desire to withdraw, the desire to rescue,

[2] I will continue to use "countertransference" in the broader sense, which includes affects stirred in the analyst by the patient, and not limit its usage to the analyst's own neurotic conflicts. I am aware that others prefer to call this "counteraffect."

the desire to abandon—among the more common feelings. These affects are experienced much more intensely than is usually the case when one works with neurotic patients. It is this transference/countertransference picture that leads authors to talk about feelings that are "induced in" or "projected into" the analyst; to suggest that the analyst must serve as a "container" for the patient's projected affect; or to comment on a f luidity of ego boundaries between patient and analyst. Some suggest that the analyst is now the repository of the patient's projected sadism, but nonetheless the patient retains "empathy" with the projected impulse, which leads to efforts to control the analyst. These explanations contribute to the idea that there are blurred boundaries.

What I am proposing is that there is a different, more analytically verifiable way to understand this common clinical phenomenon. What has happened is that the analyst has begun to feel the way that the patient had felt as a child, most often with a particular parent, although it may well have been with both parents. The patient, despite the parental transference and projected sadism, has begun to *act* in the treatment in a way which replicates his or her parent's behavior. As Kernberg (1987) has pointed out, such patients often use nonverbal communication more extensively than do less disturbed patients. The analyst is thus being acted upon rather than simply being spoken to. Certain unconscious aspects of the patient's character have begun to enter the treatment. It is not at all surprising, therefore, that the analyst begins to develop intense feelings as a result of what is a behavioral interaction.

Let us now look back at our clinical example. Both verbally and nonverbally, the analyst was being told that he was hurting the patient's feelings, neglecting her needs, making her depressed, causing her to feel discounted, neglected, abandoned, illegitimate, and suicidal. Despite his own feelings that he was trying to be a good analyst/child, he was hurting his patient's/mother's feelings and driving her toward suicide. As a result, he

felt misunderstood, maligned, guilty, and angry, and had a host of other feelings a child might have in those circumstances.

What had taken place was a double-tiered transference/countertransference interaction. On the first level, the patient's conscious response was that she was once again being mistreated and made to feel guilty by her hypercritical analyst, who was unconsciously cast in the role of her narcissistic, sadomasochistic, and controlling mother. Here the role of projection of the unacceptable impulses, in this case predominantly sadistic ones, is clear. However, at the next level, she was unconsciously identified with her controlling, sadomasochistic, depressed mother and was telling her analyst/child that he was being hurtful to her in a number of ways which made her feel more depressed, unhappy, and suicidal. He, in turn, felt angry and misunderstood, guilty and confused. A role reversal had taken place on an unconscious level—an identification with the aggressor or a turning of passive into active. Via this reversal, the patient obtained sadistic pleasure, powerful controlling impulses were gratified, and vulnerability was diminished. However, since there was a concurrent fear and anxiety about being rejected and punished, superego demands were met as well.

How is it, then, that many of our healthier patients "identify with the aggressor" and do not create these same feelings in us? I believe that what is critically different in sicker patients is that they enact repetitively the role of their critical and suffering parent. They tell us openly and strongly, as well as in subtle nonverbal ways, how bad and inadequate and angry and insensitive we are. They stir our sadism and our guilt by their endless accusations and suffering. Our healthier patients are usually less direct with us: they have less of a tendency toward this interactive, behavioral repetition in the treatment, except during the most intense regressions in the transference neurosis. I believe that less disturbed patients also have parents who are healthier identificatory models and who are themselves less disturbed (Abend, Porder, and Willick, 1983). In my case, the pa-

tient's unconscious identification with her very disturbed mother is most obvious.

OTHER CLINICAL EXAMPLES

I wish to include this example with the permission of Kernberg (1987). The patient, a business manager in his early forties, was diagnosed as a paranoid personality with "borderline personality organization," alcoholism, and brief psychotic episodes. His father was a "powerful, irate, extremely demanding and sadistic man who punished his children severely for minor misbehavior." For two years the patient oscillated in the transference between seeing Kernberg as the sadistic father and idealizing him.

At one point in the treatment, the patient began dating a woman from a business area adjacent to the hospital complex where Kernberg worked. He came to one session in a rage, saying that Kernberg had spoken about him to this woman and she had turned "cool" toward him and ended their date. Kernberg interpreted that the patient saw him as the owner of all women, an oedipal interpretation, and the patient became increasingly enraged over the next few days. He accused Kernberg of being dishonest and of using interpretations to evade the issue. He finally became so enraged that Kernberg felt that the patient might assault him. Kernberg presented the reality issue to the patient because he was too intimidated to continue the treatment without the patient's promise that he would not assault him. When he told this to the patient, the patient asked if Kernberg was afraid. When he said that he was, the patient "smiled" and said that the whole episode with the woman seemed unimportant. Kernberg wrote: "A fundamental aspect of the relationship with his father had just taken place, namely, the enactment of the relationship between his sadistic father and himself as a frightened, paralyzed child, in which I [Kernberg] had taken on the role of his father under the conditions of

rage and with a secret enjoyment of the intimidation of his son."
This is clearly true, but I believe that the reversal which is so
important to our understanding of projective identification also
was enacted in the transference, i.e., that Kernberg was forced
into the role of the "frightened, paralyzed child" and the patient
enacted the role of the sadistic father. I believe the "smile"
which the patient displayed when Kernberg admitted his fear
would support my view of the patient as the sadistic father.

Ogden (1979) presented a case which I believe also supports
my thesis about projective identification. After a year of treat-
ment, both analyst and patient felt the analysis was "bogging
down"; the patient felt he was "getting nothing out of it" (p.
361). The bills were being paid later and later, and the analyst
began to wonder whether the patient would drop out without
paying. The analyst began to want to shorten the sessions; he
then felt guilty and had trouble ending the sessions because he
was not giving the patient "his money's worth." Gradually the
analyst examined his countertransference and realized that he
had been feeling "greedy for expecting to be paid for his
'worthless' work and was defending himself against such
feelings by being so generous with his time that no one could
accuse him of greed" (p. 361). Paying attention to his own
counteraffect led the analyst to understand the material in the
following way. The patient's father had deserted the family
when the patient was fifteen months old. His mother, "without
ever explicitly saying so," held the patient responsible for this.
The unspoken shared feeling was that the patient's greediness
for his mother's attention and affection had caused the father's
desertion. The patient developed a strong need to deny his own
greed. He could not ask for more time and attention from the
analyst, so he overtly denied the value of the sessions. Instead,
his "greedy" wishes were projected, and the analyst began to
feel like the greedy little boy who should be abandoned.

It seems plausible to me that the patient's dissatisfaction with
the analyst reflected his mother's dissatisfaction with him. He
was a disappointment to her, and his greed had caused his fa-

ther to leave her. She withheld from her son, and he in turn withheld from the analyst who felt greedy. As the analyst wanted to be paid and appreciated but felt guilty for his greedy wishes, so the little boy had felt greedy for his wishes to be appreciated and cared about. Thus Ogden had been cast in the role of the greedy little boy by the patient.[3]

METAPSYCHOLOGICAL IMPLICATIONS

Projective identification has been considered to be a primitive defense mechanism derived from earliest infancy (Klein, Rosenfeld, Bion) or from the preoedipal period up to age two (Kernberg, Ogden, Frosch). Originally it was related to the schizoid position of infancy and the need to project the death instinct outward. With the development of object relations theory, it became linked to splitting as a primitive defense mechanism and was said to be employed in order to externalize "all-bad" self- and object images. For Bion and Ogden, it also had communicative and therapeutic value, in that it allowed the patient to be free of the unwanted impulses for a period of time while they reside in the object/analyst.

Although I, too, observe the projective aspects of this mechanism, my theoretical focus is quite different. I do not believe that projective identification is necessarily or even likely to be a product of conflict in the earliest phase of life. The conflicts viewed during treatment may be either libidinal or aggressive and may include issues derived from oral, anal, separation-individuation, phallic, and even adolescent development. What is common to all of them is that the manifest transference has the patient as the guilty, anxious, and vulnerable child whose impulses are condemned by the analyst/parent. At the same time, the patient is unconsciously condemning all of the analyst's attempts to be a good and helpful child. The patient uncon-

[3] The case of Miss Y from *Borderline Patients: Psychoanalytic Perspectives* (Abend, Porder, and Willick, 1983) is another example which I believe supports my thesis.

sciously acts the role of the narcissistic, sadistic, masochistic, depressed, withdrawn, or controlling parent in ways that make the analyst feel the way the patient did during childhood. This re-enactment has at its core "identification with the aggressor" or "turning passive into active." However, I should emphasize once again that I do not believe these latter are simply mechanisms of defense; instead, they are complex compromise formations which have multiple purposes, including drive expression, superego demands, and defensive positions against other transference wishes and fears (Brenner, 1982).

Why is it necessary for this parental identification to remain unconscious in the transference? One of the reasons I suggest is that the pathological parent required excessively submissive behavior from the child. I also speculate, as Kernberg does, that verbal expression in conflicted areas may be limited in many of these cases, which leads to a propensity for action. In addition, the parental identification is repressed or projected because it is so guilt-provoking for the patient to recognize the likeness between her/himself and the hated and feared aspects of the parent.

I believe that this re-enactment in the transference and countertransference is derived from the chronic day-by-day repetition of interactions with an extremely psychopathological parent and is not necessarily the result of early developmental conflict. Even among the cases presented here, Kernberg's patient repeated a relationship closely modeled on the one he had with the father of his formative years and not the mother of his infancy.[4]

SUMMARY

I have tried to demonstrate that the term, projective identification, has been used to describe some fairly consistent clinical behavior. However, I do not agree with those formulations

[4] This was also true of Miss Y in Abend, Porder, and Willick (1983).

which link the term to speculations about very early infantile development. By reviewing the clinical examples of other authors and a case of my own, I have hypothesized that the crucial transference/countertransference interaction which underlies projective identification is a behavioral re-enactment in which the patient unconsciously "identifies with the aggressor," a parent, while the analyst experiences the feeling of the child being acted upon. Usually, the patient uses the same defensive armamentarium which has been used by the pathological parent or parents.

As a result of these observations, I do not find it necessary or helpful to think about projective identification as a primitive defense, nor do I feel it represents a way of solving the earliest psychological conflicts of infancy. I see it as a method of turning passive into active and as a compromise formation which attempts to modify the overwhelming conflicts between parent and child during all phases of psychosexual development. As such, it allows expression of drive derivatives, serves adaptive purposes, and gratifies superego demands as well.

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A View of Aggression in Phobic States

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Published online: 27 Nov 2017.

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A VIEW OF AGGRESSION IN PHOBIC STATES

BY W. W. MEISSNER, S.J., M.D., ANA-MARIA RIZZUTO, M.D., JEROME I. SASHIN, M.D., AND D. H. BUIE, M.D.

This article attempts to apply a theory of aggression as motivation to overcome obstacles to the understanding of phobic states and their formation. The role of aggression in the genesis of phobic conditions is discussed, and the traditional analytic view of aggression as instinctual drive is contrasted with a motivational approach. The motivational view offers the advantage of a clearer understanding of the stimulus contexts, representational connections, and both real and imaginary object connections that are lacking in the more traditional understanding of aggression as a biological drive.

INTRODUCTION

The psychoanalytic theory of aggression lags behind our theoretical and clinical understanding of other aspects of the mind. The 27th International Psycho-Analytical Congress held in Vienna in 1971 focused on aggression. In her closing remarks, Anna Freud (1972) listed as one of the goals of the Congress "to create some order and, if possible, consensus of opinion with regard to a major issue in psychoanalytic thinking. . . . " Evaluating the work of the Congress, she concluded that it

did no more . . . than to demonstrate some of the limits of scientific group efforts of this nature. . . . What it failed to produce was the removal of uncertainties concerning the status of aggression in the theory of the drives, or the clarifica-

tion of some urgent problems, such as the part played by aggression in normal infantile development; its involvement with the various agencies in the psychic structure; its role for character formation; its part in the pathogenesis of neurosis, psychosis, delinquency, the perversions, etc. (p. 163).

In a previous paper (Buie, et al., 1983), we presented a line of investigation into the implications of a view of aggression independently arrived at by our group. We returned to the basic data of the analytic situation with the intent of providing data close to its experiential context and as free as possible from theoretical bias. The notion of aggression derived from that study was cast in motivational terms. In our view the common element in behaviors in the analytic setting that can be described as aggressive was the striving or exertion for the purpose of overcoming an obstacle. In the clinical setting such obstacles are exclusively nonphysical, that is, they can be cast meaningfully in either psychological or moral terms. The present article attempts to apply this approach to the understanding of phobia formation as an instance of our continuing elaboration of our view of aggression.

Similar efforts have been made to return to the data of the analytic situation to find a more authentically psychoanalytic basis for our understanding of drives and affects. Brenner (1974, 1975) has sought on this basis to articulate a theory of affects, focusing particularly on anxiety and depression. In antecedent terms, his view of aggression would see it as a reaction to unpleasure and depressive affect, a view that also casts aggression in motivational terms, but would seem to limit it to a connection with dysphoric affects. In terms of consequent motivation, Brenner (1982) emphasizes that aggression falls under the pleasure principle insofar as the satisfaction of the derivatives of aggression is achieved. We are substantially in agreement with Brenner, except that in our view the antecedent motivational basis for aggression need not be limited to unpleasure, but might include pleasure as well. Aggression in the

service of libidinal aims, for example, may be a matter of increasing levels of pleasurable intensity rather than exclusively a reaction to unpleasure. Aggression may arise in any context in which the natural attainment of a goal is impeded by an obstacle, of whatever nature, internal or external, fantasied or factual.

A motivationally based view of aggression requires that certain key distinctions be made. First of all, there is the distinction between aggression and its accompanying affects. Aggressive acts may be accompanied by a variety of affective states, whether fear, anxiety, lust, love, or even anger and rage. However, an essential aspect of our approach is that aggression is not synonymous with these accompanying affects. The intrinsic motivation or purposive dimension of the aggression itself, namely, the overcoming of an obstacle, whether psychological or physical, is not linked with any specific affective response, but may be connected with a variety of affective components derived from peripheral or secondary sources.

A second important distinction implicit in our view of aggression is the distinction between aggression itself and its associated actions. The failure to make such a distinction plagued Freud's early thinking about instincts. Freud regarded instincts as inherently active, that is, as exercising a degree of force on the psychic apparatus. In *Instincts and Their Vicissitudes* (1915) Freud wrote:

> By the pressure of an instinct we understand its motor factor, the amount of force or the measure of the demand for work which it represents. The characteristic of exercising pressure is common to all instincts; it is in fact their very essence. Every instinct is a piece of activity; if we speak loosely of passive instincts, we can only mean instincts whose *aim* is passive (p. 122).

In our view aggression comes into play only at that point at which an action that is otherwise naturally, easily, or comfortably effected is inhibited, impeded, or otherwise counteracted

by an obstacle to that action. By implication, therefore, it is not the action which determines the aggressive nature of the activity, but rather its motivation, i.e., overcoming the obstacle. Consequently, even destructive actions would not be aggressive specifically because of their destructiveness, but rather because of the effortful component called forth in the overcoming of an obstacle. One could presume that destructive activity is usually aggressive, but only by reason of the fact that other forces would naturally or inevitably be called into play, opposing the action and setting an obstacle to its accomplishment. Aggression may be destructive, but destructive action need not be aggressive.

In our previous paper (Buie, et al., 1983), we illustrated by clinical examples that neither affects nor actions could provide the common ground necessary for defining aggression—e.g., in cases of a patient's destructive hostility, or efforts to seduce the analyst into erotic acting out, or the analyst's constructive persistence in interpreting resistance. A definitional commonality could, however, be found in the motivational terms we have set forth. We believe that the consistency introduced by this new view of aggression offers to resolve the inconsistencies in the standard view.

Some clarification of motivational terms may be useful. We are using the notion of motivation in a general sense, to refer to a disposition to purposive or intentional action, whether conscious or unconscious. Motivation in this sense is distinct from sheer energic discharge, although it may involve energic components. Motives may express themselves in varying degrees of complexity, intensity, modes of displacement, and levels of psychic integration (Klein, 1967). Wishes, in this hierarchy of motivational terms, are not merely expressions of drive impulse or discharge, but involve a cognitive dimension which lends direction and intention to the drive expression, usually through linkage with a mnemic image. In Freud's conceptualization, the fulfillment of a wish is a psychic act aimed at reproducing "the perception, which had become the sign of satisfaction" (La-

planche and Pontalis, 1967, p. 482). Motivation intends the achievement of a particular aim. The aim may be the satisfaction of a need, the fulfillment of a wish, the attainment of psychic equilibrium, or the avoidance of distressful affect. Any interference with the accomplishment of the aim of a motivation becomes an obstacle. The obstacle may be extrinsic to the individual or intrapsychic.

Once a mental representation of a motivational aim has been formed, an action is elicited to obtain it. If an obstacle interferes, any available psychic maneuver may be called to duty to overcome it. Aggression utilizes any resource of the organism, from physical force to defense mechanism, in its persistence toward reaching the motivational goal. In this sense, aggression requires the participation of several psychic agencies and a rearrangement of the defensive system. Certain aggressive behaviors involve a minimal number of psychic processes, while others may require the participation of all three psychic agencies. In this view aggression is not a force, but an integration of psychic functions in the service of attaining a motivational aim.

The question arises regarding the relation between this view of aggression and the classical drive notion. The present formulation differs from the theory of instincts in that it does not regard aggression as a form of biologically determined instinctual (drive) pressure on the mental apparatus which is constantly seeking discharge. Aggression, in our view, represents a drive capacity that is called into action only under the stimulus conditions in which the overcoming of an obstacle is required. The difference is clear in the developmental context: the drive theory would see the development of aggression as a process in which the mental apparatus strives to integrate the aggressive drive derivatives impinging on it from below, i.e., from an innate biologically given drive; the present motivational theory would see the development of aggression as reflecting the organism's experience of dealing with and overcoming obstacles. Aggression is thus a given capacity that comes into play only

under appropriate stimulus or motivational conditions. Rather than a biological force, aggression becomes a psychological construct that is related to and reactive to specifiable stimulus conditions, including the relationships with objects. The emphasis shifts from the biological determinants to the motivational context of the aggressive action.

In the present paper we will attempt to extend the implications of this view of aggression to the analysis of phobic states as seen in both classic childhood phobias and in adult phobic conditions. Our purpose is not to argue the superiority of our view of aggression, but to demonstrate its applicability in a specific clinical context.

REVIEW OF THE LITERATURE

The role of aggression in the genesis of phobic symptoms and phobic states has been viewed as a well-established finding of psychoanalytic research. Fenichel (1944) summarized the classic position, according to which phobia formations were involved in the defense against both libidinal and aggressive impulses and involved a variety of defensive processes, including regression, repression, reversal, projection, and displacement. Anna Freud (1977) would later add condensation and externalization.

In general, these formulations attributed to libidinal and aggressive impulses the origin of whatever anxiety the phobic phenomenon was defending against. As Anna Freud (1977) observed, the distinction between anxiety and fear was paramount, in that it was not fear that lay at the root of the phobia, but anxiety. The anxieties can reflect any level of developmental danger—annihilation, separation, loss of the object/ love, castration, even moral condemnation. However, they serve essentially as a warning signal against the related intrapsychic danger. While the mechanisms required to set the phobia formation in place are intended to contain the anxiety within manageable limits so that the internal danger does not become

traumatic, the phobic anxiety escapes this containment and the ego is to this extent overwhelmed, but now by an external threat rather than an internal one. Thus, oral sadistic impulses to bite or devour can be transformed into fears of being bitten (Flescher, 1955), sadomasochistic wishes to be beaten and tortured can take the form of fears of dark streets (Brenner, 1959), or other fears of attack or destruction (Bernstein, 1962), and murderous wishes against the oedipal father can become animal phobias (Freud, 1909; Rochlin, 1973).

The prevailing view of the place of aggression in the formation of phobic processes sees it as a given. The aggressive instinctual drive serves as an independent source of instinctual danger, to one or another degree in conjunction with, and reinforced by, external realistic factors. In the early classic view, any conjunction with real determinants or situations was not required to explain the phobic phenomenon (e.g., early Kleinian understanding of the death instinct), but more recent views would accept a more complex interweaving of developmental and environmental components as integral to any understanding of the vicissitudes of aggression.

In the view we are developing in the present study, aggression is not postulated, but instead articulated within a specifically motivational context. Our hope is that this view will permit a more definitively motivational understanding of the role and import of phobic expressions. We will focus on the phobic phenomenon in the case of Little Hans (Freud, 1909) and in that of Frankie (Bornstein, 1949; Ritvo, 1965). We will then examine the genesis of phobic symptoms in an adult.

LITTLE HANS

Hostility and sadism were the impulses central to Little Hans's phobia. He wished his father dead so that he would be free to engage in sadistic, phallic acts with his mother and have babies with her. These impulses were also aggressive to the extent that

they were motivated to overcome the obstacles to their achieve-
ment. Before the phobia developed, there was little outward
show of these hostile and sadistic aims, and what expression
they did obtain was so mild as to evoke no opposing response
from his parents. The obstacles to achievement of his aims
were, therefore, entirely intrapsychic.

Freud (1909) thought of the setting of Hans's phobia as a
"battle" (p. 139) between opposing forces within the child's
mind: impulses of hostility and sadism on one side and repres-
sion on the other. According to Freud, Hans's instinctual im-
pulses strove not only to gain ultimate satisfaction, but also to
force their way into consciousness. When the instincts were in-
tensified by experiences of deprivation and erotic stimulation,
they gained enough force to partially overcome the obstacle of
repression. At that point the phobia "burst out" so that pre-
viously unconscious ideas "forced their way into consciousness"
(p. 139) in the form of fears of horses biting him and horses
falling down.

Prior to the phobia, repression had protected Hans from
feeling hostility toward his father and from fearing the castra-
tion which seemed the natural punishment for his forbidden
and destructive impulses. When his impulses began to emerge
into consciousness, Hans desperately needed adjunctive ways to
oppose awareness and expression of them. His phobia served
the purpose. His fear of punishment for his impulse to bite his
father and see him fall down dead was disguised and exter-
nalized as a fear of horses biting him. We would go beyond
Freud's interpretation and speculate that this projection also
served to reinforce the obstacle to expression of his hostile im-
pulses because it was experienced as a genuine threat; at the
same time, it served to maintain a sense of safety and a loving
relationship with his father, who otherwise would have been the
subject of this projection.

Horses falling down were a disguised representation of
Hans's desire to penetrate his mother sadistically with his penis
and have babies with her. The component of fear attached to

horses' falling down is explained by Freud in accordance with ideas about anxiety hysteria which he held at that time, i.e., with the return of the repressed *"the pathogenic material was remodelled and transposed on to the horse-complex, while the accompanying affects were uniformly turned into anxiety"* (p. 137).

In the present day, we would add specifically that attaching fear to the sight and expectation of horses' falling down would not simply be a disguise of his instinctual aim and a displacement as to object. This fear also compelled him to avoid the possibility of witnessing such an event. We would say that his fear of seeing horses falling down served as an additional obstacle to awareness of and expression of his sadistic incestuous impulses. At the same time, this component of the phobia served as a means of preserving a sense of safety in the presence of his mother, safety from knowing and experiencing forbidden impulses and associated anxiety in relation to her. The phobia also preserved his sense of loving security with her.

In a way which resembles our own thinking Freud (1909) also viewed the phobia as posing an obstacle to the impulses which were striving toward expression. He wrote:

> ... the essence of Hans's illness was entirely dependent upon the nature of the instinctual components that had to be repulsed. The content of his phobia was such as to impose a very great measure of restriction upon his freedom of movement, and that was its purpose. It was therefore a powerful reaction against the obscure impulses to movement which were especially directed against his mother. For Hans horses had always typified pleasure in movement ... ; but since this pleasure in movement included the impulse to copulate, the neurosis posed a restriction on it and exalted the horse into an emblem of terror (p. 139).

Aggression, then, in the phobia of Little Hans was located not in the quality of his affects, nor in the quality of his erotic or hostile impulses, but rather in the interplay of opposing forces.

Prior to the phobia, the striving toward consciousness and satis-
faction on the part of his impulses was more or less successfully
opposed by the obstacle of repression. Aggression enters the
picture to the extent that extra psychic effort may be required
to break through the repressive barrier. In addition, insofar as
his father posed a threatening obstacle to his desire to possess
his mother libidinally, additional aggression would also have
come into play with the motive of overcoming and getting rid of
this now external obstacle. But the hostile impulse toward his
father was also threatening and created a fear of losing father.
The aggressive impulses directed at father, in serving to over-
come the obstacle posed by the father to Hans's libidinal desires,
thus simultaneously became themselves an obstacle to a secure,
protective, and loving relation to his father.

FRANKIE

In Bornstein's (1949) classic description of Frankie's neurosis,
there were several symptoms mentioned, including school
phobia, wolf fright, and an elevator phobia. The analysis of
each of these symptoms revealed the following dynamics.

1. The school phobia: Frankie was unable to go to school be-
cause of his fear of separation from his mother. He feared both
that his mother would abandon him and that his own hostile
impulses would destroy her. On the way to school, he was afraid
of being trapped on the bus, afraid he would forget his stop,
that he would be unable to open the door, that he would miss
his stop. These fears were related to the wish that his sister had
been trapped inside his mother and thus never born. Frankie
was very sad, feeling that he was losing his mother to his little
sister; his longing for his mother was intense. His affects fol-
lowed the sequence: an unconscious anger at sister and mother,
the wish to destroy them, the fear of losing mother, and a deep
sadness at the thought of losing mother, connected with an un-
derlying longing for her.

2. The wolf fright: The wolves were prohibiting figures, similar to the nurse, preventing him from acting on the desire to go to his parents' bedroom to watch and listen. These wishes involved his sexual curiosity and would evoke sexual excitement as he identified with mother as well as with father in the sexual act. All these experiences also evoked jealousy and stirred up thoughts about babies being born, which in turn stimulated intense rage, thoughts of revenge, and sadness. The wolves also represented Frankie as a castrator of those who produce babies.

3. The elevator phobia: Frankie said, "The elevator might crash down, or the door might not open, and I would be trapped" (Bornstein, 1949, p. 205) The symptom was overdetermined. (a) The elevator-man was father as well as Frankie himself through identification with the aggressor-castrator father; Frankie also feared his impulse to kill father. (b) He envied his mother because she enjoyed being thrown up in the air by father; he feared his own impulse to throw her out of the window for revenge. (c) He feared his wish to participate in sexual excitement with father: the consequence might be that "We all [land] in the cellar" (p. 206, italics added). (d) He feared the pleasurable sensation of being lifted because he associated it with becoming pregnant. Pregnancy reminded him of his loneliness when mother got pregnant with his sister and left him. (e) He feared his wish to become pregnant because it meant losing his penis. He was terrified by his wish to be carried in his mother's womb, to insure against her desertion, because the womb was a castrating organ. (f) He feared that his desire to have his sister trapped in his mother's womb would result in the punishment of his being trapped in the elevator.

Later in the analysis, Frankie developed a fear of the analyst, which reflected his wish/fear to be kidnapped and carried away by the analyst. All this was related to the "primal trauma" when Frankie was five months old: his night feeding had suddenly been stopped, leading to an intense unsatisfied hunger for milk and affection that was expressed in screams which would last for hours.

Frankie was crying out for union; he was trying desperately to overcome the obstacle to his security which was posed by separation. Here we can see that Frankie's longing to possess the mother can be seen as an act of aggression in the sense of overcoming an obstacle, i.e., the primitive urge to orally incorporate the object in order to overcome the distance of separation. The purpose of the phobic aggression is to overcome the separation and the displacement by his sister. In addition, the defenses of displacement and projection contained in the structures of the phobias served as obstacles to Frankie's gaining conscious awareness of his hostile impulses toward his sister.

The Ritvo (1965) report of Frankie as an adult in analysis further supports this formulation. Ritvo, in trying to understand the shift from the phobic neurosis to the later obsessional neurosis, obsessive doubting replacing phobic anxiety, implies that the central element manifested in the later obsessional neurosis was the need to overcome the obstacle posed by the separation from the mother; this would be consistent with our formulation. In contrast, Ritvo sees the fear that father might never find his way home as related to Frankie's aggression against his mother and his unconscious, revengeful wish that his mother, who had abandoned him when his sister was born, should never return.

The fear of being trapped in the bus referred to his original death wish against the baby sister who should have been trapped inside the mother and never allowed out. The fear of wolves was the fear of an imaginary representative of the prohibiting nurse and the father, as well as himself with his strong voyeuristic and castrative impulses. He had to fear for the safety of his genitals if he were to act on his voyeuristic curiosity about the primal scene. The elevator fear was due to: (a) his hostile impulses against his mother and his identification with her; (b) the death wish against his sister and his desire to take her place; and (c) his masturbation conflicts, including fear of erections, fear of losing control over his own emotions, fear of being lifted—all evoking the danger of castration. Ritvo comments:

Passive wishes in the transference produced reappearance of the wish to be carried passively inside the mother like the sister was carried. Hard upon it comes the old urge to attack the pregnant mother and the baby inside her. These wishes and their retaliatory consequences were of prime significance in the dynamics of his phobic symptoms as a child. . . . The passive strivings toward the father, in reaction to his own competitive, oedipal feelings, belong to a later developmental period when maturation and cognitive development had placed the intellect and mental functioning at his disposal for defensive purposes. These later passive strivings are warded off by the more purely mental operations characteristic for the obsessional neurosis and obsessive character. These same conflicts for which he sought a solution by the formation of phobic symptoms as a child in the phallic-oedipal phase he later tried to cope with by the obsessive doubting about his mind (p. 14).

Frankie had tried for years to erase all feeling from his interactions with the important persons in his life. He practiced this isolation of affect to protect himself against the consequences of emotional dependence on them. This isolation also protected him against feelings of guilt for any disturbing sexual thoughts or fantasies about his mother or sister, especially during his adolescence. As a child, he was forced to resort to inventing the omnipotent King Boo-Boo to protect himself from the terror of his passivity and destructive impulses, but when he was an adult, his ego could find more ordinary and appropriate means of containing the current renditions of the older conflicts.

Ritvo (1965) further observes that there were also dream references to unconscious passive wishes for oral and anal homosexual gratification. In such dream thoughts, the old wishes and fantasies of oral impregnation and of being in his mother's womb, as his sister had been, that were so prominent a part of the childhood analysis, seemed to continue to find expression.

The focus of Ritvo's analysis is on how the doubts replaced the fears. "The doubts contained a refusal to recognize fully that he had reached these achievements. . . . To have accepted

that reality . . . would have meant relinquishing his passive longing for protection, his cherished 'womb-type notion' " (p. 30). Frankie enables us to understand not only "how the past is contained in the present" but how the mode of conflict solution had to undergo alteration because of advances in development. Ritvo's report supports our formulation that the central element in Frankie's childhood phobias, similar to the central ingredient still present but manifested in the later obsessional symptoms, was the need to overcome the obstacle posed by the threat of separation from the mother. It is in this overcoming of the obstacle that aggression is manifested in his phobia formation.

CLINICAL EXAMPLE FROM AN ADULT

Paul, a handsome, well-built, twenty-two-year-old college senior, had no symptoms until he applied to medical school. He then became increasingly anxious and preoccupied over his admission. He was accepted, but he experienced no joy from his success. Instead, his anxiety increased, and unusual thoughts began to crowd his mind. The thoughts were related to dating girls and being afraid that he would contract syphilis from kissing or even from some superficial physical contact. The fear of syphilis became his constant preoccupation. He developed a phobia of looking at his penis out of fear that he would see a lesion there, even though he had never had sexual relations.

He seemed concerned about his ability to function as a physician if he should get syphilis. He reasoned that syphilis affects the brain, makes the individual demented and dangerous, and would lead to two grave consequences: first, the physician might kill his patients, and second, the syphilis might spread to the rest of the world and many would die.

His great ambivalence about going to medical school and leaving his "youth" behind appeared in writings prior to his admission. Every time he tried to write the word "accepted," he would automatically substitute "excepted."

Paul was the oldest of two boys of a middle-class family. His brother was four years his junior. His mother was a devoted housewife and mother, extremely overprotective, who had raised him as her favorite, her "golden boy." The whole family entertained the highest expectations of him and had great hopes for his future. Up to that point, he had satisfied his mother's expectations by his achievements and his excellent behavior. The father was a professional man who also doted on his son and made a point of being close to him. The brother was much less involved with the family. Both parents were very much invested in the son's becoming a physician. The patient had been always a model child. He remembered his childhood as a good experience. He was a bit of a loner and never very close to any of his classmates.

He had two important memories from childhood. The first was his playing with a marionette and in a moment of frustration shaking it so hard that he "killed it"; the other was when he fantasized himself as Tom Sawyer and set out to find a girl-friend. He selected a girl and experienced a tremendous feeling for her, but never approached her in any manner. He seemed, by far, more invested in wanting the same feelings of love and freedom Tom had felt. Tom was an orphan, not encumbered by parents; he could devote himself to an adventurous life of constant mischief far removed from the restricted and obsessive world in which Paul's parents lived.

The patient felt he had never met the outside world and perceived going to medical school as his entering "THE WORLD." In that world, one had to take care of oneself, compete constantly, and be in charge of peoples' lives (which meant one could kill them). Furthermore, one had to have real sex (intercourse) instead of "making out" or exaggerating about how much sex one was having. For him, real sex meant the possibility of killing the woman, "like a marionette."

The treatment revealed a profound fear and hatred of women and of their power to engulf him and dominate him. He traced this fear to his mother, who had been greatly idealized by

the family, in particular by the father. The father described the mother in adoring terms, claiming she was "snow-white pure, a true angel."

The treatment revealed another side of the mother. She could be extremely sweet, but, if things did not go her way, she could be aloof and removed or, suddenly, she could go into a rage, furiously calling Paul a "dirty bastard." In those moments, which he dreaded, she would turn, in his words, "from an angel into a demon." On those occasions, he would be terrified of her and, as he learned during the treatment, furious with her but unable to recognize it. Instead, he found himself having frightening thoughts of smashing things or killing people. The thoughts always frightened him and he was able to see that he had had them since he was a little boy. He made sense of his memory of "killing" the marionette by linking the destruction of his toy in a moment of irritation with his then unconscious murderous wishes.

Much discussion went into Paul's discovering the murderous desires he had for his mother and how he saw her death as the only means of his being free from her oppressive overprotection, her constant fear of his being harmed or getting sick. He felt his mother had "squashed" him and "loved him to death." On the other hand, he felt that his father was his only source of affection, and he was terrified that if he left home, he would lose his relationship with his father. The clinging feelings included fear and revenge because he remembered bitterly how many times he had wished to go out on his own, to be adventurous like Tom Sawyer, and his parents had forbidden him to do what he wanted.

He improved in the course of the treatment and finally was able to go out with girls and, with much fear, even kissed one. His fear of syphilis did not return in its original form, but expressed itself as anxiety each time he focused his vision on a word that started with "s." He had to read those words as quickly as possible, making sure that he did not spend extra time in looking at them.

Paul's main phobia had not yet disappeared. He was still un-
able to look at his penis out of fear of finding a syphilitic lesion
there. However, it was at this point in his treatment that he
began for the first time to talk about genitals and how ugly they
were; he became aware of how frightened he was of both fe-
male and male genitals. As for the male organ, he feared it
could certainly kill the woman. He insisted that he was a big
fellow and very strong and that he could kill a woman in the
way he had killed the marionette when he let himself go as a
child. He produced many sadistic fantasies of beating two or
three people at the same time. It was not long before he could
express how afraid he himself was of being killed or maimed.

At this point, he had a frightening dream.

I am in the den of my house. There is a table whose top is
supported by a single column. Around the column there is a
snake coiled. I am not sure if the snake's head was at the top of
the column or at the bottom. Next, I wanted to catch the snake
which was now coiled around the table on the floor in front of
me.[1] I wanted to catch it by the back of the head or the neck. If
I could grab him there, he would be unable to turn his head
and bite me. I may have been afraid of the snake wrapping
around me and squeezing me or strangling me. My mother
was present during this part of the dream. She was able to
easily grab the snake in the way I wanted to. I wanted to grab
the snake so it could not harm me. I may have made some
timid and quickly withdrawn attempts. I was pretty sure I
couldn't do it. When I looked at it again, it was moving aggres-
sively toward my neck. With the snake near my neck, I became
so frightened that I woke up.

Paul connected this dream with the fear of his mother's affec-

[1] The dream seems to utilize the imagery of the magic staff (caduceus), capable of
protecting its bearer in classical times. In early times, the caduceus was a branch
with intertwined twigs. In a later development the twigs became snakes. The ca-
duceus was used by Asclepius as the symbol of the physician; it is still used as a
symbol of the health sciences. Hermes, the messenger of the gods, carried it with
him as a protection against the many dangers the world poses to travelers (Rose,
1971). For Paul, the symbol condenses his ambivalence as a physician and as a
young man about go out into the WORLD, and his need for safety and protection.
It also conveys the fear of his penis and its magical destructive power.

tion (squeezing and hugging and kissing him to death) and his fear of sexual intimacy, of killing and being killed. He realized how the penis is used to express love and affection and how afraid he was of it all. For the first time he was able to fantasize openly about intercourse, but was still afraid to talk about penetration.

This was a critical dream anticipating the disappearance of his phobia. He finally was able to look at his penis and later on to have intercourse with his girlfriend. The other phobic symptoms had already vanished. From this point on, the treatment continued to deal with the character problems of a severely obsessive personality.

We can consider this case as a medical school phobia. It has the descriptive characteristics of intense sadistic, murderous, and sexual wishes toward the parents, which filled Paul with anxiety, along with an intense need for parental protection. Mixed in his conflicts is the fear of his own impulse to remove the parents who had posed for so long as obstacles to his desires to be freed. The fear of syphilis protected Paul against killing or being killed by women. It also protected him against the threat of medical school and separation from his parents, because one cannot be a physician if one has syphilis.

Paul's illness was precipitated by his wishes and by his fear of growing up, leaving home and parents, and beginning to do now, with the approval of the parents, what was forbidden when he was a child, i.e., to go out into the world, to leave home, and to have sex. What, then, were the components of his intrapsychic conflict? As with Little Hans, hostility and sadism were the impulses central to the patient's pathology. Since childhood, he had wished his parents and his brother dead (he wanted to be an orphan like Tom Sawyer) and was convinced of his physical power to kill (he had "killed" the marionette). To protect himself against his wishes, he had submitted in docile obedience and had reinforced the defenses against his murderous desires with severe obsessive defenses: reaction formation, isolation of affect, rationalization, and repression.

Paul also had intense sadistic sexual impulses toward his

mother: to murder her and punish, even kill, her in intercourse. These impulses were severely repressed and overcome by an intense idealization of a pure and angelic mother who had to be adored and whom he could not marry or with whom any expression or even feeling of anger was forbidden. Unconsciously, he had assumed that all these defensive maneuvers and his submission and renunciations would keep him protected forever; that his homosexual submission to his father would grant him the right to remain a child forever, protected by his father against any demand that would break the precarious psychic balance he had created for himself.

Before the phobia developed, Paul's minimal expressions of hostility, like those of Little Hans, did not create any major opposition from his parents or from his own conscience. His admission to medical school, however, forced his sadistic impulses to consciousness. Now he had to leave home, have sex, face the world and the grownups, and stop being a child—in short, he had to renounce the passive security which had reinforced the repression of his sadistic sexual and murderous impulses. Both impulses returned with full force to his consciousness.

In this case as well, previously repressed ideas "forced their way into consciousness." Repression gave way to intense murderous and sexually sadistic impulses. The patient's fear of looking at his penis—the murderous organ—protected him against further awareness of his rage against destructive women. The fear of syphilis protected him against full awareness of his situation, i.e., the feeling of being betrayed by his parents and the concomitant murderous anger toward them. The phobia was an expression of the fear of the punishment he deserved for his impulses, as well as protection against the threat of having to leave home. Admission to medical school threatened to force him out of the passive security which had reinforced the repression. This disruption became the obstacle to be overcome by his aggression.

PHOBIA: A MODEL FOR UNDERSTANDING
ITS FORMATION

A phobia is a symptom indicating intrapsychic conflict. The manifest affect dominating the symptom is fear. The situation or thing feared is not dynamically significant in itself, but as an object of symbolic displacement and an externalization of an intolerable mental conflictual content. The phobia is a compromise formation that makes this psychic situation relatively more tolerable. The components of the compromise are simultaneously contradictory motivations: to obtain an object of libidinal or narcissistic investment and to avoid the intrapsychic danger posed by its attainment. The creation of the phobia provides safety in this situation, which has been assessed as dangerous, by displacing and externalizing one of the conflictual contents. The dangers against which the phobia defends are castration, loss of the object, loss of love, or loss of self-esteem. As a generalization, we could say that these are dangers which threaten to disturb the state of well-being. We could conceptualize these dangers as presenting an obstacle to the maintenance of well-being in terms of body narcissism, object attachment, secondary narcissism, and ego-superego equilibrium.

Although the phobic symptom may include the avoidance of particular situations and things, the phobic structure does not include any external action on the part of the individual. Even when reality may pose some threat to the phobic individual should one of the forbidden wishes be expressed, this is not the significant danger. The dangers which contribute to the formation of a phobia are entirely intrapsychic.

Our understanding of aggression in its role in the formation of a phobia requires that the aggression in question be viewed not only as the effort to overcome an external obstacle, whether person, thing, or situation, but more particularly as an effort required to overcome internal psychic obstacles. In ordinary

psychoanalytic language, this activity is involved in the organization of psychic defenses. The aggressive nature of the defenses was graphically illustrated by Anna Freud (1936) when she described the appearance of resistance to following the fundamental rule: "This means that the inroad of the id into the ego has given place to a counter-attack by the ego upon the id" (p. 14). The intrapsychic battle is set out: "Were it not for the intervention of the ego or of those external forces which the ego represents, every instinct would know only one fate—that of gratification" (p. 47).

In our view, aggression comes into play only at that point at which an action or state of psychic equilibrium, which is otherwise naturally, easily, or comfortably effected, is inhibited, impeded, or otherwise counteracted by an obstacle. Any of the mental processes of ordinary mentation, from an image to a thought or fantasy, to an impulse, or to some form of motivation, can serve as an obstacle. Thus the role of aggression in the formation of defenses generally may take the form of creating or imposing a barrier or a countering mechanism to the unimpeded expression of an instinctual drive, or to the free imposition of superego standards, prohibitions, or punishments, or to the conscious acknowledgment of a dreaded (fantasied or real) interpersonal situation. Such a defense mechanism is aggressive, in our view, insofar as it is called into play when the unimpeded expression of the drive or other psychic force would create an obstacle or impediment to other psychic aims or objectives (usually, but not exclusively, associated with the ego). In this sense Hans's impulse to hurt his father, motivated by the need to eliminate the obstacle the father posed to Hans's libidinal desires for his mother, interfered with and posed an obstacle to his loving attachment to his father. The defensive displacement of his impulse from his father onto the horse involved the use of aggression in order to overcome this latter obstacle, which carried with it the threat of the loss of the father or his love. Aggression, by the same token, can also come into play when an additional degree of effort or intensity is required

for the drive to gain expression or attain its object. In the face of a defensive barrier, whether repressive or otherwise, an additional degree of intensity or effort may be mobilized as a consequence of motivation to overcome the defensive obstacle and gain satisfaction.

This description suggests that aggression is frequently at work in ordinary psychic life. In normal circumstances it operates silently and unobtrusively, aiming at maintaining adequate psychic satisfaction. Aggression becomes overt and behaviorally obvious when the obstacle posed to some motivation requires overt action on external objects. However, aggression may be neither overt nor behaviorally obvious, as in the case of phobic symptom formation.

In view of these considerations, a phobia may be conceptualized as the final result of a series of defensive maneuvers to overcome a situation in which incompatible needs or wishes and their anticipatory fantasized actions can be neither resolved nor renounced. Each wish, and its derivatives, poses an obstacle to the fulfillment of the opposing wishes. In the above example, Paul's wish to be passively dependent was set in opposition to his destructive wish to hurt and destroy women. The passive side created an obstacle to any more assertive adulthood; the destructive wishes prevented his comfortable passivity and dependency.

Alternatively, one obstacle posed by one wish is overcome by the first level of defense, the repression of the idea. Repression is at the service of preventing representational awareness, which, once achieved, requires that the represented satisfaction be obtained, compelling the subject to act. This conscious representation becomes in and of itself an obstacle. To remove it, aggression draws on the defensive maneuver of repression. The other side of the wish brings the repressed material back to consciousness.

The next level of defense is the disguise of the idea by displacement onto an apparently innocent object. The wish persists and reappears in relation to the object of displacement,

which now has to be avoided. The defenses do not work properly because the ambivalent nature of the wish does not permit full repression. Each new aggressive-defensive move against a wish that, in its present form, cannot be renounced and therefore has become a new obstacle creates the need for further aggressive internal action to overcome the obstacle which refuses to disappear. Finally, a significant portion of the life of the individual has to be constricted to keep the intrapsychic dangers repressed and to substitute for them a more tolerable and manageable external threat.

The analysis of the role of aggression in conflict and defense with regard to phobia formation deals primarily with conflicts of defense. The same analysis may not be equally applicable to all contexts of conflict, e.g., conflicts of ambivalence (Kris, 1984). Conflicts of ambivalence involve divergent rather than convergent opposites and are resolved through mourning rather than through aggressive action. In such conflicts, aggression would not be involved in the internal dynamics of the conflict as such. The conflict may pose an obstacle to other objectives, e.g., resistance to free association, and may thus elicit an aggressive response.

We can point to certain advantages to our conceptualization of the psychic formation of a phobia. It permits a developmental and dynamic understanding of the vicissitudes and interplay of contradictory needs and the progressive and aggressively (in our terms) motivated defensive efforts aimed at maintaining psychic balance and self-protection. This approach may offer a basis for meeting Anna Freud's wish to understand the role of aggression in development and character structure formation.

In the case of phobia formation, the symptom emerges as the result of a progressive narrowing of choices, which forces the individual to resort to condensation and externalization as final defenses (after attempts at regression, repression, reversal, projection, and displacement). These two defenses condense in a particular object or circumstance the motivation to fulfill a va-

riety of unmanageable wishes and to locate them external to the self. In this way, even when the phobia elicits intense anxiety, the sense of self is protected and self-equilibrium may be maintained.

Another advantage of our theorizing is that it permits the establishment of the connections between the representational world of objects and the obstacles which their original real or imaginary qualities posed to the awareness of and acting on internally experienced wishes. This conceptualizing of the phobia gains in motivational, circumstantial, and object specificity what is missing from a theory of aggression as a biological drive.

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Facial Image and Object Constancy: A Clinical Experience and a Developmental Inference

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Published online: 27 Nov 2017.

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FACIAL IMAGE AND OBJECT CONSTANCY: A CLINICAL EXPERIENCE AND A DEVELOPMENTAL INFERENCE

BY ALVIN FRANK, M.D.

This report is derived from analytic data in the case of a young woman with a concurrent neurologic deficit, prosopagnosia. The condition consists of an inability to recognize or evoke the facial images of the most familiar persons in one's life. With this disability, will there be a corresponding dysfunction in the psychologic structuralization comprising object constancy? The clinical material presented indicates a lack of object constancy in this patient, as well as a corresponding developmental fixation at the rapprochement level of separation-individuation. Reconstruction of the patient's childhood appears to corroborate these findings.

> Nature is nowhere accustomed more openly to display her secret mysteries than in cases where she shows traces of her workings apart from the beaten path; nor is there any better way to advance the proper practice of medicine than to give our minds to the discovery of the usual law of Nature by careful investigation of cases of rarer forms of disease. For it has been found, in almost all things, that what they contain of useful or applicable nature is hardly perceived unless we are deprived of them, or they become deranged in some way.
>
> William Harvey, 1651

I report here what could be termed "an experiment by nature," a chance variation in endowment as observed in a psychoanal-

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The essence of this paper, entitled "Brain and Mind, Facial Image and Object Constancy: Report of a Clinical Experience," was presented at the 17th Annual Mahler Symposium, May 31, 1986, Philadelphia, Pa.

ysis. A coincidence of this sort can reveal the strategic relevance that such a variation can have to our theories of developmental sequences. This presentation, therefore, has implications for the assumptions which underlie our theories. In this effort I will utilize the data and concepts of separation-individuation theory as provided by Margaret Mahler and her co-workers. As will be seen, they proposed specific criteria and normative sequential developmental standards which could be used to test, assess, and judge my hypotheses.

Any presentation such as this has all the limitations inherent in deductions from a single instance. Still, there is much to be said, in concert with William Harvey's remarks, for a disciplined review and contemplation of the data available to us.

In the course of the analysis of a young epileptic woman, I made the diagnosis of a condition termed facial agnosia or prosopagnosia, which is an inability to recognize, retain, or call to mind the images of familiar faces, however dear or significant (Benton, 1980; Benton and Van Allen, 1968).[1] My treatment of this patient led me to certain hypotheses regarding object constancy and its role in the progression from the rapprochement subphase of separation-individuation.

Facial agnosia is relatively uncommon. Studies over the years have determined that its cause is not limited to any one type of lesion or disability. Most clinical reports implicate cerebrovascular incidents or tumors in adults in its causation. It is also observed to occur with epilepsy, although its rate of incidence in epilepsy has not been ascertained (Hécaen and Angelergues,

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[1] "The primary disorder is the incapacity of the patient to identify persons on the basis of visual perception of their faces. Recognition is accomplished on the basis of perception of stature, clothes, gait, or voice, or by noting such accessories as eye glasses, or cigarette holders. Faces are recognized as such and, in most cases, the patient is able to distinguish between the face of a man and that of a woman. The patient may be able to give an adequate general description of the face which he perceives but at the same time be unable to identify the person. However, some patients show features of metamorphopsia in that faces appear to them to be grossly distorted . . ." (Benton and Van Allen, 1968, p. 344).

1962). It can be of greater or lesser severity in functional impairment. Autopsy findings indicate that prosopagnosia is a product of bilateral disease that includes a lesion in the occipitotemporal area of the right hemisphere. A basic difference exists between this disorder in the identification of the faces of familiar persons and a disorder involving discrimination of unfamiliar faces. In the latter cases, unilateral disease is apparently a sufficient condition for impairment. As implied, facial agnosia is the result of the interaction of functional factors—perhaps between a generalized visual agnosia and a disturbance of the body schema—rather than the result of a simple single deficit (Hoff and Pötzl, 1937; Pötzl, 1953). In line with this are the findings of Benton and Gordon (1971) that facial recognition has a number of distinctive, positive correlates pertaining to visual discrimination and constructive task performances.

Patients with facial agnosia may also have difficulty in recognizing and identifying the faces of public figures or the symbolic import of graphic figures, although clearly perceived. Benton (1980) cites, as examples of such graphic figures, the Red Cross or Uncle Sam. The capacities for facial recognition and evocation and their impairments are observed to be different in many respects from other forms of visual recognition and evocation and their disorders (Benton, 1980; Bodamer, 1947).

The processes leading to the evolution of psychological object constancy involve much more than the application of newly developed neurophysiologic accomplishments within the mental apparatus. At the same time, however, it is axiomatic that the physiological capacity for object recognition and eventual evocation is of critical importance in the sequences leading to the development of mental representation and object constancy. While there has been considerable disagreement about the age at which object constancy is attained, there is consensus that the process begins with the equivalent of a primitive "recognition memory" of the mother's face and voice at about the fifth

month (Fraiberg, 1969; McDevitt, 1975). The singular status of the mother's face is well established in both academic and psychoanalytic developmental studies and theories.

The sensorimotor landmarks described by Piaget, which indicate the acquisition of necessary neurophysiologic capacities, are related to the development of object constancy as he defines and uses the term in a physiologic sense. Piaget's criteria are within the visual realm. His Stage IV (eight to twelve months) is characterized by the infant's first search for an inanimate object when the infant has seen the object being hidden behind a single screen and then removes the screen to recover the object. Subsequently, behavior at sixteen to eighteen months is judged to "indicate a beginning capacity to evoke a more complex and differentiated mental image of the mother which has an even greater autonomy from the stimuli both of external experience and of inner need" (McDevitt, 1975, p. 726). This is "evocative" rather than "recognition" memory. Fraiberg's important contribution distinguished between the two capacities and their relevance to object constancy. It is, of course, evocative memory which is cited as a necessary, although not sufficient, prerequisite of an "independent inner image" for object constancy (Panel, 1968, p. 507). This and subsequent phenomena are regarded as part of a continuing process rather than as distinct stages. Here, the issue is adjudged primarily in terms of drive considerations, i.e., the evolution of some balance, probably involving fusion, between aggressive and libidinal forces. This is consistent with Anna Freud's characterization of object constancy:

> After object constancy has been established the person representing the objects keeps this place for the child whether he satisfies or frustrates (Panel, 1968, p. 506).

The necessity to tame aggression is splendidly illustrated by her example:

> I could give you a small example, but this was from a child of

slightly later years, probably 4 or 5, when we had so much to do with separated children. The children once talked about why one had photographs on one's mantlepiece, for instance, a photograph of one's mother. One of the little girls said, "That is so that you don't think they have gone all nasty when you haven't seen them for a long time". Now this isn't quite what object constancy means, because the aggressive or angry relation to the object is still a relationship, but I thought at least it was on the way to explaining what happens. The next step would be to lose the object altogether, because it has given disappointment, pain, and frustration. But one is tied to it good or bad, for better or worse. I think that is object constancy (p. 507).

Margaret Mahler and her co-workers (1963, 1975) have demonstrated that object constancy, so conceived, achieves a reasonable degree of stability only between twenty-five and thirty-six months of life, involving the fourth subphase of separation-individuation.

Accordingly, visual recognition and evocation per se, particularly facial, are repeatedly implicated as major factors in this developmental schema. The impact of the lack of visual memory was demonstrated by Fraiberg (1969) in a study of ten congenitally blind infants. Her "object concept test," a test of mental representation, showed "a stage-by-stage lag of three to six months in the ability to sustain the memory of an object after it had left the tactile or auditory sphere. . . . the ability to evoke the memory of the object independent of perceptual cues, was the most difficult task of all for our blind children" (p. 36). Infantile autism occurs in one of four births in congenitally blind infants, in contrast to one of twenty-seven hundred in the general population (Panel, 1985).

To summarize, I refer here to three related phenomena. The earliest, facial *recognition*, is the organic capacity to recognize familiar faces. Subsequent maturation results in the capacity for facial *evocation*, that is, the capacity to reproduce in one's mind on demand such an image. This is a prerequisite for the "inde-

pendent inner image" (image here used in a metaphoric psy-
chological sense) appropriate to the capacity for object con-
stancy, as defined in analytic developmental psychology.

I have referred to the patient for whom these considerations
have relevance twice before in analytic reports (Frank, 1969,
1983). In the first, a brief vignette almost twenty years ago, I
mentioned in a footnote that the characteristics of her love for
the earth's terrain were strongly suggestive of Mahler's "prac-
ticing period." The primary point of that report was the conse-
quence of apparent non-specific failures in psychological struc-
turalization, which provided an opportunity for the observation
of identifiable derivatives of early psychologic processes. The
later paper consisted of a much more extensive and systematic
attempt to demonstrate clinical manifestations of what ap-
peared to be an augmented "strength of the instincts."

In this paper I will consider certain structural (in the psycho-
analytic sense) limitations which also were relevant in the pa-
tient's life and analysis. They involve consideration of the spe-
cific ego deficit cited above, prosopagnosia, which was sec-
ondary to her cerebral dysrhythmia. It is only reasonable to
assert, in accordance with well-established neurological evi-
dence, deduction, and conclusion, that this pathology had been
present in one form or another since birth and probably in-
volved some hereditary factor, although the patient's observed
seizures began, classically, around the time of puberty (Glaser,
1979; Hauser, Annegers, and Anderson, 1983; Niedermeyer,
1984).

The patient was an unmarried graduate student in her
twenties when she began her analysis. I learned of the manifes-
tations of prosopagnosia within the first month of analysis. The
patient told me that certain highway signs—she mentioned
stop signs and Chevrolet signs—were not recognized by her as
such. She had to consciously apply herself, by reading and re-
peating the words, in order to derive the meanings of the signs.
She was puzzled, irritated, and frustrated by this symptom. It

was not until over a year later that I recognized other manifestations of her syndrome. She described how her boyfriend's actual facial appearance changed to the extent that he was not recognizable when she had not seen him recently. Over the course of the analysis the patient revealed more about the characteristics of her problem. Her capacity for facial recognition was significantly impaired, but she was able to compensate through identification of other characteristics, such as posture, voice, and a vaguely characterized sense of "familiarity" with a person's gestalt (see, Benton and Van Allen, 1968). Her capacity to evoke images was significantly more impaired.

In the course of the analysis, the patient found that with conscious effort she could retain and reproduce in her mind the image of a familiar and close person, such as her boyfriend-fiancé-husband, a parent, or myself, for about a day after actual contact. She represented such familiar personages in dreams through the same sorts of clues she used for recognition. Once, when asked by a friend to describe my appearance, she began by thinking of my face but was unable to recall enough to indicate my age, degree of attractiveness or unattractiveness, or features. This occurred after several years of analysis. Obviously, this incapacity could readily be used in the service of defense. Her statements indicated that she was more puzzled and intrigued by the problems of impaired facial recognition and evocation than disturbed by them. She described it as a constant, rather than a periodic disorder. During the termination period, she commented that she was no more proficient in recognizing, retaining, or reproducing an image than she had been when she began treatment.

As has been the case with the blind children who have been studied, my patient used facial visual metaphors readily, perhaps to an exaggerated degree. For example, she told me at a certain time that I was no longer "faceless," as a defensive resistance.

Considering the probability that neurophysiologic deficits in-

terfere with psychologic development, the question now be-
comes whether there was demonstrable analytic evidence of im-
pairment of the psychological capacity for object constancy in
my adult patient. This evidence would not necessarily conform
to the criteria for such evidence in a child, but would be de-
ducible from the clinical material. Failure to demonstrate a lack
of object constancy could indicate that my concept is erroneous
or, consistent with Fraiberg's (1969) observations, that an indi-
vidual can compensate for the neurophysiologic deficit in the
development of a complex psychological capacity (p. 37). More-
over, it could be that facial recognition has been a relevant but
overestimated factor in our concept of development. After all,
how important can one or two faces be to a child?

In fact, throughout the course of the analysis, my observa-
tions appeared to confirm disturbances of object constancy. For
example, the patient noted from the beginning that her charac-
terization of other people was either all good or all bad: those
who appreciated and satisfied her were good; those who frus-
trated her or angered her were bad. This was also related to
separation, to someone's presence in or absence from her im-
mediate surroundings. In the case of a particular older sister,
for example, she responded with great love, idealization, sub-
servience, and dependency in her presence. She relied on her
for direction and instruction, despite intellectually recognizing
and being told that she was often mistreated by this sister. In
her sister's absence, however, the patient speculated hopefully
about the possibility of some sort of accident which would re-
move her. She could then possess her sibling's husband and
children and find true fulfillment as woman and mother.

The patient recognized, as the analysis proceeded, that she
changed her "images" (in the psychological sense) of people as
her feelings toward them changed. In regard to her boyfriend,
she found that, with an important qualification, if he were out
of sight, he was out of mind. The qualification consisted of the
absence of either anger toward or need for him. When angry

with him, she found his face less attractive or even repulsive. (This is reminiscent of Anna Freud's panel illustration.) She was intellectually tantalized by this discrepancy and felt that she had to check on his reality as a person, as well as on the reality of her own feelings toward him, by "seeing him." She repeatedly voiced concern about her facility for changing her "images" of people to be consistent with transient feelings or with needs not particularly related to the people involved; this could lead to either scapegoating or overestimation.

This demonstration of the lack of object constancy is in the context of individuation—"those achievements marking the child's assumptions of his own individual characteristics" (Mahler, et al., 1975, p. 4). It is consistent with the "practicing" and "rapprochement" subphases. In fact, the patient seemed to alternate between these developmental landmarks, but the emphasis was markedly toward the latter.

A presenting symptom was that of sleeplessness:

> She described feeling as if she were falling into endless space while lying in bed. She then could not allow herself to fall asleep and would "go into a panic." She would awaken her father who joined her in the living room and participated with her in some activity, usually a card game. He might thus sit with her throughout the night (Frank, 1983, p. 382).

I identified the features that characterized this syndrome with the sleep disturbances appropriate to the second year of life, secondary to a relative paucity of structure, which predisposes to the "traumatic situation . . . that of helplessness, the experience of being overwhelmed and indefensible" (Fraiberg, 1950, p. 287). Mahler and La Perriere (1965) viewed this disturbance as indicative "of the child's progressive individuation and of his defense against the threat of symbiotic fusion represented by sleep" and as specific to rapprochement (p. 488).

There were many other individuation features compatible with rapprochement. The patient recognized what we would

term the narcissistic inflation of the practicing period and her
frustration with her ensuing vulnerability after the loss of illu-
sions during the rapprochement phase. "My problem is that I
really think I'm really terrific, and I just can't understand why
the rest of the world doesn't act that way." She attempted to
demonstrate her autonomy through opposition. She could rec-
ognize both affectionate and angry feelings toward a given
person, but at first only alternately. It was with a convincing
ingenuousness that she reported a novel discovery in the third
year of analysis, i.e., ambivalence. How incredible that she could
feel love and anger toward the same person, a particularly sig-
nificant uncle, at the same time! At about this time she also
began to feel loneliness, rather than anger and frustration, with
separations.

Her capacity for the complementary facet of separation—
"the *intrapsychic* achievement of a sense of separateness from
mother and, through that, from the world at large" (Mahler, et
al., 1975, p. 8)—was also consistent with the diagnosis of a sig-
nificant fixation at the rapprochement level of separation-indi-
viduation. Here I will include examination of her reactions to
physical separation as my mode of observation (Fleming, 1975;
McDevitt, 1975). Weekends and vacations from the very start
were troublesome. At first the difficulty was experienced and
reported as anger and frustration, or their defensive deriva-
tives, usually displaced onto others. Consistent with the formu-
lations proposed above, these effects often were expressed as
alterations in the offender's image. The following is a portion of
a dream reported on a Monday in the eighth month of analysis:

> I dreamt that I was going to work. It was on a Saturday. I was
> late. I went right to Dr. X's office [a disliked and distrusted
> teacher]. He wasn't there. The hospital, it was sort of like an
> apartment building. I heard something in the bathroom. I
> went in. Dr. X was in the bathroom, in the bathtub. He was
> drunk. Then he started to talk in some technical terms, some
> chemical formula. I didn't understand it.

Some twenty-eight months later her evolving capacities enabled her to present the experience of separation in significantly different ways. This dream followed a missed hour:

I had this dream last night. It was really weird. In this dream I was coming to see you—I was alone—at a house on top of a hill. I was really lonely. I came here to this place, only you weren't there.

Yet, as intensely as physical separation was felt, it was also experienced with marked ambivalence. In the second analytic hour, she reported that her parents, in whose home she lived at that time, had left for a three-week vacation. She felt a lump in her throat and could have cried.

I was thinking, "Suppose something happened to my mother and father on the roads, suppose they were in a crash and they died." I would be unhappy, but would I really, and why? Because I depend on them, because they take care of me, not because of any real love for them.

On their return, however, she reported irritation with them and noted an exacerbation of her symptoms.

My parents got back at three o'clock. I actually felt as if they were intruders. [She feels that when her parents are there, she cannot do anything herself.]

The following dream, which occurred in the third year of analysis, followed her missing an hour through forgetfulness (the first time this had happened). She talked in the subsequent hour about recently noticing great difficulty in looking at me.

I was in my kitchen. I opened up the icebox and there was a watermelon. I cut up the watermelon into nice little pieces, took it to the dining room, laid it on the table, went back to the kitchen. There was another watermelon there. I cut that one up and brought it out. The watermelon had been eaten; the rinds were there, brought them back. This kept going on.

There was a feeling of frustration about it. A job I had to do over and over.

Her associations were to analysis as a job she has to do over and over, cutting watermelon as dissecting feelings. There is irritation about analysis. Her own icebox is usually empty. Her mother's is filled to overflowing, but is the source of great conflict. The older sister, who was visiting, insisted that specific foods were for herself alone. There were angry scenes when the patient took some. In fact, the parental icebox, ostensibly because of different diet regimens, was largely organized around what belonged to whom. In contradiction to this, there were explicit parental ethics that no one should be denied anything, that everyone should be satisfied at all times, and that all should be treated equally. Also known to me was the fact that the patient was continually dieting.

I understood the dream as expressing intense needs, associated aggressions, and the fear of them. I saw repetitive separation and reunion. There was anxiety and anger over both frustration and satisfaction. The patient's ambivalence permitted her no rest. This dream was clearly in the context of transference, with many genetic implications.

The phenomenology of separation was played out through the analysis. Its language included idioms of loss, missed love objects, search, reunion, strangers and their comings and goings, loneliness, overwhelming anxiety when traveling (i.e., away from home); food, stealing food, eating, overeating, and starvation; the wish for constant company and an antithetical antipathy to intrusion; and the substitution of animals for people in such a way as to dismiss, satisfy, or work through the implicated drives and conflicts.

Therefore, there was considerable evidence of a disturbance in the capacity for psychological object constancy, with an accompanying developmental arrest at the rapprochement level. This is not to say that development stopped cold; rather, the patient's rapprochement characteristics were superimposed on

subsequent stages and their vicissitudes. The developmental fixation was demonstrable from both the individuation and the separation perspectives. Presuming that the patient's organic handicap interfered with the complex processes involved, the logical next question is about the impact of the environment. In what ways did parental, particularly maternal, and environmental influences facilitate or interfere with the separation-individuation process?

This presentation of the reconstructed parental and familial dynamics is intended to conform, as much as practicable, with the concepts derived from the observations of Mahler and her co-workers (1975).

The patient's family was a stable entity, with roots and status in the community, a family business and traditions, and an emphasis on continuing relationships within the larger extended familial group. "Family" was important; so were children. Their care and the maximizing of their potential for growth were considered to require careful deliberation and execution. The parents' philosophy of child rearing was explicit, although internally contradictory. The children knew they were important; and significant events and milestones, such as birthdays, graduations, and achievements, were religiously recognized and celebrated.

Yet, there were also family ethics which constituted powerful detriments to development. Relationships within the family were idealized and presented in such a way as to glorify intense attachments that precluded interaction with others. The parents had met in their teens; they had danced their first dance together; neither had ever dated or danced with another. The parents' two widowed grandmothers were best friends, and they had only a few friends outside the family, mostly shared. In fact, there was a noticeable xenophobia within the extended group.

Anger and jealousy within the family were explicitly discouraged. There was simply no reason for such feelings! This was supported by the insistence that everyone had a right to any-

thing and everything they wanted and that all were, and had been, treated exactly equally. Expensive gifts and the reinforced expectation that any family member could have any desired material possession bolstered these myths. The response to gifts was prescribed: the recipient was expected to demonstrate overwhelmed surprise and appreciation in an identifiably child-like way.

The mother was presented as impractical, unreliable, and "scatterbrained." She was particularly sensitive to the disapproval, real or imagined, of others, be they family, acquaintances, or strangers. She was unceasingly preoccupied with satisfying her children. On returning from a trip, she prepared a meal despite the fact that it was not mealtime and no one was hungry. She then urged the children to eat to make up for their deprivations during her absence. The hint that the patient had admired an article of clothing was responded to by its immediate purchase in all available colors. The mother was regularly portrayed as intrusively searching for some, any, unmet latent need. Her fear of her children's anger and her anxiety lest they be needful seemed to pre-empt any efforts on her part toward controlling them, in which she deferred to her husband.

The father, in turn, believed that any restrictions would be greeted by defiance. Hence, he relied on the children's capacities for self-regulation or their inherent limitations. This resulted in an Orwellian contradiction: all behaviors were equally good, but some were more equally good than others. His efforts at control and punishment sometimes seemed irrelevant and impractical. He would state what he expected but would make no apparent effort to exercise control in the actual situation. However, an infringement on the agreed upon behavior could have consequences a year later. And the father's own behavior when he was frustrated, particularly when food was involved, exemplified a rationalized exhibition of temper and impassioned, aggrieved complaint.

The father's disregard for the world's realities was manifest in

a variety of attitudes. The children were told to ignore and repudiate their own observations and judgments when they conflicted with his pronouncements. The language of the environment was represented as inexact to a fault, as compared to Latin. He presented himself and his family as ideal, totally consistent and logical, in contrast to a less desirable, problem-laden, and untrustworthy community. The inevitable frustrations in the process of wider socialization were explained as deviant; support in reasonable adaptation was lacking.

From her anxieties and need for consistent control, the patient turned to the sister mentioned earlier. The price she paid included subservience and self-denigration, as well as unquestioning obedience and adherence to the sister's standards of conduct and to her world view. In many ways the sister's attitudes were a parody of the parents' perceptions and anxieties. The results included a significant displacement of oedipal competition from the mother to the sister, thus confusingly condensing and compounding pregenital and genital strivings and rivalries.

On consideration, it seems an inescapable conclusion that the patient's childhood world and its population, while in some ways stable and constructive, had the effect of exaggerating her need, aggression, anxiety, and ambivalence, and of impairing the development of her capacities for their handling. At the same time, the subproccesses of separation were effectively sabotaged. The weight of evidence over the course of the analysis suggested that these patterns of perception, ideation, and response were not specific to the patient with her psychological or neurological idiosyncrasies. Rather, they were consistently played out with each family member. In any event, it is my opinion that the patient's problematic predispositions were compounded, rather than eased, by her childhood experiences and environment.

In summary, I have sought to demonstrate, from psychoanalytic material, evidence of the neurophysiological syndrome,

prosopagnosia, or facial agnosia. It is consistent with our devel-
opmental theories that a deficit of this sort can be involved in
causing the impairment of a psychological capacity, such as a
defect in object constancy. I believe the evidence presented
above reasonably demonstrated not only such a disturbance but
a corresponding significant and predictable developmental fix-
ation at the level of the rapprochement subphase. Material ap-
propriate to both of its facets, separation and individuation, was
used illustratively. Environmental, familial, and parental char-
acteristics were presented as complementary, to facilitate fur-
ther understanding of the developmental process and its vicissi-
tudes, as reflected in this young woman's analysis. The results
are consistent with these theories and particularly with the con-
clusions of Margaret Mahler and her co-workers.

Granting such a fixation and an organic predisposition, it
could be argued that the neurophysiologic impact was the result
of nonspecific factors rather than of the prosopagnosia. How-
ever, the accumulated body of evidence in academic, as well as
psychoanalytic, developmental psychology in regard to the im-
portance of facial recognition is indisputable. That other, spe-
cific and nonspecific, influences associated with the patient's ce-
rebral dysrhythmia may have had some impact cannot be dis-
missed. But such an acknowledgment in no way contradicts
what has been observed and deduced in the contexts cited. The
disturbance was so specific and predictable, so consistent with so
much accumulated data, as to be almost unquestionably related.

It could be reasonably argued that a single case shows
nothing; the presumed impact of the organic factors could be
coincidental to the psychological and environmental influences
which, in any case, would have resulted in object inconstancy
and the developmental arrests described above. However, we
regularly associate object inconstancy of psychologic etiology
with much more pronounced psychopathology and maladapta-
tion, as well as with profound distortions (particularly paranoid)
of object relations, than were shown by this patient (Blum,

1981; Gyomroi, 1963; Mahler, 1971; McDevitt, 1975). There was no diffusion of ego boundaries, nor was there indication of primary process disruption of secondary process mentation and reality testing in the broad sense. To the contrary, the patient's firmly held positions and allegiances to "logic" and reasonableness, much in identification with her father's similar ethic, were a consistent, formidable resistance. Stress regularly led to increased rigidity in her defensive processes rather than to their crumbling. When a quantitative disparity existed, where drive forces were for a time grossly excessive for the relevant psychic structures, the results were profound anxiety or even traumatic-state kinds of symptoms. These events were not associated with concurrent or subsequent regressions to primitive mental operations and mechanisms (Frank, 1983). While she was certainly unique, at least in my experience, she was never borderline or psychotic. She was sensitive to hurt, and she habitually scapegoated and looked for fault in others to spare herself (at least until about the mid-point of the analysis), but she was never paranoid. And it is only reasonable to assert that the pathologic implications of a delineated neurologic syndrome can be very different from those resulting from the sort of massive psychological traumatizing which would cause such a profound disturbance in so basic a capacity as object constancy.

How important can one or two faces be to a child? Or to that child as an adult? In the instance of this patient, very important indeed. And the extent and specificity of the discrepancies described here are accentuated by the fact of her capacity for other than facial visual, as well as auditory, recognition and evocation. Further, the impact of her environment, while on balance detrimental, was hardly devastating. The singularity, specificity, and valence of the facial image, so regularly demonstrable in infancy (e.g., Benton, 1980, p. 177; Spitz, 1965, pp. 86-107), could be inferred as strategic in the patient's third year. To what extent this resulted from a deficiency, originating in infancy, that exerted an effect on a continuous developmental

line, or from continuing impact at subsequent developmental levels, is impossible to estimate from the data at hand.

If these conclusions prove to be generalizable to other people, the inference that particular forms of input into the psychic apparatus have intrinsic selective propensities for psychological structuralization at a given time is inescapable. It is very possible that these variations involve not only the question of which structures are related to which experiences; they may also involve a quantitative factor.

SUMMARY

The diagnosis of prosopagnosia was discussed, using material from a young woman's analysis. Prosopagnosia is the inability to recognize, retain, or call to mind the images of familiar faces. In this patient there was a demonstrable corresponding disturbance in object constancy, the capacity to maintain an independent mental image, in a psychological sense, irrespective of need or aggressive tensions. For this young woman, with the above two exceptions, it was "out of sight, out of mind," in both the neurophysiologic and the psychologic realms. With such deficits, one would predict a corresponding significant fixation at the rapprochement subphase of separation-individuation. Indeed, such a fixation was demonstrable in the contexts of both separation and individuation. As reconstructed, the patient's childhood world aggravated her pre-existing fixations and impaired her capacities to compensate for them despite some positive aspects. Both the neurological deficit and the disturbance of object constancy were demonstrated to exist in the patient. Considering other possible causes, both neurologic and psychologic, led to the conclusion that the neurological deficit was definitively involved in the psychological. The appreciation of the extraordinary influence of the human face in psychological development has accordingly been reinforced. The idea

that particular forms of input into the psychic apparatus result in particular structuralization has been suggested.

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"I Want to Be a Daddy!": Meanings of Masculine Identifications in Girls

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Published online: 27 Nov 2017.

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"I WANT TO BE A DADDY!": MEANINGS OF MASCULINE IDENTIFICATIONS IN GIRLS

BY KATHARINE REES, Ph.D.

This paper suggests revisions in our understanding of feminine identity formation, the girl's negative oedipus complex, and masculine identifications in girls. Analytic material from the cases of three girls is used to explore the various origins and intrapsychic functions of masculine identifications at each phase of the girl's development. Accounts of feminine development based on such concepts as castration shock, primary femininity, primary identification with mother, or core gender identity are seen as oversimplified. Feminine and masculine identifications are neither primary nor secondary, but the product of a long line of development, of ongoing conflict resolution, and of defensive transformations.

Poets, writers, and scientists have all struggled with the problem of how to define "masculinity" and "femininity." Freud himself was increasingly puzzled and confused, concluding that "pure masculinity and femininity remain theoretical constructs of uncertain content" (1925, p. 258). Today we still have many difficulties with our definitions; they become more and more problematical as research findings pour in from many quarters confirming or disconfirming male/female biological and social differences. The definitions must still be left ambiguous, and yet one cannot do without the concepts entirely. All one can say

is that there are different biologies which in part create dif-
ferent wishes, fantasies, ways of relating, and social roles; but
the latter are also culturally created and constantly changing.

At the moment, for instance, a social value is placed on a
person's ability to identify with both sexes and function in a
wide range of social and familial roles; there is also acceptance
of a much wider range of sexual behavior and fantasy as appro-
priate for either sex. As psychoanalysts, we are impressed with
the value as well as with the problems of identifications with
both sexes. We also wish to understand how these identifica-
tions develop, especially when they do interfere with a secure
sense of self and other.

There are many unresolved questions about how the girl ex-
periences and identifies with her father and how this becomes
internalized in her own psychic structure. One subject of great
interest is how the level of cognitive and emotional develop-
ment determines the nature of the girl's conflicts, the changing
way in which the father is seen and used, and the changing kind
of identification that is formed. I have discussed some of these
issues of how the child comes to understand self and other in a
previous paper (Rees, 1978).

For the purposes of this paper I will assume that the girl's
sense of self and identity is formed out of both realistic and
wishful perceptions, experiences, memories, and ideas about
her own body and feeling states, as well as via introjective/pro-
jective exchanges with others. Included are important identifi-
cations with both of her parents which are continually evolving
during development. With so large a subject, I can choose only
a few themes for discussion. I will focus mainly on the girl's
conscious, preconscious, and unconscious identifications with
her father, rather than on exploring complex pseudomasculine
constellations which are less object related. And I shall explore
the ways in which identifications with the father *may* or *may not*
lead to a masculine position.

In accounts of early development, the father is sometimes an
invisible background presence, sometimes a rescuing knight,

and usually the representative of the outside world and of authority, though this role is no longer so exclusively his. In this paper I want to explore identification with the father as a necessary component in a girl's development that can foster and consolidate the feminine identification; if the latter is relatively secure, then identification with the father can become an important and highly useful supplementary identification. Such useful identifications need to be distinguished from those which may interfere to varying degrees with the girl's establishment of a feminine social and sexual role. This interference itself derives from preoedipal as well as oedipal and later conflicts. From an analytic viewpoint, all feminine and masculine identifications are seen as composites containing pregenital as well as genital fantasies. A feminine identification is neither "primary" nor "secondary," but is a product of a long line of development and the outcome of ongoing conflict. I will explore some of these issues in analytic material from three girls at different stages of development.

Writers on the concept of "self" and "identity" have increasingly emphasized that these are mental constructs, a set of ideas or a theory about oneself that has an "ever-shifting and inconstant aggregate outline, despite its quality of continuity and sameness" (Abend, 1974, p. 616). The way in which the self is constructed at any point in development has therefore to be understood analytically in terms of the underlying wishes, conflicts, and defensive distortions, i.e., the manifest and latent content (Grossman, 1982).

We have also become aware that the sense of self and identity is often hard to articulate or describe and can be experienced very differently from a subjective or objective vantage point (Bach, 1984). And as Behrends and Blatt (1985) put it, internalizations "occur in a variety of modes such as sensorimotor or enactive, imagistic, lexical, or symbolic" (p. 23). As to attempting a definition of what a masculine identification is, I think the sense of being "masculine" rather than "feminine" must be a subjective experience, having a different content ac-

cording to each individual's history. There are also probably many different inner combinations, in which a person feels both, or neither quite one nor the other.

Freud, in *On Narcissism* (1914), *Mourning and Melancholia* (1917a), and *The Ego and the Id* (1923), outlined a developmental sequence in which object relations are converted into identifications. This process culminates in the crucial oedipal identifications with both parents, which then set up the internalized tripartite structure of the mind. Freud's (1923) well-known formulation of the oedipal identifications with both parents is still a highly useful one. From it, we can draw the assumption that too persistent a sexual or aggressive relationship with either parent will prevent the necessary loosening of the object tie and the consequent internalized identifications and sublimations.

Freud's subsequent writings on early female development seem to have moved away from identificatory processes and to have focused too exclusively on the shock value of the "sight of anatomical differences" as the crucial organizer. As Grossman and Kaplan (1979, 1987) suggested, Freud seemed here to be giving up his usual psychoanalytic viewpoint which sees all development as multilayered and multidetermined, with one phase shaping the next. He usually also stressed the effect of regressive psychic transformation (1915, 1919). This, it seems, should have led him to emphasize that masculine identifications in adult women do not have any simple derivation from childhood. His developmental formulation stressed the girl's initial phallic envy and phallic identifications, which had to be given up in order for her to proceed on the path to femininity. From adult transferences, Lampl-de Groot (1927) had reconstructed a negative oedipal stage, preceding the positive, in which the still phallic girl first identifies with the father's oedipal sexual role. Freud (1931, 1933) then hypothesized that this is a universal developmental sequence. As we now know, there was considerable controversy among analysts in the 1920's and 1930's, which

became cast in terms of an alternate claim for a "primary feminine identity" in girls (Fliegel, 1973).

Since that time, the approaches of ego psychology and self psychology have spelled out the great complexity of identity formation in young children. I will refer briefly to just some of this literature when I look at the issue of the girl's masculine identifications.

The concept that core gender identity is clearly established by the age of two seems a useful one, in the sense that the little girl knows she belongs in the class of girls, not boys. There is still controversy over how this is established—how much through parental signals, through cognitive learning, or through genital discovery and sensation around sixteen months (Galenson and Roiphe, 1977; Kleeman, 1977; Stoller, 1977). One realizes that unconscious parental signals may be very complicated and that there is a difference between the early cognitive classification of self as a girl, and the subjective experience of oneself as female, which has a long line of development (Fast, 1984).

There has also been some reassessment of the role of penis envy, which is now seen as part of a normal girl's development, but in latent content as representing many different kinds of envy. Grossman and Stewart (1977) have suggested two different levels: one related to issues of differentiation and early narcissistic problems, another at a more object-related level, a defensive identification to avoid oedipal anxieties. I think one can often see derivatives from both levels combined.

The work of Mahler, Pine, and Bergman (1975) on separation-individuation stressed the original, merged identification with mother; thus, identification with father can be seen as a way of individuating further from mother. Recent research has emphasized the infant's early ability to differentiate between mother and father and has pointed to the importance of the father very early in the little girl's life (Abelin, 1980; Greenspan, 1982; Gunsberg, 1982; Tessman, 1982).

Regarding the girl's phallic oedipal stage, it has now been

proposed that we think in terms of a phallic narcissistic phase, in which gender-role differentiation takes place for both sexes, as a necessary prelude to the oedipal conflict. Researchers at the Hampstead Clinic, as well as others, have questioned whether a universal negative oedipal stage in girls necessarily precedes the positive oedipal (Edgcumbe, et al., 1976). Others have given evidence of children's play involving clearly differentiated gender roles and evidence of positive oedipal interests from age two onward (Parens, et al., 1977).

Although it is now established that awareness of vaginal sensations occurs in very early childhood (Barnett, 1968), it is not clear what this means to the little girl: how far this is pleasurable or frightening, and what her cognitive capacity is to understand the "unseen" nature of female anatomy (Silverman, 1981). Girls are now seen as having their own line of development of bodily and relational anxieties, necessarily different from that of boys (Bernstein, 1985).

From the viewpoint of cognitive development comes the suggestion that the establishment of gender identity and certainty about gender role is an important cognitive problem. Such understanding can develop only at the same rate as other cognitive capacities to differentiate and categorize, to comprehend complexity, to draw inferences, to evolve a sense of time, and so on. It may be that for reasons of cognitive limitations, the younger child still believes you can switch from one gender to another. The giving up of this belief entails giving up childhood omnipotence and narcissistic demands in favor of the reality of limitations (Fast, 1979).

Some have emphasized the importance of the level of development of object relations necessary to achieve true oedipal identifications, and, in particular, to achieve the move from dyadic to triadic relationships (Blanck, 1984).

Recent studies of latency and adolescence have emphasized stages of ego and cognitive development, as well as psychosexual development. The typical tomboy is now seen as often defending against heterosexual anxieties, using repression and

regression to sadomasochistic fantasies and ways of relating (Silverman, 1982). Similarly, in adolescence there are stages of regressive and defensive moves and ego reintegration in coming to terms with sexual maturation and with the need to identify with the mother in a more mature way. But there is also continuous cognitive elaboration of the understanding of male/female differences which can help create as well as solve conflicts. The identification with the father can become internalized in the girl's ego ideal (Blos, 1974).

My contention, therefore, is that feminine (or masculine) identifications are much more complicated than they might have seemed, and they cannot be understood without integrating cognitive development with what we know about preoedipal and oedipal development (both in terms of drives and in terms of object relationships). My three cases illustrate just how complicated these identifications can be. To facilitate comparison, I have chosen three female patients who had similar family constellations, that is, an intact, caring family with one younger brother.

Four-year-old Sally was in analysis until the age of six. She came from an affectionate professional family and had one younger brother, born when she was two and a half years old. The mother was engaged in the arts, and alternated between loving, playful, and somewhat elated states and states of depression and withdrawal. She was already in psychotherapy. The father, who worked on a free-lance basis, often took care of the children at home. He was loving and warmly involved with them, but had a low-key depression himself. Sally had, on the whole, developed well, with precocious ego and superego development. She was suffering, however, from night-time fears and phobic anxieties—fears of losing her mother and of ghosts, giants, and monsters. These were partly related to actual separations from her mother, but the sleep disturbance had become chronic, and no amount of realistic reassurance had helped.

The clinical material centered at first on Sally's feelings of

desertion by her mother because of mother's emotional with-
drawals. Sally often wished to punish her mother and turn to
her father, but then she feared retaliation from her mother.
Caught up in all this was Sally's envy of her little brother; she
openly demanded to have a penis like his and expressed her
envy of indulgences shown to him, which she no longer could
have. There was much phallic symbolic material, which at this
time seemed mostly to represent her wish for the same posses-
sions and love he had.

These themes were followed by much primal scene material,
which indicated excited, frightening perceptions of father's
penis and of her parents' night-time activities. She played out
scenes in which giants came to chase her, cut her up, and eat
her, scenes in which she and I had to alternate the roles. She
also pretended that she and her mother stole huge candles from
the giants and were punished in prison and in hell.

As some of Sally's excited fear simmered down (through the
analysis of her aggressive conflicts, and through reduced night-
time stimulation), Sally moved toward more interest in the ob-
ject related aspects of the oedipal triangle. She began to envy
her mother's special role with father, as well as her possessions,
clothes, jewelry, and breasts. She also made bids for father's ad-
miration of her clothes and her dancing abilities.

Sally asked me to provide a wedding dress for her, saying she
had three boyfriends at school. She told me that one wanted to
chase her, another offered to protect her and have her in his
gang, while the third was in love with her, but "the trouble is, he
has a penis." We understood these three "boyfriends" as repre-
sentations of the frightening, protective, and exciting aspects of
the male.

When Sally realized that her wish for exclusive possession of
father was bound to be disappointed, she would at times try to
re-establish the exclusive relationship with mother, saying sadly,
"If I can't marry daddy, perhaps I'll marry Mommy."

When at this point the mother began having one of her very
depressed episodes, Sally tried even harder to regain closeness

with her. There was an exacerbated fear of her oedipal rivalry and of the expected retaliation from a witch-like mother. She had a dream in which her mother came back from a trip, said hello, and then went away again. She imagined that she and I should live together in a cottage under the table, having turned a little cowboy out of it. As she moved closer to father, she also began insisting, "I want to be a daddy." She explained that this was because he was big and strong and had a strong lap. But as soon as her mother had recovered, Sally returned to the oedipal identifications and rivalry with mother, this time with less anxiety, since by now both she and her mother were less afraid of their aggression. During this time, she had also shown a lot of confusion about her own anatomy. She would pretend she was going to have a baby, but was very confused about whether there really was one inside her, how it would grow, and how it would get out.

As her guilty anxieties were relieved, Sally was ready to move into first grade and latency, absorbed in the world of her peers and anxious to please and identify with both parents in her accomplishments. The witches and monsters had been all but banished.

What issues might one explore in terms of Sally's identifications with her father? The material is necessarily briefly summarized, but I feel it is very typical of what one finds with little girls in treatment at this age.

First, one could see her as struggling with many cognitive tasks in addition to intrapsychic emotional ones in her efforts to sort out gender differences and her identifications. She was still using an intuitive kind of thinking, which was tied to her own perceptions and tended to center on surface appearances and on one striking feature, i.e., penis, breasts, long hair, jewelry, etc. These symbols are primary process kinds of condensations. They are a somewhat primitive attempt to make further differentiations, but they also condense many kinds of wishes and envy.

Although Sally knew she was in the category of girl, she was

still at the level of preoperational thinking, where she had not yet a clear sense of past, present, and future or of the absolute constancy of categories such as gender. This helps us to understand her ease of shifting identifications (wanting to be a boy, a daddy, a baby, a mommy) which did not yet seem to her to be mutually exclusive. As Steingart (1969) emphasized, there are at first many different "identification-sets" in the child which do not become integrated into one whole until the cognitive conservation of mid-latency.

As Fast (1979) pointed out, the child has to give up narcissistic wishes to be *both* and *everything*. Temporary identifications with the opposite sex can be a way of learning what belongs to her own sexual role and what belongs to the other. We see Sally oscillating back and forth in her identifications, but also gradually trying to delineate what belongs to herself both in bodily terms and in her role vis-à-vis others.

Sally's father had obviously performed an important nurturing role throughout her childhood, in part to supplement her mother's withdrawals. It seemed that Sally had consciously and unconsciously absorbed and identified with many of his qualities, e.g., his emotional responsiveness and caring for others as well as his realistic approach to people and problems. This had contributed to her good object relatedness and ego development. These identifications with father had also helped preserve the basic good identification with mother and had counteracted the more frightening fantasies that might otherwise have proliferated. Despite their own conflicts, both parents enjoyed Sally as a "little girl" and supported her early and phallic narcissistic feminine identifications. Although her wishes for phallic objects expressed her envy of her brother, yet she had had enough gratifications herself so that she could gradually allow differences and accept limitations.

As Sally progressed through the phallic narcissistic and oedipal phases, however, she was faced with many problems of understanding her parents' sexual relationship and the primal scene. At times father was symbolized as a phallic aggressor,

partly as a projection of her own aggression. It may be that such a phallic aggressor is an almost inevitable symbolic formation. However, the fact that at other times the phallic symbols represented father's strong and nurturing qualities that she desired makes it clear that these symbols are multidimensional.

At times Sally used an identification with her father as an assertive person in a useful way vis-à-vis her mother. It seemed to me she did not first go through a stage of wanting to rival her father in a phallic sexual role with mother, nor did she take this position later in any consistent way. Her wish for eroticized closeness to mother, wanting to "marry her," seemed based instead on a wish to regain preoedipal dyadic closeness. Sally did not play the role of caretaker of mother as much as some little girls do, but rather wanted to be taken care of.

A temptation to shift in identifications could be seen to occur in attempts at conflict resolution. When Sally felt greedy, aggressive, and bad as a girl, she thought it would be better to be a boy. When she felt disappointed, inadequate, and vulnerable as a little girl, she wanted to be a strong man. But her basic identification as a girl and her feminine identification became increasingly consolidated as she became more and more aware that becoming a boy was not a solution. Giving up the wish to be the indulged baby as well as the boy did involve a process of resignation and perhaps mourning—a process, however, helped by Sally's ability to enjoy her new gratifications. As her conflicts over her aggression were resolved, there was firmer oedipal identification with mother, which then allowed for postoedipal, nonsexual identifications with both parents.

If, as I believe, Sally's identifications were slowly forged out of conflict resolution, then one would have to question an oversimplified concept of primary femininity.

Although Sally's anxieties were reduced enough to allow her to function quite well, there were some real, ongoing difficulties in her family constellation. One might predict that Sally, as an adult, may take the feminine position but get into dependent, slightly masochistic relationships with men whom she will see as

strong; this may then rearouse conflicts about being aggressive as a woman and lead to difficulties in her self-esteem and in identifying with a more actively maternal mother.

I would now like to turn to another case, that of Ruth, who was in analytic treatment from ages ten to fourteen. She, too, came from an intact middle-class professional family and had one younger brother, born when she was four and a half. She was referred because of her poor academic progress, a lack of friends, and constant complaints of unfairness. Her mother, who worked professionally part time, was a conscientious woman, constantly exasperated with Ruth, but also guilt-ridden and overprotective. Father was more positive, yet by now was also exasperated by her constant complaints. Ruth was an attractive girl who enjoyed pretty clothes.

As to Ruth's cognitive level as a late latency girl, one would expect her to have a clear sense of gender immutability and to have given up narcissistic longings to be both sexes. She should also be exploring male-female social role differences in a more elaborated way and be consolidating a feminine identification in a world of girl friends, where she would also be learning to develop less egocentric, more empathic relationships. But it was in these areas that her development was significantly impaired.

Ruth's mother described every developmental stage as a "battle ground," beginning with feeding. Ruth had been a difficult feeder and mother had felt rejected and angry, yet she guiltily persisted with breast feeding. Ruth was contrary over every situation; and her mother struggled to get Ruth to do what she wanted. Ruth developed little autonomy and was tied to mother by mutual control, ambivalence, and guilt. When she was three or four, she showed clear preference for her father. At four and a half, when her brother was born, she was not at first jealous. When she began school soon after, however, she immediately disliked it. She complained about the other children, and she felt that she was being picked on by teachers. These complaints continued, together with accusations about her parents' preference for her brother.

As treatment began, Ruth showed a longing that I should be a kind of fairy godmother who would make everything all right for her—make her parents and teachers kinder, stop the other children from teasing, and so on. She yearned for more approval and encouragement, especially when she wrestled with her aggression. This was projected, but also expressed, through her effort to make others feel guilty and sorry for her.

From the start of treatment, Ruth vociferously expressed her envy of her brother. She stated an explicit penis envy, but we came to understand this as an attempt to solve many conflicts. It was in part an attempt to make up for feelings of narcissistic depletion which were themselves linked to conflicts on all libidinal and aggressive levels. These had to be slowly unraveled. She felt dissatisfied, demanding, messy, bad, guilty, and unlovable. She expressed her revengeful feelings in such a way as to provoke criticism, and then she would end up feeling the aggrieved victim. This cycle had become organized into a view of herself as empty, incompetent, and castrated; the penis symbolized the completeness and invulnerability which she did not possess. Her wish for magical oral and phallic reparation permeated her object relations and ego functioning.

At times, her wish for a penis also expressed efforts to assert herself and individuate further from her enmeshed relationship with her mother. At other times, it served as a defense against anxiety about her own genitals and her possible success as a girl, anxiety accentuated by approaching menses.

The wish for a penis was also a defense against oedipal anxieties. As we came to understand her many conflicts over her aggression toward her mother and brother, she began to bring oedipal-tinged stories. For example, two girls are rivals for a boy's attention; one wins and runs away with the boy, but then gets hungry and is brought back and poisoned by a cruel woman. Finally, she is rescued by the boyfriend, and the woman is killed. Besides having passive wishes to be "rescued," Ruth would retreat from an attempted oedipal identification with her mother to the safer position of demanding a penis in order to be a loved little boy or an invulnerable, phallic girl. She also

sometimes wanted to be like her mother, seen as powerful and phallic, though there were also covert identifications with her father whom she sometimes perceived as passive-aggressive toward mother.

Ruth now began expressing her fear of beginning menstruation, which, for her, aroused anal connotations of messiness and loss of control, shame about her genitals, and guilt over masturbation. She did have a basically clear idea of her body image as a girl, but she often saw herself as childlike, messy, bad, and helpless. These feelings of inadequacy became partly cast in terms of envy of adult women, who already have everything while she has nothing. She became curious about my sexual life and oscillated between wanting to keep me for herself and wanting to have a husband like mine. In one session, she expressed a fantasy of putting her foot into my vagina, saying that this was to prevent my having intercourse. This thought aroused complicated feelings of jealousy, anxiety, and fear of being left.

But in order to resolve these triadic, oedipal conflicts, Ruth first needed to work through her remaining dyadic conflicts and depleted relationship to her internal mother. With increasing ego strengths, she could begin to accept gender limitations and identify with and compete with women in a more realistic way. Through further consolidation of her feminine oedipal identification, she could also turn to her father and identify more constructively with his interests and ideals.

At the beginning of Ruth's treatment, one could see her difficulty in establishing any kind of mature sexual role and identification, since she remained on quite an infantile narcissistic level of object relationship and ego functioning. There had been a complicated introjection/projection of aggression between her and her mother, which left her feeling bad and depleted; she was locked into a passive/dependent kind of relationship in which she could not separate further from her mother. Her penis envy and her wish to be a boy represented efforts to solve many conflicts and narcissistic problems, and served defensive purposes. It was clear, in fact, that she also wanted the advan-

tages and privileges of being a girl. Her envy prevented a normal development of empathic identification with boys.

Her fantasy of putting her foot into my vagina had multiple meanings related to her sexual maturation and to her need to change her relationship to her parents. There was anxiety about intercourse and a fear of the female genital as messy and vulnerable, as well as regression from heterosexuality back to the security of her mother, with the fantasy of being her sexual partner or baby, i.e., identification with father and brother. The fantasy also expressed her wish to learn the analyst's and mother's feminine secrets in anticipation of adolescence and womanhood. In effect, she was trying out both feminine and masculine identifications.

A crucial issue for Ruth was that she had been unable to integrate her aggression into an identification with her mother. Although father appeared early on as a potential rescuer, he perhaps did not intervene strongly enough (in the way Sally's father had), and Ruth could not identify with him as a useful alternative to mother. When she did turn to him, it aroused her fear of losing her mother, and her father also soon became a "depriver," caught up in her narcissistic needs and in her tendency to establish seductive sadomasochistic encounters. In her first relationships with boyfriends, she chose passive boys whom she would try to control, but whom she would soon complain about; this reflected the pattern she had experienced earlier with her parents.

Her drive and ego fixations had prevented her from establishing a more constructive oedipal level of identification with either her mother or her father. Many of her identifications had an imitative quality which needed to be converted into stable internalizations.

Finally, I will turn to the clinical material of an older adolescent which shows how all the complex identifications become woven together in response to the demands and conflicts of sexual maturity.

Jill was referred for analytic treatment at the age of seventeen. She felt lonely and miserable, had no close friends, and had not been doing well at school. Her parents were caring and involved with their family. Her father, a professional man, was very successful in his work. Her mother, an administrative assistant, was also intelligent but quite depressed. There was one brother four years younger.

Jill was a sophisticated adolescent whose cognitive and emotional level was considerably advanced, as compared with Ruth's. This sophistication made for a more richly elaborated oedipus complex, but also for a more complicated web of identifications. She gradually moved toward seeing that she could invent her own variety of femininity (Steingart, 1969), though it was necessary to unravel the reasons for her unconscious identifications before she could free herself to do this.

Jill was born overseas, but the family moved to New York when she was nine. It seems that she received a lot of attention in her first four years from both parents and found it very difficult to accept the arrival of her brother. She remembered feeling both jealous of the attention given to him and jealous of her mother for having a baby. She wanted to share in looking after him, but felt her mother as not encouraging this. In dealing with her oedipal wishes, competition, and disappointment, Jill had been unable to identify in a constructive way with her mother and was drawn to identify with her father. Her hostility toward her mother allowed her to remain close to father and denied her feminine competition.

Caught up in these conflicting identifications, Jill was involved during latency in passive-aggressive struggles with her mother and her teachers. She was jealous, yet scornful of her brother, constantly provoking and getting herself punished by both parents and undermining her possibilities of academic success. She had some difficulty dealing with the move to the United States, but her problem had predated this.

In an early adolescent attempt to establish her sexual role, she had two brief sexual encounters with boys from school, but

these aroused anxiety and ambivalence. She regressed to wanting to be protected by mother and to being more like "one of the boys." She was moody and negativistic and often interposed herself in her parents' relationship. She liked to join her father in his intellectual interests, yet was also critical of both parents and would often become protective of her mother in apparent competition with father.

In the first year of analysis, Jill became gradually more aware of her anxieties and conflicts over competitive and aggressive wishes. She began to understand her characteristic defensive patterns and how often she tended to defeat herself and provoke angry reactions. As we explored these issues in more detail in relation to the school situation, she described fantasies of joining the male teachers by writing brilliant papers for them and cooperating in their work. At the same time she felt quite unable to write papers and would regress to "messing things up." She would also get herself into triangular situations with boyfriends who had another girlfriend around and would end up getting herself excluded. In the transference, she wanted to join me as the oedipal father. Alternatively, she would feel inferior or superior to me as the oedipal mother, wanting to exclude me or feeling excluded.

She began to see further how she alternated between identifying with her father, whom she saw as successful but also cast in the role of the aggressor, and at other times with her mother, whom she saw as depressed and in the role of victim. We then worked on further understanding of her own unconscious wishes to hurt people and her consequent self-punishment. A major theme was the conflict over her competition with her brother. She became more aware of her competitive feelings toward boyfriends as representative of her brother. In her conscious sexual fantasies, she wanted to be penetrated. She felt excited and filled-up by the man—but at times she also envied him for possibly getting greater pleasure. Sometimes she felt tough and aggressive, with an unconscious body-as-phallus equation. There were thus bisexual self- and object representa-

tions in response to inner conflicts. But mostly she was preoccupied with her internal anatomy and became more aware of her unconscious fantasies of being damaged or deprived. She also became aware of a wish to become pregnant as a way to restore the feminine identification and union with her mother. She had fantasies of men forcefully seducing and overwhelming her; these were understood as derivatives of her own anal sadism transferred to the genital sadomasochistic scenario.

She became more aware of transference fantasies: that I wanted to make her suffer, that I might easily feel punitive and angry, and that I wanted to get rid of her. I took these up as expressing a need to perpetuate a sadomasochistic relationship. With considerable hesitation, she was able to reveal her own envy, particularly of my work. She wished to "mess it up," to make me a failure, and to hurt me. This lay behind other wishes—to be pursued, controlled, and made to suffer, to be helpless—which were reflected in her fantasies of submitting to an aggressive male.

Jill then revealed more about her fear of vulnerability, which entailed warding off "having to care" about me. This proved to be related to her fears of passive longings and "homosexual" feelings. The latter emerged as wishes for an exclusive relationship with me which would exclude male rivals; she had dreams about our living together and about being cared for and fed by me, and she had some fantasies of wanting to look at my breasts. But the passive longings also led to complaints about my not doing enough for her, to lapses into helplessness, and to resentful lethargy. She recognized the repetition of her longings for exclusive closeness to her mother and of her difficulties in giving up her longing for passive gratifications. I also showed her how these longings were displaced to her boyfriend who, she felt, was not giving her enough; she would then feel resentful and ungiving herself. As the associations deepened, she also had dreams revealing many fears of damage to her body. She dreamed of her boyfriend having no teeth and of her own teeth falling out; of having a baby who turned out to be a

fecal lump; of her body being robbed, emptied, and needing to be filled up again. Her fantasies about needing to be filled up by men were connected to her more archaic fears of her mother, to bodily sensations of messiness, to loss of control, to feelings of badness and emptiness, and to fear of punishment for own own fantasied aggressive attacks.

With the analysis of her more archaic fears, her anxieties about her aggression greatly lessened, and there was further improvement in body image and self-esteem. By now she was graduating and planning her future career in the country her family came from. She needed to work through her remaining conflicts about competing with me as well as with her mother. Jill could now feel that both she and her mother could be successful; she could distinguish between her mother's problems and her own, and could begin to move toward termination.

One can see that for Jill, identification with her brother was a way of dealing with conflicts with her mother and of expressing narcissistic envy. But there was also a more differentiated object-related identification with her father, which allowed her to express her own aggressive drive and in some ways stimulated her ego development. It had also drawn her away from identification with her mother into too close an alliance with her father, which in turn interfered with her feminine oedipal identification.

Jill's early pregenital aggressive fantasies had been insufficiently modulated and later tended to cast male/female relationships in terms of sadomasochistic fights in which the male was seen as the aggressor, so that to be aggressive became organized around masculinity. In this way she identified with what she saw as her mother's problems in handling her own and her daughter's aggression. She had difficulty in establishing the oedipal superego identification with her mother, and her ego ideal was sexualized as masculine.

Thus, Jill dealt with her fear of oedipal competition in a number of different ways: through identification with her father, a feminine masochistic position toward him, submission to

her mother, and the wish passively to be taken care of, nur-
tured, and controlled by mother. One can trace the shifting na-
ture of identifications in response to her current conflicts and
see how each was made of layers of wishes, fantasies, distor-
tions, and defenses.

CONCLUSION AND SUMMARY

Berta Bornstein once said, "People often seem to think that just
because a child looks small, she must have a small neurosis."
This clinical material and discussion have served to show how
very large the complications of early feminine development can
be.

Some fifty years after Freud wrote, we can learn more about
young girls' masculine identifications by viewing them from
some new perspectives. The primary source of inquiry is still
the analytic process, but this is now informed by many develop-
mental considerations. Our greater understanding of early cog-
nitive maturation sheds new and intriguing light on early iden-
tifications. This can add to our understanding of ways in which
they also derive from early drive fantasies and conflict resolu-
tion.

Freud's brilliant discovery of the different principles by which
primary and secondary processes operate was a major contribu-
tion to understanding the child's way of thinking, i.e., the dis-
placements and condensations involved in symbolic play and
thinking. But subsequent cognitive studies also indicate how
slowly logical thinking develops, e.g., the sense of time, of conti-
nuity and differentiation. Thus, the ways in which gender roles
and identifications develop and are comprehended comprise a
far slower and more complicated process than we had thought.
Girls, as well as boys, start off with an unclear, undifferentiated
view of gender. Rather than clearly wanting to be a boy or man,
girls have many narcissistic wishes for the unlimited possibilities
in being both male and female. This helps account for easily

shifting feminine and masculine identifications, even though the child also knows she is in the class of girl.

We have seen, in Sally, how these shifts are, from early on, a response to many different fantasies, anxieties, and conflicts, for which they appear to be either temporary or entrenched solutions. As the girl achieves increasing cognitive clarity about gender differences, one would need to see her masculine identifications as necessarily defensive in nature, sometimes temporary but sometimes pervasive and deeply rooted in pregenital and genital anxieties.

Freud's formulation of a negative oedipal stage was derived from regressive psychic transformations seen in adult analyses. One can now see a little girl's wish "to be a daddy," or to take his role with her mother, as having multiple meanings derived from a long history of conflict. It may be a temporary identification as part of her efforts toward further male/female differentiation; it may express many different problems in identifying with her mother; it may be a defense against anxieties over heterosexuality; and it will be part of ongoing oscillation between feminine and masculine identifications. Such childhood wishes will, in any event, be very different from the adult woman's complex identifications with men which have become established as a result of later conflicts in adult sexual and mental life. Clinically, one needs to explore the many possible meanings and the underlying conflicts the girl may be trying to solve.

Freud's theoretical and clinical formulations delineated the ways in which each developmental phase shapes the next, and the ways in which unconscious psychic conflict leads to defensive and regressive transformations. I believe this aspect of his theory provides a better understanding of multiple motivations for masculine identifications than does the unicausality of his "castration shock" formulation. With the former approach, we see masculine identifications as multifaceted and multilayered, built up out of many different fantasies and conflicts, preoedipal and oedipal, which then interact with the actual character-

istics of the parents and with the prevailing culture in each de-
velopmental phase.

The clinical material of these three girls provides many ex-
amples of the multifaceted, changing meanings of masculine
identifications and of the ways in which they can be both useful
and detrimental to feminine development. It is significant that
all three girls had a depressed mother, which puts a special
strain on the identification with her and gives identification
with the father a more complex role. But such a constellation is
by no means rare.

It can be seen that some masculine identifications are based
on an idealized version of masculinity. These can be an attempt
to ward off different kinds of narcissistic hurt with a fantasy of
invulnerability. At early stages of development, the dichotomy
in which the other sex is seen as strong and invulnerable is
normal. But the continuation of such narrow stereotyping and
splitting points to ongoing narcissistic pathology and ego fixa-
tions, as in Ruth, though such dichotomies can continue
throughout life and can be used in efforts to deal with many
anxieties.

The girl's wish to be a boy as well as a girl may be particularly
strong in the phallic narcissistic phase. Cognitive limitations
prevent her from having a clearer knowledge of her own gen-
itals, and she tends to center on the boy's more obvious equip-
ment. Previous feelings of low self-esteem can become symbo-
lized by and organized around feelings of castration and penis
envy, and little girls can take flight from anxieties about femi-
nine identifications to seemingly safer masculine ones.

Identifications with the father which are clearly object-related
can be seen as both useful for and somewhat dangerous to de-
velopment. A girl such as Sally can identify with the father's real
strengths which can contribute to good ego function and object
relatedness. Such identification can provide a particularly
useful supplement when a depressed mother is relatively un-
available. Sally was able selectively to identify with her father's
many good qualities, while being aware of her own feminine
differences from him, which he encouraged.

However, we can also see the complicated problems of identifying with father's strengths. Sally used this defensively as a way of controlling her own aggression and attempting to control her mother, which meant that her own aggression was not well enough integrated within her sense of herself. Her remaining difficulties in identifying with her mother left her with weaknesses in her feelings of self-worth. This meant that she was unusually needful of father's affirmation of her feminine desirability and adequacy, which could lead to her experiencing him as seductive, thereby causing further flight from femininity. These fears were well expressed by Sally via the three potential boyfriends—the male seen as protective, as exciting, and as frightening.

In Jill's case, her identification with father promoted her individuation from mother; it also promoted her intellectual interests and provided a channel for her aggressive drive. But for her, being aggressive was overly tied to masculine identification, could be expressed only through this identification, and was often directed against the mother. This interfered with further consolidation of her feminine maternal identification and with the integration of her own aggression within this. Closeness to father could also be felt as too tempting, causing flight from femininity. Such flight was also caused by her guilt over oedipal competition with mother.

We have seen many ways in which masculine identifications can derive from the inability to identify with mother. Such inability has far-reaching effects on all aspects of preoedipal as well as oedipal psychic structure formation. I believe my clinical material highlights how important the development of early ego functions is for the establishment of gender identification. This is particularly clear in the case of Ruth; her poor ego development and object relationships, and her inability to integrate her aggression via identification with her mother, left her with regressed dependency on mother and with identifications with brother and father. The poor ego development also prevented a more clearly developed, differentiated feminine relationship toward her father and the possibly helpful identifica-

tions with him. This early ego development is crucial to the achievement of the oedipal identification with mother; once this is established, the girl is freer to identify with selected aspects of the father's personality without this interfering with her sexual identity.

Masculine identifications in adolescence are a response to on-going conflicts which become more acute with the need to assume a more mature sexual role. At this phase, one can observe particularly clearly the interplay between unconscious pregenital fantasies, which are rearoused by bodily changes, and conflicts over changing relationships to family and peers. For example, with Ruth, condensed pregenital and genital wishes and anxieties were aroused by pubertal development. Her heterosexual identifications and curiosity then alternated with possessive homosexual yearnings, regressive wishes, and safer identifications with brother and father.

There are many reasons for the adolescent flight into identification with father as strong and as the aggressor. Since pregenital fantasies often cast the adolescent perception of male/female relationships in a sadomasochistic scenario, adolescents may fear that feminine identification is masochistic. Further defensive masculine identifications, however, are caused by the dangers of a homosexual passive position, oral and anal regression, fear of loss of control, or fear of merger with mother. As in Jill's material, one can see constant oscillation as anxieties are aroused, but also continual efforts to re-establish the feminine identification.

The father's actual role and characteristics do not play a simple part in the drama. He is, of course, not only a knight who can rescue the girl from mother. Rather there is a complex interplay between the girl's pregenital fantasies and the father's personality in each developmental phase. Each girl enacts the primal scene which is based on the role of her parents toward each other as seen through her own fantasies and perceptions.

We can therefore conclude that masculine identifications have no single function. They are perhaps best seen as being

like notes in music, which depend for their meaning on the totality of the other notes around them, as each girl creates her own developmental symphony.

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Ambiguities of Self-Analysis

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Published online: 27 Nov 2017.

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AMBIGUITIES OF SELF-ANALYSIS

BY HENRY C. MALLARD, M.D.

Self-analysis is an accepted method of analytic inquiry. The work employing self-analysis has been predominantly in the form of individual reports of self-analytic efforts and the application of self-analytic findings. Written works on the concept itself are surprisingly rare, and as a concept and a method of investigation, it deserves more attention. After a brief summary of Freud's views about self-analysis, I will illustrate the need for further attention to this issue by using clinical vignettes. Two problem areas will be considered: first, the definition of self-analysis lacks sufficient clarity, and second, the effect of individual methodology needs further examination, especially in evaluating self-analytic findings.

Freud felt self-analysis to be possible and useful. He tells us, in "Analysis Terminable and Interminable" (1937), that "the processes of remodeling the ego [continue] spontaneously in the analysed subject" and that "in so far as it happens it makes the analysed subject qualified to be an analyst himself" (p. 249).

He also speaks of difficulties, however. He tells us in his short work, "The Subtleties of a Faulty Action" (1935), that "in self-analysis the danger of incompleteness is particularly great. One is too soon satisfied with a part explanation, behind which resistance may easily be keeping back something that is more important . . ." (p. 234). He, of course, changed his view that self-analysis alone was sufficient preparation to become an analyst, to the position that analysis by another was essential for the analyst in training. He states, in "Recommendations to Physicians Practising Psycho-Analysis" (1912), that the analyst who does not do this runs the risk of "projecting outwards some of the peculiarities of his own personality, which he has dimly perceived, into

the field of science, as a theory having universal validity; he will bring the psycho-analytic method into discredit, and lead the inexperienced astray" (p. 117). He felt further that a periodic reanalysis was in order because of the preoccupation with repressed material that burdened the analyst.

Freud's view of the effectiveness of self-analysis was based on his own experience. It is important, however, to remember Eissler's (1951) observation. Freud was a unique man making unique discoveries. Moreover, in his "Subtleties of a Faulty Action," Freud showed that even he could not guard against error without outside help. But he did not really address the issue of overcoming the limitations of self-analysis through refining the method—for example, by suggesting criteria for accuracy. Instead, he replaced it with what he felt to be more effective methods, namely, the training analysis and the recommendation for reanalysis.

Two clinical vignettes, one drawn from the analysis of a patient and the second from my own experience, provide useful perspectives on the issues of definition, technique, and validation.

Case 1

Mr. B., a patient in analysis for five months, had ended his session the day before with the revelation that he found his girlfriend's genitals repugnant. The meaning of the revelation was unclear. He began to discuss the thoughts he had had after leaving that session. His mind had been on his problems. He tried to analyze himself by free associating, writing down his associations, and interpreting them. He thought of his father, whom he had experienced as ungiving, distant, and cold. He wrote, "My father hated me." He thought for a moment and then found himself reflecting on his intense adolescent attachment to an older man of his acquaintance. Mr. B. felt the man to be disdainful of women. Mr. B. adopted this disdain in his

treatment of his mother. He felt sure that she saw him as un-
faithful to her because of his disdain. When the man ended his
friendship with Mr. B., the patient felt comforted by his
mother, who did not reproach him for his attitude. As a result,
Mr. B. felt guilty and resentful of that guilt. Then he wrote, "I
hate my mother."

I was struck by the overcondensed, vague quality of what Mr.
B. told me. His self-analytic conclusions seemed to him to be of
unquestionable accuracy. However, they left me wondering,
since they were presented without substantiation. The feeling
that his father was cold, the sense that a price had been exacted
from him, and the view that his mother felt him unfaithful were
all formulations that were intuitive, not evidential. His conclu-
sion, "I hate my mother," was an inference, a self-analytic inter-
pretation, not an expression of his conscious feelings. He did
not feel hatred for his mother, he inferred it.

I pointed out this inference with the observation that he had
mentioned feeling irritated at his woman friend and had
avoided calling her. I wondered if it was related to what he had
told me the previous day about his reaction to her genitals. He
winced and angrily said he thought he was talking about that
reaction. After a moment's pause, he sadly acknowledged that
he wasn't, at least not directly. I suggested that he had been
embarrassed by his disclosure to me. He controlled that embar-
rassment by analyzing himself rather than exposing himself to
that feeling. He grudgingly agreed. He then said with great
shame that telling me about his repugnance at something he
should enjoy made him feel perverse and unmanly.

Case 2

This vignette, drawn from my analytic work with the same
patient, describes my own attempt at self-analysis. At one stage
of his treatment, I was impatient with Mr. B. and gradually be-
came aware that I was angry. The manifest reasons had to do

with his style of soliloquizing for entire sessions and becoming
angry at any intervention I might make. His responses varied
from feeling hurt if my comments were too telling, to disdain
for my intelligence if they were not. Then one day as I listened
to him, it came to me. He was behaving like X, an important
figure from my past. Mr. B. was exhibiting the same refusal to
acknowledge my way as best, and the same invitation to me to
help, followed by angry attack if I tried. With X, this reaction
was a way of abdicating my responsibilities by saying, "It's not
me. X is impossible." I was doing the same with Mr. B. Other
superficial parallels strengthened this view. I was delighted.
Now we could get on with the work. I approached the analysis
with renewed enthusiasm. Mr. B's responses were, of course, at
this point unchanged, but I felt myself more neutral, less angry,
and less helpless.

Armed with my new understanding, I presented the material
to my supervisor. He pointed out his impression that I disliked
Mr. B. My wording subtly but convincingly wove a fabric of dis-
dain. Interpretations which could have been neutral hinted of
condescension. At this point I was able to examine the issue
more effectively in my own analysis. A deeper understanding
was reached. The patient was stirring up my own castration
anxieties and, at a subtler level than I had realized, my competi-
tive strivings. This new level of insight was reflected in some
other cases in which I had been even less aware of my reactions.
Dynamics which were murky to me began to reveal themselves.
It became clear that while the insights I had attained by self-
analysis were not entirely false, they were far from the whole
story.

These two examples, the patient's and my own, clearly show
that self-analysis can be chiefly defensive in function. That con-
clusion, however, had to be derived by going outside the self-
analytic system. In the patient's case, my intervention was neces-
sary. In mine, the intervention of my supervisor was required.
This was so because there is no commonly agreed upon defini-
tion of self-analysis clear enough to guide self-analytic en-

deavors. In the specific examples described, our efforts could not be judged as faulty. The same may be said about the individual methodology. The only test of validity within the self-analytic system was the agreement of the self-analyst with his findings, not the agreement of patient and analyst in the first instance, nor of supervisor and supervisee in the second. Relatively little attention has been devoted to these sorts of ambiguities of self-analysis as a concept and a method of investigation. Such attention would clarify the place self-analysis can occupy as a means of psychoanalytic inquiry.

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Man and Mind. Collected Papers of Jeanne Lampl-De Groot. New York: International Universities Press, Inc., 1985. 441 pp.

Andrew C. Schiffman

BOOK REVIEWS

MAN AND MIND. COLLECTED PAPERS OF JEANNE LAMPL-DE GROOT.
New York: International Universities Press, Inc., 1985. 441 pp.

Man and Mind is a collection of the entire published works of Jeanne Lampl-de Groot, compiled on the occasion of her ninetieth birthday. A previous collection, *The Development of Mind*, published twenty years earlier, has been almost unobtainable, and, of course, is incomplete. Lampl-de Groot's published articles span fifty-six years, from 1927 to 1983, and comprise forty-seven titles. As Anna Freud wrote in the preface to the earlier collection, "The author belongs to a small but prominent group of psychoanalysts who served their apprentices in Vienna in the twenties of the century . . . when scientific life there was at its height. And when this Society broke up, they dispersed all over the world, to become the mainstay of analytic branches elsewhere, valued teachers in new analytic institutes, editors of or contributors to analytic journals, and guiding figures in the International Psycho-Analytical Association."[1]

The value of this collection is well illustrated by Lampl-de Groot's 1982 paper, "Thoughts on Psychoanalytic Views of Female Psychology, 1927-1977," in which she refers back to her first article, "The Evolution of the Oedipus Complex in Women," published in 1927. She was the first to describe the girl's negative oedipal attachment to her mother, in which she wishes to take her father's place. She asks how she dared to write such an article, with its significant elaboration of Freud's major formulations, at a time when she was a very young analyst with barely five years' experience. She answers that Freud gave her the courage to do it. She was in a personal analysis with Freud before she moved to Berlin in 1925 for further work at that city's Institute. When she left Freud, he added to his good wishes, "And now you should write of your

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[1] Freud, A. (1965): Preface. In *The Development of the Mind: Psychoanalytic Papers on Clinical and Theoretical Problems*. by J. Lampl-de Groot. New York: Int. Univ. Press, p. viii.

experiences." She felt "flabbergasted" and said, "Oh no, that is impossible. You yourself have already written everything." Freud laughed and said, "I have only made beginnings; the younger generation should continue" (p. 408). The entire collection, not just the first article, can be viewed in part as her response to Freud's encouragement.

I should like to focus first on Lampl-de Groot's writing style. Many of the papers are written in an informal manner that gives the reader the impression of sitting in a seminar in which she is presenting her ideas in a relatively spontaneous manner. Her articles do not have a formal introduction or a careful review of the literature. Her attitude toward Freud is that of a respecting, admiring colleague whose knowledge derives not only from his written works but also from numerous collegial contacts with him. She discusses her understanding of aspects of Freud's thinking, adding her own clinical experiences in quite brief vignettes and writing with a sense of familiarity made possible by good fortune.

My only major criticism of this book concerns the poor editing given to certain articles, such as Chapters 32 and 37, which apparently were originally written in German. The poor translation detracts from the impression of care the author took in her writing. Most of the articles which originally appeared in English-language analytic journals, fortunately, are well edited.

Let us now turn to the content of the articles. In "Problems of Femininity" (1933) she carries her interest in "The Evolution of the Oedipus Complex in Women" (1927) further to an examination of the preoedipal, narcissistic issues which she will greatly elaborate upon later. In "Inhibition and Narcissism" (1936) she points out that both overindulgence and oversuppression of id impulses can lead to inhibitions. She emphasizes the important, although immeasurable role of the intensity of the drives. She contrasts the narcissistic injury the girl experiences in not having a penis with the boy's castration fear at a later oedipal level. She states that the earlier, narcissistic trauma is less accessible to therapy. In "Masochism and Narcissism" (1937) she discusses narcissistic traumata leading to a masochistic defense position. The little girl prefers to feel that her penis was taken from her for wrongdoing rather than that she was born "defective." In "Considerations of Methodology in Relation to the Psychology of Children" (1939) she criticizes

Melanie Klein's views as leaving out development in attributing adult mental products to the youngest of children.

In "Pre-Oedipal Phase in the Development of the Male Child" (1946) she discusses the boy's passive preoedipal attitude toward his mother as a precursor of oedipal homosexual attitudes toward his father. In "Neurotics, Delinquents, and Ideal Formation" (1949) Lampl-de Groot offers a tribute to Aichhorn. She agrees in general with his views, but emphasizes that it is important to distinguish ego ideal from superego. If a parent is a criminal, there can be formation of an abnormal ideal. Since ego ideal formation depends on a stable object for identification, a weak "ideal object" allows for more direct, uncontrolled discharge of drives, as is seen in delinquents. In "Some Remarks on the Development of Psychoanalysis during the Last Decades" (1950) she discusses the widening scope of analysis. She points out that early experiential defects and developmental abnormalities can be relived and re-experienced in analysis so that they can become open to therapeutic intervention.

In "Depression and Aggression" (1953) she expresses therapeutic pessimism about cases involving "fusion of the drives," i.e., sadism and masochism. Problems involving aggression in more isolated, pure form, such as depression, she asserts, can be cured, but only if the roots of the aggressive discharge are elaborated and analyzed so as to permit sublimation. In her 1956 paper, "The Role of Identification in Psychoanalytic Procedure," she discusses the growing child's identification with parents and siblings as the base for ego ideal and ego formation. Neutralization of libidinal and aggressive energy is necessary for the development of the ego via identification. The early ego ideal is based on the magical, omnipotent thinking of the preoedipal child.

In "On Defense and Development: Normal and Pathological" (1957) she emphasizes, in a way that sounds quite current, that defense mechanisms are not pathological and that their removal is *not* the goal of analysis. She argues that defense mechanisms develop out of adaptive, repetitive ego activities that were originally necessary and are still important. They are pathological only when they are used in a rigid, unharmonious way to produce neurotic conflicts. She observes that repression in the oedipal phase fixes

the defensive and adaptive mechanisms that are employed. Self-directed aggression is the most frequent cause of neurotic conflict.

Her 1960 paper, "On Adolescence," gives the impression of a good deal of clinical experience, without her citing cases in detail. She discusses difficulties in reviving adolescent experiences during adult analyses. In part, this is related to the analyst's countertransferential wish to avoid the patient's nearly adult aggressive and competitive wishes toward the analyst. The patient often joins in with this wish so as to avoid responsibility. In adolescence, the ego ideal can be modified by some loss of parental ideals, which is a narcissistic loss.

In her 1962 paper, "Ego-Ideal and Superego," she describes the ego ideal as developing as a need-satisfying agency. This begins in infancy with the baby's hallucinatory wish fulfillment, which develops later into a grandiose self-view that compensates, in the preoedipal child, for feelings of powerlessness, and then moves on to idealization of the parents and, finally, to mature ideals. The superego develops out of infantile experiences of unpleasure associated with the need to comply with parental demands for renunciation. In "Superego, Ego-Ideal, and Masochistic Fantasies" (1963) she adds that a patient with a disturbed ego ideal can see suffering and martyrdom as giving pleasure through satisfying a faulty ideal. The martyr ideal can develop out of identification with sadistic or masochistic parental demands. She includes the patient's ego capacities and talents, used for sublimation, as crucial variables in the realization of ideal goals; the environment, too, varies in its provision of opportunities for the realization of ideals. In her 1964, 1964-1965, and 1966 articles she gives a good review of and elaborates further on the contributions of Heinz Hartmann.

In "On Obstacles Standing in the Way of Psychoanalytic Cure" (1967) she reviews, expands, and updates Freud's "Analysis Terminable and Interminable." In particular, she focuses on the essential role of early mother-child interaction in the taming of aggression. She points out that speech serves mainly to uncover neurotic, oedipal level conflicts, while the analyst must passively receive the more difficult nonverbal behavioral signals in an intuitive, empathic way to understand other types of conflict. In "Reflections on the Development of Psychoanalysis: Technical Implications in

Analytic Treatment" (1969) she praises the work of Spitz and of Mahler as providing an observational base to help us better understand patients' preverbal communications. She continues this line of thought in "Extensions of Technique" (1971), adding that early, preverbal narcissistic issues are not re-experienced in the transference but in the general relationship or attitude the patient has with the analyst. She elaborates this view further in her 1975 paper, "Vicissitudes of Narcissism and Problems of Civilizations." She adds that primitive societies are more empathic toward young children and inflict much less narcissistic traumata on their young, who then have less need to grandiosely seek power than is seen in civilized societies. Chapters 40, 41, 44, and 46 (1976-1982) provide excellent concise overviews of Lampl-de Groot's mature thinking.

In "Personal Experience with Psychoanalytic Technique and Theory during the Last Half Century" (1976) she provides some unusual but quite welcome personal notes on her analysis with Freud, beginning in 1922. She mentions, in addition to his neutrality, his warmth and his helpful, humane manner, in which he did not shun personal communication. After the analysis, their relationship developed gradually into a warm friendship. Her "Flashes of Memory" (1980) gives a fascinating glimpse into life at the center of the analytic movement during the 1920's and 1930's.

Man and Mind, in sum, conveys a sense of Jeanne Lampl-de Groot's long, enthusiastic, and fruitful analytic career. Her native talent and drive found fertile soil in which to develop in the analytic setting of Vienna and Berlin in the late 1920's and in the 1930's, beginning with her analysis with Freud. The larger part of her writing is "classical" and familiar to psychoanalysts. Her areas of special interest cast light on the bisexual aspects of oedipal development, narcissistic traumata as the prehistory of the oedipus complex, ego ideal formation, and the technical aspects of analyzing narcissistic trauma. Her articulate, informal style contributes to her ability to convey her deep understanding of the issues. This book is well worth reading.

ANDREW C. SCHIFFMAN (NEW YORK)

MIND, BRAIN, BODY. TOWARD A CONVERGENCE OF PSYCHOANALYSIS
    AND NEUROBIOLOGY. By Morton F. Reiser, M.D. New York:
    Basic Books, Inc., 1984. 228 pp.

The relationship of mind, brain, and body is one of the endless problems that have occupied human thought since the beginnings

of self-awareness. Of course, as in most endless problems, the formulation of appropriate questions may present greater difficulties than discovering the answers to those questions. Further, habits of thought and language may create difficulties that reflect strategies of problem solving rather than the complexities or obscurities of the natural world. Both of these difficulties, those caused by unanswerable questions and those caused by habits of thought, have been part of the history of the dialogue about mind, brain, and body.

In spite of this, much has been learned, and the dialogue has progressed. Psychoanalysis, the neurosciences, and clinical psychiatry and psychosomatics have all been important contributors, and each has enriched our understanding. However, in spite of some fascinating attempts at cross-fertilization, to date these disciplines have had surprisingly little to say to each other. It is not clear whether this reflects something inherent in the subject matter, and therefore suggests caution lest we impose a forced integration that will only lead to hybrid sterility, or whether it reflects the prematurity of earlier efforts, including Freud's famous failed endeavor in *Project for a Scientific Psychology*. Perhaps we can now consider the exciting possibility that recent advances in neurobiology mean that the time is ripe for such integration.

Morton Reiser, in *Mind, Brain, Body*, outlines the problem is his opening sentence: "This book is written in response to a challenge: Do psychoanalysis and neurobiology—each with a great deal to say about mental processes—have anything to say to each other?" (p. 3). He casts a positive vote—"It does now seem feasible to develop philosophically appropriate and empirically sound conceptual bridges between modern neuroscience and psychoanalysis" (p. 96)—although, as he makes clear, his choice is based more on hope and faith than on science or knowledge. His implicit fall-back position is that even if these quite different disciplines cannot yet, or perhaps ever, make scientific contributions to each other, it is hard to believe that the practitioner of one will not be intrigued and excited by the findings in the other, or that any educated person will not be fascinated by the overlapping and contrasting images of the human being that they offer. "The idea is not to find identity but to see if it seems feasible to induce reciprocal enrichment and complementary enhancement of progress separately on each side. It may be too soon to judge. I shall leave it to you to decide" (pp. 122-123).

The different attitudes possible toward Reiser's effort are clear in the blurbs on the jacket of the book. Eric Kandel, one of the leading contemporary neurobiologists whose work forms an important part of Reiser's argument, says, "Among the most important tasks facing psychoanalysis [*sic*; neither Kandel nor Reiser comments on this selective assignment of responsibility] . . . is to develop an effective interaction with the behavioral and biological sciences. . . ." Hans Loewald, who has argued that psychoanalysis is about interpretations made by one person to another, rather than about brains and bodies or theories concerning them, emphasizes a different theme: ". . . the two disciplines, while having to follow their own separate paths, can only gain from 'talking to each other,' if for no other reason than that they live in the same universe of knowledge. . . ."

Most of the book is devoted to expositions of the current state of knowledge in three areas. Psychoanalysis is introduced largely by way of a detailed case history. The discussion of neurobiology focuses on the work of Eric R. Kandel, Mortimer Mishkin, Patricia Goldman-Rakic, and Donald E. Redmond, Jr., as exemplars. Reiser's discussion of psychosomatic psychiatry draws on his own contributions, along with those of I. Arthur Mirsky and Herbert Weiner. Reiser is more expert and therefore more critical in discussing the first and the third.

The psychoanalytic case presentation focuses on developmental dynamics and genetic reconstruction, as well as on some themes of countertransference, rather than on the analysis of transference and resistance or on the therapeutic process. The problems of the reliability and "objectivity" of psychoanalytic data are discussed, but Reiser argues that in spite of these, understanding derived from this approach can help formulate research questions for the neurosciences. His discussion of the history of psychosomatic thinking is a gem, one of the best presentations of a modern approach that respects the important contributions of an earlier era that I have seen.

Reiser's discussion of neurobiology is different. The work is exciting, and he is excited. Recent advances have been breathtaking. However, it seems to me that two important issues are not fully addressed. One is the philosophic critique that statements about brain and body, on the one hand, and statements about mental life, on the other, are formulated in different languages, designed to be

non-translatable, so that when we think we see a possibility of real translation, it suggests that someone was sloppy in using one of the languages rather than that a new breakthrough is on the horizon. For example, Reiser echoes Kandel in talking about "a form of anxiety" in the marine snail, Aplysia, but neither uses quotation marks around the term "anxiety." Whether Little Hans's experience and the giant Aplysia's behavior have anything to do with each other is an important question, no more resolved by the metaphoric use of scientific terms than our earlier discussion of motivation was enriched by postulations of "psychic energy."

The second issue is less fundamental, but it may be more critical. At present, our very best neurobiology has relatively little to say about how we carry out the simplest of mental activities—recognizing a figure, identifying a word, connecting the two, or remembering the connection. We have only the vaguest of notions about the difference between sleep and wakefulness, and less about the varieties of arousal—anger, anxiety, attention, desire, etc. In short, we do not yet have much convergence between neurobiology and the most elementary of cognitive psychologies. It would seem reasonable to wait for that to develop before using neurobiology to tackle the much more complex, and less easily formulated, concepts of psychoanalysis. Knowing something about how the Aplysia alters its reflex responses is a far cry from knowing something about how Kandel plans his experiments, let alone knowing something about why Reiser wants to interpret them this way.

Reiser is a master teacher. He knows that one instructs best by offering illustrations rather than by announcing general principles, and he has excellent taste in selecting his illustrations. Most of the readers will be expert in only one or two of the three fields he is bringing together, but they will be comfortable with how he treats their own discipline, and enlightened by what he tells them of the others. He is at all times appropriately cautious. Although his hope is clear, it never blinds him. He speculates freely, but labels his speculations as such. In many ways the critical question at present is not whether this approach is "right" or "wrong"; he is clearly correct in saying we do not know. Our problem is to decide how promising it is, and how many resources should be devoted to it today. I believe that the scientific community has made a reasonable judgment in deciding, at present, very little. However, that makes it all the more important to have people like Reiser explore

the possibilities of what so few are actually doing. I can think of no one more well equipped for the task. Best of all, his enthusiasm is contagious. As he says when speculating about the possible relationships between central and peripheral peptide regulators, "It's fun to think about" (p. 213). It's fun to be privileged to share his thought.

ROBERT MICHELS (NEW YORK)

HOW DOES ANALYSIS CURE? By Heinz Kohut. Edited by Arnold Goldberg with the collaboration of Paul E. Stepansky. Chicago/London: University of Chicago Press, 1984. 240 pp.

This is Heinz Kohut's last book, published posthumously through the collaboration of the editors, Arnold Goldberg and Paul Stepansky, and Kohut's widow, Elizabeth Kohut. Although a familiarity with Kohut's other writings is obviously helpful, this book stands on its own. The discerning reader can obtain a good idea from it of the main components of Kohut's views on self psychology. The book is provocative and thoughtful, and can be of value to all psychoanalysts, whether or not they espouse Kohut's position. While nothing startlingly new is added, there is valuable reflection and refinement in it of Kohut's theories. His views on the oedipus complex and castration anxiety are discussed extensively, as are his ideas about defense, resistance, and psychoanalytic cure.

The book was written, according to Kohut, to elaborate on some of the ideas expressed in his earlier work, *The Restoration of the Self*. Kohut seems to have been most concerned about a comment written to him, in an otherwise approving letter, about what seemed to be Kohut's position that "one will have to break off treatment before the analysand gets into too disturbing material" (p. 3). He takes great pains in this volume to try to demonstrate that this is not the case, that he advocates the analysis of all material, early or otherwise, as it unfolds in the transference. Can one infer that Kohut has been troubled by criticism that his self psychology is too superficial? Possibly so, but Kohut makes it clear that he considers himself to be "fighting two orthodoxies: one decrees

that every cure rests on the analysis of the oedipus complex, the other legislates that every cure rests on the analysis of the depression and rages of earliest infancy" (p. 7). He appears to be referring to classical Freudian and Kleinian theories, respectively. Kohut considers self psychology to be quite distinct from traditional psychoanalysis, although he maintains that a psychoanalytic methodology is employed.

Where traditional psychoanalysis views transference repetition as a reworking of childhood conflicts, Kohut conceives the essential aspect of the transference and of treatment as the reworking of the development of the self. The self is viewed as having an intrinsic "program," which, having been thwarted during the patient's early years, is now enabled to resume its unfolding within the analytic setting. Because failures occur even in the most perceptively managed psychoanalyses, the interpretation of the patient's responses to these optimal failures and the process of "transmuting internalizations" enable a cohesive self to evolve. In those cases where the nuclear self has been sufficiently established, the self can once again embark upon its program of development. As a rule, the transference allows for reconstruction of the point at which significant failures in development of the cohesive self have occurred because of failures in selfobject empathy. Kohut maintains that it is the consistent failure of empathy on the part of the selfobject that leads to significant pathological failures of development.

Kohut sees his concept of resistance as intrinsically different from that of traditional psychoanalysis, which is very much influenced by what he refers to as Freud's "truth morality." He implies that analysts following the usual point of view impose a moral standard upon their patients when interpreting resistance, taking a moral position that views resistance as wrong and the patient as refusing to grow up. Kohut considers most resistive maneuvers as representing manifestations of the effort undertaken by the self to reparatively overcome empathic failures of the selfobjects during childhood. He indicates that they should be accepted in a completely neutral fashion by the analyst as security- and health-promoting activities. What the traditional analyst regards as resistance, Kohut understands as the essence of the patient's effort to maintain or to achieve a cohesive self. There is an implication in this

that the traditional analyst strives to promote his concept of treatment, while the self psychology informed analyst strives to promote the growth of the self.

Kohut's views on the oedipus complex have not changed. He positions himself at great variance with the view, ascribed to traditional psychoanalysis, that the oedipus complex and, in particular, its drive-derived contents and fantasies are at the core of every neurosis. It is Kohut's view that oedipal conflicts, when they play a role in pathogenesis, are "disintegration" products, secondary manifestations of a more important underlying pathogenic disturbance in the development of the self, resulting from empathic failure of the selfobject. What traditional psychoanalysis has considered to be a normal oedipal conflict, Kohut views as a secondary derivative of self pathology. The lustful interest in and desire for the parent of the opposite sex he sees as an attempt to capture the interest of a non-responsive parent, so that normal self development can go on in the face of the parent's inability to accept, with pride, the child's affectionate interest. The sexual and aggressive content of the oedipal fantasies are considered secondary responses to a threat to the integrity of the self. Castration anxiety is seen as a variant of disintegration anxiety, i.e., as the experience of a threatened disintegration of the self organization.

In essence, Kohut's concept of pathology is based on the idea of developmental failure. He does not put great weight on the role of conflict. In Kohut's terms, the preoedipal object must serve the function of mirroring and must be available for idealization in addition to other narcissistic needs. By contrast, it is not in fact difficult to demonstrate analytically the existence of drive related needs in those same object relationships. Drive needs and narcissistic needs are intertwined at all levels of development. Drive needs, as they are usually understood by psychoanalysts, can be demonstrated in many of the clinical examples provided by Kohut himself. One can understand that Kohut might have wanted to set aside drive development for the purpose of focusing on the narcissistic dimension in isolation, but he has gone well beyond this in centering on the latter as a separate line of development and as *the* basis of his theoretical foundation.

It is not only that drive theory is relegated to an insignificant role; a consequence of this shift is that conflict theory is also set

aside. Furthermore, although they were not this way initially, his theories, as they have evolved, have eliminated not only structural conflicts but also structural theory. In his concept of the bipolar self (now expanded to include a third significant sector, the sector of talents and ideals), the two basic poles are those of ambitions and of ideals. Psychoanalysts accustomed to the usual applications of structural theory would consider ambitions and ideals to be intimately connected with superego functioning. They would connect talents and skills and, to some extent, ambitions to ego functioning. In Kohut, emphasis is no longer placed upon structural considerations. He does not relate his ideas about the self to previously accepted concepts of ego and superego, and he offers no reasons for abandoning structural theory. Other psychoanalysts have found structural theory both compatible with and very useful in dealing with problems of self.

Kohut stresses a "humanistic" trend in his theoretical constructions and in his treatment concepts. He contrasts his treatment goals of the development of a cohesive self that allows individuals to realize their creative potential with the moralistic emphasis on truth and knowing that he ascribes to Freud. He contrasts Freud's metaphor of the analyst as surgeon with his own view of the analyst as someone more interested in human interaction.

Kohut acknowledges that there are resistances, particularly those resulting from fear of overstimulation, fear of abandoning the status quo, and fear of giving oneself over to the analytic process. However, all actions of the patient are understood as representing an effort to achieve development of the self. Accordingly, whatever evolves during the course of treatment, if it is in the context of a developing transference, is viewed as a favorable outcome, something the patient is destined to arrive at to save his or her self. There is much to be said for this view of resistance. However, when it is combined with Kohut's extreme de-emphasis of drive-derived conflicts, such treatment issues as aggressive acting out by the patient are left by the wayside. Aggression, in general, is given scant attention.

Freudian psychoanalysts are portrayed in a most unflattering fashion. The Freudian analyst is depicted as coldly reserved and as responding to the patient on a basis of predetermined conceptions about manifestations of oedipal fantasies and of resistances to

them. This is a distorted view. Competent traditional psychoanalysts recognize that patients behave the way they do because they are impelled to do so by their unconscious conflicts, not because of some moral failing. Placing emphasis upon structural conflict and drive derivatives does not necessarily mean either failure to recognize preoedipal concerns and narcissistic problems or adherence to predetermined ideas. Kohut's own predetermined emphasis on the development of the self can itself generate a program which the analyst imposes upon the analysis.

There is a special emphasis made by Kohut on not repeating the "mistakes" of the past selfobjects and on offering a special kind of understanding which the patient never had before. Case reports of patients treated with Kohut's methods frequently contain references to decisions by the analyst not to confront an issue or not to interpret something, to answer questions of the patient or to respond to demands by the patient in an effort not to traumatize. This may be justified in individual instances, but when taken together, a suggestion is conveyed of an evangelical call to the patient that "we are going to save your self" from your bad parents, which is likely to foster a submissive relationship with the analyst as an idealized object. I hope my concern is based upon a distortion, like Kohut's distorted image of traditional psychoanalysts who coldly insist on analyzing everything according to a predetermined bias while avoiding human contact with the patient.

On the one hand, Kohut states that in oedipal neuroses, which he calls true transference neuroses, the self psychology analyst will, at least for a time, analyze the oedipal conflicts in much the same way as any other analyst. On the other hand, he maintains that the oedipus complex is secondary to a failure in empathy by oedipal selfobjects, in which inappropriate, presumably competitive responses of parents cause distorted development of the self. The oedipus complex and neurosis thus are seen as secondary to a disturbance of the self, and it is the disturbance of the self which must be healed.

Kohut states that with a healthy self, drive-derived conflicts are not a problem, since such conflicts are well within the range of coping of a healthy self. If this is so, one must ask why Kohut feels it ever is necessary to interpret aspects of drive-related conflict. Why is it necessary in the case of what he calls oedipal neurosis to analyze for a time in a traditional way? Why is the program of

treatment which he usually advocates for dealing with a defective self, i.e., restoring its intrinsic program of development, not sufficient? And if such a program is insufficient in these cases, why is it necessary in *all* cases involving narcissistic pathology? If there is an intertwining between object libidinal and aggressive elements and narcissistic elements, then all of these aspects need to be dealt with in every analysis, unless an analyst were to decide a priori to eliminate certain things from scrutiny.

Kohut offers contradictory views on post-analytic self-analysis which reflect some of his avoidance and disparagement of the acquisition of autonomy. Such self-analytic efforts, he holds, may indicate incomplete resolution of the selfobject transference, but in practice may not be so bad. He never clarifies his views on mature relationships with selfobjects, nor on the issue of autonomy and its importance or relation to the "cohesive self."

Kohut is well aware of the internalizing influence of oedipal resolution. However, in practice he seems to ignore it in favor of an emphasis upon his hypotheses about self development. The internalization that accompanies oedipal resolution contributes to consolidation of an identification with the same-sex parent, and subsequently with both parents. This is one of the main factors in the establishment of a strong, internal psychological system for the maintenance of a solid sense of self and of self-esteem. The narcissistic defeat of the oedipal period leads ultimately to a powerful narcissistic gain. The concept of the oedipus complex interrelates drive derivatives, sexual identity issues, and the cohesive self of which Kohut speaks. Yet Kohut disparages the importance of the concept.

Kohut describes a patient who had fantasies of placing things in bottles. Analysis led to recall of a childhood fantasy of having a genie in a bottle. Kohut assumed that it represented an attempt to hold on to a beloved grandmother, and then, in the transference, to himself. The patient corrected him, stating that the genie was a little girl, just like herself, with whom she could talk. Kohut concluded that she wanted a twin, someone like herself. Subsequently, the patient recalled a memory of her grandmother kneading dough, while the patient, as a little girl of four, silently kneaded some dough herself on a little table next to her grandmother. Kohut quite correctly relates this to other instances of the "chip off the old block" recollections of many children, such as a boy's

shaving alongside his daddy, etc. He emphasizes the child's need
for a feeling of sameness, of identity with the adult, as well as with
other children. I believe his formulation to be correct, but he ap-
pears to me to neglect the probable role of an oedipal fantasy. My
expectation is that in this recollection, which is a screen memory,
there is not only a wish to experience sameness but also a wish to
take the place of grandmother, mother, or father, to be a pregnant
mother herself. Kohut stresses the manifest content rather than
pursuing the multilayered unconscious fantasies beneath it.

Kohut's insistence upon postulating a separate line of develop-
ment for narcissism and libido has, in my opinion, impoverished
his concept of the self. He does not attend to the significance of
drive-derived tensions, wishes, and fantasies to the self, nor does
he consider the influence of the major mental structures upon the
self.

While clinical experience points to the validity of the concept of
a cohesive self, it also indicates that there are many different
aspects of the self, and under the influence of one or another of
them, the qualities of an individual's functioning can be quite dif-
ferent. For example, an analyst at work is under the influence of a
functional organization within his self system (or self-representa-
tion) that imparts a special quality to the way he listens, perceives,
experiences emotion, etc. Similarly, for every major object rela-
tionship and every important element of a person's identity, there
are organized elements within the self-representation that reflect
different qualities. The self-representation that is dominated by
phallic drives is quite different from the self-representation that is
under the influence of a different drive organization. Also, there
can be negative aspects of the self-representation that represent a
serious threat to the individual; various defensive maneuvers
might be employed for protection. The negative aspects might be
externalized into outside objects who can be opposed or domi-
nated, for example. Conflicts may also arise within the organiza-
tion of the self when one or another aspect of the self-representa-
tion is associated with aims that are incompatible with those of
other aspects of the self. Narcissistic object relationships are often
employed to provide a missing, desired ingredient for the self.
Kohut's concept of the self neglects these important aspects of nar-
cissistic development and pathology.

Kohut has had a profound influence upon many psychoanalysts. Even those who do not consider themselves among his followers will find things of value in his ideas. In my opinion, his work is most valuable in connection with his clinical insights, but his insistence on moving away from both drive and structural theories creates major problems that greatly weaken his contribution. It is to be hoped that mainstream psychoanalysis will retain that which is valuable in his views and integrate it with other aspects of psychoanalytic thought. There is no question that Heinz Kohut has been a stimulating, creative force.

Kohut's reaction to his reader's comment that he at times advocates incomplete analyses seems to me to be excessive. Let me couple this with Kohut's repeated observations about the comforting and self-supporting effect of a return to one's own culture after being away for a time in another. Is Kohut's concern about his reader's comment an indication perhaps that he recognized that the analyses he proposed were, in fact, not complete enough? Could it indicate a feeling that he should come home to at least some of the psychoanalytic concepts he had left behind? Or is this only my own wishful fantasy?

ALAN J. EISNITZ (NEW YORK)

JAHRBUCH DER PSYCHOANALYSE. BEITRÄGE ZUR THEORIE UND PRAXIS, BAND 16. (Yearbook of Psychoanalysis. Contributions to Theory and Practice, Vol. 16.) Stuttgart: Frommann-Holzboog. 1984. 338 pp.

As the title indicates, this publication is an annual collection of psychoanalytic contributions to theory and practice. Although the Editors of the *Jahrbuch* are all members of the German Psychoanalytical Association, the contributions are international rather than national. In addition to German contributions, the volume contains papers by American, Dutch, French, and Swiss psychoanalysts. This may, to some extent, explain the variety and diversity of what is offered in this volume, not only in terms of the topics, but also in regard to approaches and styles. The *Jahrbuch* is not a book that lends itself easily to being read as a whole. On the other hand, every psychoanalyst will find more than one contribution in it which will be of interest to him or her.

Volume 16 is divided into six sections (with a useful name and subject index at the end), the last of which is a regular contribution on behalf of the International Psycho-Analytical Association, namely, the German version of its annual *Bulletin*. In this respect the *Jahrbuch* fulfills an important function in transmitting the contents of the *Bulletin* to German-speaking analysts in their own language.

The kaleidoscopic impression of the *Jahrbuch* presents problems to any reviewer who hopes to do justice to all the contributions, some of which are remote from his own experience. What follows will be more in the nature of a personal reaction to the various contributions. At the same time, I will endeavor to give the reader a fair idea of the totality of what is contained in the book.

I will begin with Kurt Eissler's paper, "Bet, Pact and Prophesy in Goethe's Faust," which is one of three contributions in the section on applied psychoanalysis. The paper embraces considerably more than the title might suggest, and it makes for compelling reading from beginning to end. Eissler's ability to place a literary work within the context of so many other related problems, to throw light on it from so many different points of view, is very impressive.

One of the points I found most fascinating was Eissler's attempt to interpret or transpose the message of Goethe's Faust into the context of our own times, especially the demonic progression toward destruction. Thus, Faust can be seen as the antecedent of the type of human being without fear or hope, who is becoming more and more prominent in our own day and age: "Disappointed by every political system, past and present, without belief in a life after death, threatened by the incessant prediction of an approaching nuclear Armageddon, he is predominantly, perhaps exclusively, concerned with himself and becomes an adventurer in pleasure [*Lust*]" (pp. 57-58). This is where Goethe's and Eissler's pessimism meet. It is a theme which plays a central part in Eissler's arguments.

Equally compelling are his thoughts about the differences between Faust and Job and the impossibility of experiencing permanence of pleasure due to the biological structure of man and the differentiation between genital and pregenital pleasures. His

thoughts about the pleasures associated with musical experiences, with the contemplation of art, and with religious ecstasy, and his observations on the issue of sublimated homosexuality and creativity also are compelling. This is by no means all of the issues touched upon by Eissler.

The other two papers on applied psychoanalysis are Ilse Barande's " 'The Uniquely Maternal' " and Erich Simenauer's "From Leonardo's Childhood Memory to Heine's Self-Analysis: Some Phases of Development in Applied Psychoanalysis." Both authors take Freud's essay on Leonardo as the starting point, but they move from it in opposite directions. Barande goes into the past by tracing the theme of the maternal through ancient history. Simenauer moves forward, examining psychoanalytic explorations into and interpretations of the roots of creative activity since Freud's essay. Remarkable are the differences in approach and style in these two papers. Barande's approach is rather intuitive, speculative, at times even cryptic. Simenauer's is very systematic, thorough, and scholarly. Before giving his own interpretation of Heine's poem "Lore-Lei," Simenauer considers a host of problems confronting the analyst as an interpreter of works of art. He favors Winnicott's more intuitive approach to Freud's "style of thinking," with its logical-rational quality and with his use of sublimation as an explanatory concept. Simenauer's overview ranges widely and includes critical appraisals of various interpretations of such writers as Kafka, Henry James, Melville, and Proust, among others.

The volume starts with a section commemorating Anna Freud, who died in 1982. It includes a personal recollection by Veronica Mächtlinger, who was a student at Anna Freud's London clinic and who conveys something of Anna Freud's human qualities, which impressed all who had the good fortune of working with her. There is also an account by Peter Kutter on the reasons for the late—and only by a whisker not too late—conferring of an honorary doctorate by a German university on Anna Freud. Two further sections on theoretical aspects of psychoanalysis and on biographical work about Freud, contain one paper each. The former is a contribution by a French-Swiss analyst, Bertrand Cramer, who was trained in the United States, titled "Reality as a Problem in Psychoanalytic Epistemology: Critical Thoughts in Connection

with Direct Child Observation." Taking the observations of Mahler and her co-workers as his empirical data, Cramer critically evaluates the approaches of ego psychologists and contrasts them with what he calls the "intersubjective model" that shifts the emphasis from external to psychic (subjective) reality. He advocates the combined evaluation of historical and subjective reality in reaching the most accurate assessment of the relevant dynamics.

The contribution in the section on Freud's biography is by Heinz and Carina Weiss. It is devoted to Freud's collection of antique works of art: "A world as in a dream." The authors see this collection as a reflection of Freud's predilection for preoccupying himself with the prehistoric elements in man, and they support their view with references and quotations from his correspondence. They also show the relevance of this for Freud's theories and for his clinical method.

The section on "Clinical Contributions" is disappointing. This is not so much because of the three papers which it contains but rather because it somehow fails to meet one's expectations of accounts of clinical work. The section opens with a rather philosophical paper by Karl-Ernst Bühler, "On the Biographical Method in Psychotherapy (Biography and Intersubjectivity)," in which he examines the way the biographical method is used by various depth-psychological schools. He criticizes psychoanalysis for its predominant preoccupation with the past and with biography, and for neglecting humanity's projection of itself into the future. It is a thought-provoking article, but it is not immediately clinical. The same is true of J. H. Smit's fascinating account of dealing with the actions of terrorists (in this instance the taking of child and adult hostages in Holland in 1977). He addresses himself to the lessons to be learned from such experiences that are applicable to the prevention—or perhaps the diminution?—of the worst sequelae of such traumatic events.

The most clinical paper is the final one, by G. Heuft and H. Knott, on the flash technique in a Balint Group. The group was special in that it was composed entirely of doctors working in the same psychosomatic hospital. Most of them were undergoing individual therapy (analysis) at the same time and thus formed an unusually homogeneous group. In this paper, at least, there are some clinical vignettes. The paper underscores in a convincing way the

value of Balint Groups for professionals who are not psychoanalysts but who have to deal with other human beings afflicted by more or less severe pathologies.

ALEX HOLDER (HAMBURG)

PSYCHOANALYSIS: THE VITAL ISSUES. VOL. II: CLINICAL PSYCHO-ANALYSIS AND ITS APPLICATIONS. Edited by George H. Pollock, M.D., Ph.D. and John E. Gedo, M.D. New York: International Universities Press, Inc., 1984. 498 pp.

This is the second volume of selected papers to come out of the conference that commemorated the fiftieth anniversary of the Chicago Institute. The title of the book refers to the title of the conference, but it seems presumptuous here, since no effort has been made to delineate *the* vital issues, nor have the subjects been coherently related to each other. These comments are not meant to detract, however from the richness and originality of many of the individual papers.

Part I of the book contains four papers on transference and countertransference. Charles Kligerman provides a fine introduction. Jacob Arlow's paper on transference and interpretation lucidly relates them to conflict and compromise formation within the framework of structural theory. It is puzzling, therefore, that in Part II, "Self Psychology and Its Alternatives," the authors contrast self psychology with Freudian theory by referring only to Freud's prestructural writings. For example, David Terman constructs his view of mainstream analysis via references to the *Introductory Lectures* and the early case histories. In his paper, "The Analyst's Function in the Psychoanalytic Process," Terman asserts that the analyst, his interpretations, and the process itself serve as *functions* in the patient's inner experience, creating structure through the selfobject experience with the analyst. The care, concern, and empathy of the analyst become as significant as the interpretive content itself. However, his case example is not convincing. It seems to me that his sensitive, interpretive comments could have been made by a skilled analyst in either camp. We have to take his word for it that he served as a selfobject for the patient.

The assertion that "the mere presence of empathy . . . has a therapeutic effect" (p. 353) is offered by Heinz Kohut, in his posthu-

mously presented paper, "Introspection, Empathy and the Semi-circle of Mental Health."[1] It is a beautifully crafted paper, in the style of Freud. Kohut admits that his notion sounds mystical. He connects it with "the sustaining effect of early empathy-informed physical contact between mother and child" (p. 355). But surely the sustaining effect of physical contact must be mediated through empathic responses, however subtle.

Arnold Cooper's chapter, "The Unusually Painful Analysis: A Group of Narcissistic-Masochistic Characters," is a significant contribution. Leaning heavily for his theoretical formulations on the neglected writings of Edmund Bergler, he concludes that "masochistic defenses are inextricably interwoven with narcissistic pathology" (p. 45). The patients to whom he refers "present an unusual transference manifestation; they experience the treatment itself as terribly painful and dysphoric, and they place a great burden on the analyst's capacity to maintain an analytic setting" (p. 46). They use the analytic situation for endless indulgence of the wish for masochistic and narcissistic injury. Excessively humiliated in the preoedipal period, and having turned their rage upon themselves, they maintain an illusion of omnipotent control by extracting pleasure from their disappointments. Cooper states that "patients of this type . . . are all women" (p. 62). I believe he will eventually regret having stated this, since he offers no theoretical basis for the exclusion of men. A question also can be raised about his exclusive focus on the preoedipal period.

A vivid transference-countertransference paradigm is presented by Meyer Gunther in "The Prototypical Archaic Transference Crisis: Critical Encounters of the Archaic Kind." The more-than-usually disturbed patients he describes exhibit an unexpected, pervasive torrent of rage or panic after they have made an innocuous request and the analyst has taken a customary interpretive stance rather than giving an immediate concrete answer. This regressive, disorganized narcissistic rage has a compelling power. Gunther reasons that this transference crisis involves uncertainty about the self-organization that requires exquisite, empathic sensitivity if the analyst is to appreciate the concerns behind the patient's seemingly

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[1] This paper was previously published in *The International Journal of Psychoanalysis*, 1982, 63:395-407.

innocuous manifest question. But Gunther's conclusions that this crisis heralds new issues the patient is about to address and that the patient is facing a "transition to a new arrangement of personality structure" (p. 89) are not supported by the clinical material he presents.

Another paper in which the clinical material gave me pause was Kenneth Newman's "The Capacity To Use the Object." It deals with technical recommendations for facilitating the patient's ability to make use of the analyst. He asks, "What is the analyst's role in altering the inner atmosphere of the patient's world to permit a new and psychologically useful relationship?" (p. 151). Following a searching theoretical discussion of the walled-off needs of some narcissistic patients, Newman concludes, "This seeding of the transference through the real interaction of the analyst catalyzes the mobilization of the more deeply walled-off needs" (p. 171). In his brief examples Newman simply responds to the reality issues. He calls one patient by her first name, and he discusses a radio program with another. There is not enough material provided, however, to illustrate why he concluded that this maneuver was indicated for these patients. I fear that his recommendation will give license to the natural tendency of many analysts to ignore the as-if nature of the transference and to treat patients' transferential expressions as though they were ordinary expressions requiring a realistic response.

Part III of the book, entitled "Outcome Studies," is introduced by Edward Joseph. From his travels and his experiences with analysts all over the world, he arrives at the ecumenical position that, regardless of whether one holds to Freudian or Kleinian theory and technique, "the development of the transference and transference neurosis, the careful working through of various unconscious fantasies, and the acquisition, through either reconstruction or recollection, of degrees of insight, contribute and produce the therapeutic gains of a psychoanalytic undertaking" (p. 224). In other words, the controversy has been heated, but the stakes actually are low. Stephen Firestein's chapter, "The Dilemma of Analyzability," reviews previous studies and poses the still-unanswered questions. Nathan Schlessinger examines analyzability through outcome studies involving post-analytic interviews and re-analyses. The second analyses uncovered previously unanalyzed early dyadic

self-soothing and separation-individuation problems. Since the first two patients sought re-analysis because of conflicts over their new babies, the question arises of whether motherhood awakened early material that would not otherwise have been available.

Part IV, entitled "Theoretical Problems" (in conflict with the subtitle of the book), contains an extremely valuable theoretical account of the concept of the developmental point of view by Samuel Abrams. In this section is Max Forman's cogently reasoned chapter, "A Trauma Theory of Character Neuroses and Traumatic Neuroses." He states that "childhood traumata are the necessary cause of neurosis. Without childhood traumata there would be normal character development" (p. 344). He concludes, "The absence of or neuroses of parental objects is the major cause of character neurosis." Is he suggesting that with adequate parenting, children would be spared the experience of trauma?

Part V, "Applications in the Literary Realm," includes a fascinating paper by Bennett Simon on the psychoanalytic view of literary tragedy. He amplifies Freud's comparison of the process of dramatic unfolding in tragedy to the progress of a psychoanalysis, and he provides an analogy between the "interpretations that the characters offer one another about the meaning and import of their actions" and "partially correct interpretations offered within the psychoanalytic process' (p. 390).

There is an amusing typo on page 178: ". . . the pressure of the damned-up energy." (Damn the concept of psychic energy!)

In summary, I found many informative chapters in this book, even though they do not always conform to the title. In the short space of this review, I have necessarily omitted commenting on some of the contributors, while focusing on others.

ROBERT D. GILLMAN (CHEVY CHASE, MD.)

AN INTRODUCTION TO THE BORDERLINE CONDITIONS. By William N. Goldstein, M.D. Northvale, N.J.: Jason Aronson, Inc., 1985. 241 pp.

This is a most welcome compact volume which, to my knowledge, is the first attempt to provide a comprehensive, yet succinct review of the now copious and diverse literature devoted to borderline and narcissistic conditions. Within 200 pithy pages, the author has

condensed, almost in outline form, diverse theoretical points of view regarding the diagnosis, dynamics, and even treatment of the borderline patient. He uses the perspective of ego psychology for his presentation and critical evaluation of the various theoretical viewpoints.

Goldstein begins by defining ego functions in a very basic way, which makes this volume congenial to the needs of a neophyte therapist, e.g., someone at a residency training level in a dynamically oriented institution. He goes on, however, to reach a much higher level of complexity that can provide a more experienced practitioner with a very useful summary and review of the various conceptualizations of borderline patients. He offers sufficient references, attributions, and bibliography to enable the interested reader to pursue in greater depth the varied and often conflicting lines of thinking presented. In addition to the basic, yet thorough definition of ego functions, he provides an elementary introduction to instinctual drives and superego theory, and a psychodynamic classification of psychopathology. This makes it possible for the reader who has had little or no experience with the psychoanalytic literature to be able to follow Goldstein as he presents the theoretical underpinnings of the various, often mutually contradictory conceptualizations of the borderline patient. There is an excellent historical review of the early literature relevant to the understanding of these patients. It includes contributions from such pioneers as Gregory Zilboorg, with his concept of "ambulatory schizophrenia," Paul Hoch and Phillip Polatin, with their concept of "pseudoneurotic schizophrenia," and the pertinent writings of Adolph Stern, Robert Knight, Helene Deutsch, and William Frosch.

Having provided this historical infrastructure, Goldstein then tackles the formidable task of presenting a succinct summary of Otto Kernberg's comprehensive theory of the borderline patient. Enough detail is supplied so that Kernberg's concept of "borderline personality organization" can be compared and contrasted with the ego psychological diagnostic approach and the description-oriented DSM-III approach. In the latter category, the work of John Gunderson, Roy Grinker, and Robert Spitzer is summarized and contrasted with the more dynamic approaches. More idiosyncratic points of view, such as W. W. Meissner's ideas about a

borderline spectrum, and the classical analytic approach to border-
line patients espoused by Sander Abend, Michael Porder, and
Martin Willick are also detailed, as are the object relations ap-
proaches of Donald Rinsley and James Masterson, with their em-
phasis on separation-individuation, and the work of Gerald Adler
and Dan Buie, who emphasize the "holding introject."

At this point the reader, be he neophyte or experienced clini-
cian, becomes acutely aware of the diversity of perspectives from
which one can approach an understanding of the borderline pa-
tient. There is so much overlapping and contradiction that it is
very fortunate that the author uses ego functioning as his point of
reference. When the various systems are translated into ego psy-
chological terms, one sees greater concordance among them; such
an approach also serves to clarify and specify the discordances.
This enables the neophyte diagnostician and therapist to view each
patient as a unique individual, rather than forcing her or him into
some artificial category.

The value of Goldstein's ego psychological approach is amply
demonstrated in its application in the book to six clinical case
studies which are representative of the wide range of borderline
pathology. The cases are well selected and clearly presented, and
they illustrate commonly encountered clinical pictures. The author
devotes chapters to the diagnostic entities at opposite ends of the
borderline group. The discussion of narcissistic personality at one
pole includes a comprehensive, yet succinct summary of the work
of Heinz Kohut as well as that of Kernberg. There is a summary of
schizophrenia as well that includes the diagnostic formulations of
Kraepelin, Bleuler, Schneider, and the more recent research-ori-
ented systems.

The book concludes with a section on treatment, which is intro-
duced by a didactic description of various psychotherapeutic ap-
proaches, including psychoanalysis, analytically oriented psycho-
therapy, dynamically oriented psychotherapy, and supportive psy-
chotherapy. This offers the neophyte a welcome frame of
reference in deciding which treatment modality might be appro-
priate for the various kinds of borderline patients. The author then
devotes a chapter to the psychotherapeutic approaches advocated
by different authors. These include the expressive psychotherapy
of Kernberg, the object relations approaches of Rinsley and Mas-
terson and of Adler and Buie, the classical psychoanalytic ap-

proach of Abend, Porder, and Willick, and the supportive psycho-
therapy of Elizabeth Zetzel. Throughout, Goldstein emphasizes
that diagnostic evaluations and therapeutic decisions are best made
by assessing the patient's ego strength and ego functions. The
virtue of this orientation is that is provides a beacon to guide the
practitioner in making difficult choices. It has the negative effect,
however, of making the style of the book quite didactic and redun-
dant in places, as ego function inventories are repeated on nu-
merous occasions. This may make for tedious reading at times for
the more experienced practitioner, but for the student therapist, it
might provide just the right kind of repetition to promote under-
standing and clarification.

Goldstein presents the highlights of the diverse points of view in
clear, summary form, noting the positive aspects of each theory as
well as its convergence with and divergence from the other points
of view. He attempts to define the applicability of each diagnostic
and therapeutic approach to each subgroup of borderline patients.
For instance, he notes that the patients analyzed by Abend, Porder,
and Willick are high ego strength patients. Readers are provided
with what is needed to come to their own conclusions about the
utility of the various diagnostic systems and therapeutic ap-
proaches.

This book will provide a much needed primer for the psychiatric
resident or for the analytic candidate who is not thoroughly fa-
miliar with the literature on borderline patients. It also points the
way to the relevant literature that can provide a deeper, more in-
tensive exposition of the various points of view. It is particularly
meaningful that in order to address the diagnostic and therapeutic
problems posed by the protean group of borderline patients, one
needs to go back to very basic definitions of drive theory, ego psy-
chology, and object relations theory, as well as to fundamental defi-
nitions of psychotherapy.

WARREN H. GOODMAN (GREAT NECK, N.Y.)

BORDERLINE PSYCHOPATHOLOGY AND ITS TREATMENT. By Gerald
    Adler, M.D. New York/London: Jason Aronson, Inc., 1985.
    255 pp.

This is a welcome addition to the literature on borderline dis-
orders. It clearly and concisely formulates the author's under-

standing of the way in which failures in development contribute to
the borderline syndrome, and there are many clinical illustrations
of the way he uses his understanding in treatment.

Although many psychoanalysts feel, as I do, that the term bor-
derline refers to a broad, heterogeneous group of disorders, Adler
restricts the term to patients with certain cardinal symptoms of
terror of an utter aloneness that feels like annihilation, feelings of
inner emptiness, panic, and intense separation anxiety. He stresses
that these patients lose the capacity to hold on to the memory of
important objects when separated from them.

Adler concurs with Otto Kernberg's formulation that traces the
disorder to the very young infant's inability to integrate self- and
object representations, which are established under the influence
of libidinal drive derivatives, with those associated with aggressive
drive derivatives. Nevertheless, he feels that this "ambivalence
theory" does not satisfactorily explain the feelings of utter alone-
ness, emptiness, and annihilation panic. He writes:

> I believe that the quality and organization of introjects is important in the de-
> velopment and treatment of the borderline disorder, but *at a later point in devel-
> opment and at a later time in treatment* than is generally suppposed. Even more
> crucial to borderline psychopathology, in my view, and even more significant
> for treatment, is a *functional insufficiency and correlative instability* of certain kinds
> of introjects and identifications that are needed to sustain the psychological
> self. *The primary sector of borderline pathology, that is, involves a relative developmental
> failure in formation of introjects that provide to the self a function of holding-soothing
> security* (p. 4, Adler's italics).

Adler feels that borderline patients have not achieved solid evoc-
ative memory and are prone to regress under stress to recognition
memory only. At times of separation from the needed object, they
frequently feel that the object does not "exist." The failure to de-
velop adequate holding and soothing introjects and the incapacity
to achieve solid evocative memory indicate to Adler that these pa-
tients have considerable ego defects.

What Adler is saying is that it is an error to view major pathology
as involving failure to integrate the all-good and all-bad self- and
object representations. The borderline patient has failed to de-
velop positive introjections in the first place, he believes, and thus
cannot count on an internal sense of self-soothing or self-holding.

He or she is therefore vulnerable to constant disappointment, frustration, and threat of abandonment at the hands of others. These others must be considered "self-objects" rather than "objects," and the borderline patient cannot function without them. It is because of the failure to develop positive self-holding introjects that the patient frequently experiences a sense of utter aloneness and inner emptiness. Annihilation panic is experienced because the sense of self or the cohesiveness of the self is dependent on the self-object, and this dependency is extremely fragile.

I feel that Adler's theoretical formulations about the origins of borderline pathology present some difficulties. The first stems from what seems to me to be a misunderstanding of an aspect of Kernberg's views. Adler seems to believe that the positive and negative introjects are solidly formed prior to the development of ambivalence and prior to the necessity for splitting to preserve the positive introjects. It is clear to me that Kernberg believes that borderline patients have trouble maintaining positive introjects, precisely because of the arousal of aggression. It is not theoretically sound to claim, as Adler does, that what must come first is a laying down of the mental representations of positive introjects. We are not in a position to devise a chronological timetable for such processes, and, at any rate, positive and negative introjects are shaped from the outset by the libidinal and aggressive drives directed toward and aroused by the caretaking person.

I am also opposed to the attempt, at the present time, to be specific about the phase of development that is most crucial to the pathogenesis of the borderline personality. Currently, the crucial phase of development is said to be the first twenty-four months of life, with emphasis on issues of separation-individuation. By writing that a relative failure occurs in the formation of positive introjects and the capacity for evocative memory before the organization of introjects caused by ambivalence conflicts, Adler seems to be moving the etiological timetable to an even earlier phase of development. Although he is careful not to give precise ages for these impairments in development, his theoretical discussion and review indicate that he places them quite early in life. It is more likely that the formation of introjects and the development of the solutions to ambivalence take place throughout childhood. When I treat bor-

derline patients, I am more impressed by the ongoing influence of their entire child and adolescent development than by the exclusive pathological effect of the first few years of life.

We are often guilty of a genetic fallacy whereby we attribute current difficulties, which sound to us like remnants of early phase development, to actual impairment during those early phases. My view can be illustrated no better than from a careful reading of the case of Mr. A, which is the most thoroughly discussed in the book.

Mr. A came to treatment in his twenties because of a lifelong sense of emptiness, diffuse anxiety, and a lack of truly close friends. He rebuffed people who tried to be intimate with him and withdrew into an irritated reserve. The person who most often occupied his mind was his mother; such thoughts usually involved a sense of rage. He respected his father as a hard-working, reserved man with principles, who was dominated by his wife and who related to the patient at a distance. His mother was emotionally involved with the patient, but always in relation to her own wishes and needs, rarely, if ever, treating him as a separate person with his own identity. She would be either intensely close to the patient or so preoccupied with herself that she appeared to have forgotten him. She involved him in sensuous closeness, only to repel him in disgust when he responded.

The mother also had episodes of depression, during which she would take to her bed and become unresponsive to everyone. When angry, she would declare that she had made him and she could kill him, and as a child, he believed it. As if this were not enough, from early childhood, at least from age three, he was repeatedly sent by his mother to an emotionally distant aunt and uncle for periods of up to a year at a time. This seems to have taken place at first to ease the mother's burdens with a new baby. His parents also made a practice of sneaking off for evenings after he had fallen asleep. To ensure that he would remain in the house, they removed the door knobs and took them with him. Repeatedly, he awoke and found himself alone, trapped, and panicky for prolonged periods. He described the positive times of closeness with his mother as heavenly, but when sent away from her, he felt as if he had been stranded on a frozen desert.

Adler beautifully describes his work with this patient, with whom the transference quickly evolved into a repetition of his relation-

ship with his mother. Times with the therapist were experienced as wonderfully helpful and time away as a desert-like isolation. As rage at the therapist intensified, the patient stopped looking at him, fearing that his gaze would fragment the therapist's head into slivers of glass. He feared that he might "fall into the chest of the therapist and disappear," or when the therapist leaned forward in his chair, that the therapist could fall into the patient's chest and be totally absorbed. As his rage toward the therapist mounted, the patient began to act out, in self-destructive ways, in bars noted for homosexual perversion and violence. He began to experience terrifying periods when he could not summon up any image of the therapist and felt that the therapist *did not exist*. "On one such occasion he drank heavily and in a rage of aloneness and annihilation panic recklessly crashed his car into the side of a bridge" (p. 57).

With this history, which is not atypical for severely disturbed borderline patients, it seems unnecessary to postulate a failure in the development of positive introjects early in the course of life, prior to the development of intense ambivalence. Even if the care of this patient during the first three years of life had been exemplary, the treatment he received after age three *and throughout his childhood* would surely have left him with profound ambivalence and mistrust of any relationship.

Mr. A's childhood experiences, which were replete with multiple traumata and repeated separations and abandonments, obviate the need to postulate that severe failures in the very early years of life caused his feelings of aloneness and panic. His feelings were quite consistent with what he must have felt after the age of three when he was repeatedly sent away. In my opinion, the fear of falling into the chest of the therapist and disappearing, while it might have been a residue of merger fantasies, is not necessarily indicative of severe conflicts from the first year of life. Regressive oral yearnings, merger wishes, and overwhelmingly frightening aggressive fantasies can be expected to be aroused in such a child. I also feel that the failure to remember the therapist is a consequence of the patient's anger and self-protective needs rather than an ego defect or developmental failure.

Despite my reservations about some of Adler's formulations concerning the development of borderline pathology, I find his clinical descriptions, dynamic formulations, and treatment recommen-

dations to be excellent. In his insistence on the primacy of the transference experience of the patient, he deals with the most fruitful area of therapeutic work leading to growth and change in the patient. It is evident to Adler, and he makes it clear to the reader, that the patient is constantly trying to deal with his need to be loved and cared for, but is constantly afraid of his own aggression, aroused by his ambivalence, which threatens to destroy his relationship with the therapist.

Adler's book contains a number of excellent chapters dealing with technique, transference and countertransference issues, uses and misuses of confrontation, handling of severe regression, and indications for hospitalization. There are excellent discussions of the connection between rage and regressive loss of mental representations of important objects. There is a well done, informative section on aloneness, a very important subjective experience of borderline patients.

The treatment of all borderline patients cannot be outlined in any one book, as there is a wide variety of patients who fit into this group of disorders. What we can hope for is that any analyst who writes about their treatment will clearly show us how he or she thinks, will provide sufficient clinical material for us to make our own judgments, and will formulate ideas in a clear and comprehensive way. Gerald Adler succeeds in all these respects and he therefore deserves our gratitude.

MARTIN S. WILLICK (TEANECK, N.J.)

PATHOLOGICAL PLAY IN BORDERLINE AND NARCISSISTIC PERSONALITIES. Patterns of Real and Not-Real Meaning in Splitting and Denial; Love, Hate, and Ambivalence; and Social Ideology. By Irving Steingart, Ph.D. New York: SP Medical & Scientific Books, 1983. 139 pp.

The title of this book is only a partial statement of what the book contains. Even the addition of the subtitle does not yield a sufficient description. The book is a comprehensive overview of Steingart's own theory of psychoanalytic developmental psychology and psychopathology. It includes a carefully reasoned presentation of Piaget's work and brings it into the general framework of classical psychoanalytic theory. Along the way, Steingart considers ideas of

Freud, Hartmann, A. Freud, Jacobson, Kohut, Kernberg, Loe-
wald, and Winnicott, among others, to see where their theoretical
positions agree or disagree with his own. Venturing beyond de-
velopmental and clinical theory, he extrapolates into the area of
social values, ethics, and philosophy. Finally, almost as an after-
thought, he offers some brief suggestions about how his ideas can
be applied to clinical practice.

This is a difficult book. The ideas are stimulating, but one has to
wade through a great deal of densely written, highly reasoned,
theoretical material to follow them. There is essentially no clinical
material to provide guideposts along the way. As a result, the book
requires study rather than a mere reading.

Steingart introduces his thesis by examining Kernberg's postu-
late of "borderline personality organization" as a specific, discrete
psychopathological entity. Steingart agrees with those critics of
Kernberg who view his statements about "splitting" and "reality
testing" as inconsistent and insufficiently reasoned. To render the
theoretical approach more consistent, Steingart introduces the idea
that borderline patients manifest a special kind of reality testing
disturbance which he calls a "meaning disturbance," a kind of
"pathological play," a "perversion" of reality. To support his thesis,
he makes a careful examination of the literature on "splitting" and
"denial." He expands the definition of these terms to fit them in
with the "narcissistic personality disorder" as defined by Kohut.
"Splitting" is a crucial concept in Steingart's thesis. He disagrees
with Pruyser, who finds the term relatively useless, but he does not
agree with Lustman, the Kleinians, or Kernberg, who give it a
place in normal development and clinical health. He believes
"splitting" always implies psychopathology, within the "vicissitudes
of real and not-real constructions."

In Chapter 2, "Splitting and the Concept of Development," he
tries to understand the mind's slow organization in normal devel-
opment, before the development of id, ego, and superego, in order
to observe how pathological structures are formed. He specifically
discounts Kernberg's idea that integrative capacity in the first year
of life accounts for normal "splitting." He also believes that con-
cepts of "all-good" and "all-bad" are beyond the capacity of the
early psyche. It is difficult to formulate a developmental psychoan-
alytic psychology, partly because such a theory must "document

theoretically both emergent change and continuity in the life cycle
. . . for both psychic content and psychic function" (p. 13). To this
end, he critically reviews some of Kohut's self psychology and
Freud's concepts of the pleasure and reality principles, Eros and
Thanatos, and the "compulsion to repeat."

The "compulsion to repeat" becomes the nidus for his central
idea. For Steingart, the compulsion to repeat is not a regulatory
principal concerned with decrease of tension but an overriding
tendency of all organisms to use repetitive behavior. In the case of
humans, this repetitive behavior, which is beyond *all* of Freud's
principles, is "thought organization." Steingart views "thought or-
ganization" as either healthy or pathological; "splitting" he sees as
an "organization of consciousness instigated by psychopathology
which is a 'compulsion to repeat' the use of immature meaning
structure (function and content) in a core area of self and object
representations which govern emotional esteem, survival, and the
organization."

As background for his position, he turns to Piagetian thought, in
Chapter 3. Steingart uses examples of "preconcepts," Piaget's early
cognitive structures, to demonstrate how the young child's
thinking is centered on the perceptual or motor qualities of an en-
tity and how this thinking remains in the background as conceptual
development becomes more differentiated. Steingart states that
the "preconcept" remains in the form of "not-real" play. Children
normally move from play to "actual life" easily and flexibly. By
mid-latency, children have developed meaning structures, which
Piaget calls "concrete operations," out of their preconcepts. How-
ever, theorizes Steingart, if splitting and denial (disavowal) are
used excessively, a "meaning disturbance" will develop instead,
which he calls "pathological play." Since it involves a reality distur-
bance, he indicates, it cannot be considered neurotic; and, since it
does not entail a schizophrenic reconstruction of reality, it is not
psychotic. Therefore, it belongs to a third group of psychopa-
thology which includes borderline personality organization and
narcissistic character disorders.

For Steingart, the "meaning apparatus," either healthy or patho-
logical, that develops cognitively is influenced by and responsive to
the "pleasures and pains" of drive development, of narcissistic de-
velopment, and of the development of object relations. It is an au-

tonomous apparatus that is interdependent with all others and is central to any psychoanalytic developmental theory. Splitting and denial are a "use of an immature, preconcept, prototype image representation meaning apparatus in a core area of self and object representation, as a defense against conflicted experience. . . . No further development of meaning can take place in this core area of self and object representation" (p. 37). To Steingart, a grouping of all-good or all-bad self and object referents would be evidence of underlying splitting, just as grandiose and idealized images of self and of object would be evidence of underlying denial.

In the next chapter, Steingart reviews the literature to find statements to support his definitions. He chooses a quotation from Freud's *Outline* about "perceptions that bring to knowledge," and he cites Kernberg's idea that splitting and denial require less countercathectic energy than repression, to support his speculations. To me, these add little that is convincing to his thesis. He simply states that these ideas are consonant with his hypothesis that the "meaning disturbance" of the young child can lead to "pathological illusion" (i.e., perversion or fetishism), borderline personality organization, or narcissistic character disorder. Steingart believes that the "meaning disturbance" he posits underlies the peculiar transference manifestations seen in these patients. He states that in all of these cases, vivid perceptual and kinesthetic experiences enter into self- and object representations as preconcepts. In the narcissistic personalities, he feels, the grandiose self or idealized parent imago of Kohut are examples of preconcepts and are consistent with Piaget's concept of egocentrism.

Chapters 6 and 7 are extrapolations into the areas of "real and not-real" meaning in love, hate, ambivalence, and individual and social ideology. "Love" is a "biosocial longing" which begins preoedipally with the fantasy of an idealized "not-real perfect state" in contrast to the "actual" mother. Love is not just aim-inhibited sexuality, as described by Freud, but a "not-real" exaltation of drive in the form of tenderness and romance. The child is a grandiose lover who will fill a "hole" in the mother, as Winnicott has conceptualized. Unfortunately, these sections consist largely of speculations and hypotheses piled on speculations and hypotheses. One thing I find useful is Steingart's focus on the development and integration of "hate" as a part of normal development. He believes that the

integration of "hate" allows a child to "regulate the space between mother and child." All of these very early developmental activities antedate the formation of a "meaning apparatus." However, when he finally asks how it is that the "meaning apparatus" develops either normally or pathologically, Steingart opts for the unsatisfactory generalization that it depends upon the degree to which there is a "loving enough" mother who can tolerate hate.

In the next chapter, Steingart describes how, paradoxically, a healthy child can develop "not-real" aspects of life for "imaginative living." What was pathological and "not-real" in the earliest years, in latency and adolescence can become a healthy basis for ideals, values, abstractions, and creative imagination in art, science, ethics, and religion.

The final chapter contains some clinical observations to support his various theses. Certain sicker patients come to the transference with an unusual distortion of reality around the person of the analyst and/or themselves. For Steingart, it reflects the "meaning disturbance" underlying the transference and reveals itself in the "concrete," vivid imagery or nonverbal behavior of these patients. In a neurotic patient, one has to work to expose the transference. With these patients, the transference is distorted but seems real to the patients. The only clinical example Steingart offers is of a woman who experiences a sadistic thought, e.g., of his "penis on fire," and who sits on his desk to be concretely bigger than he, to make it easier for her to talk to him.

Steingart's ideas build speculation upon speculation, all very cogent but without clinical substantiation. Nonetheless, some of his ideas are very close to the conclusions we reached in our book, *Borderline Patients: Psychoanalytic Perspectives*.[1] They involve the immediacy of the transference, the more than usual distortions around the person of the analyst, and the tendency to act out. To Steingart, the "meaning disturbance" that distorts self and object images, however, is of greater importance than the dynamic conflicts. This view is very close to that of London,[2] who suggested a

[1] Abend, S. M., Porder, M. S. & Willick, M. S. (1983): *Borderline Patients: Psychoanalytic Perspectives*. New York: Int. Univ. Press.

[2] London, N. J. (1973): An essay on psychoanalytic theory: two theories of schizophrenia. Part I: review and critical assessment of the development of the two theories. Part II: discussion and restatement of the specific theory of schizophrenia. *Int. J. Psychoanal.*, 54:169-193

"specific" theory of schizophrenia. In opposition to the general theory of schizophrenia espoused by Arlow and Brenner,[3] he hypothesized that there might be a specific failure in the realm of object representation that consistently distorts the dynamic conflicts common to all patients. London's reinterpretation of Arlow and Brenner's example of a man who saw his wife's face cut up like a pie used ideas that are not dissimilar to the "preconcepts" described by Piaget and Steingart. This thesis is also consonant with the ideas presented by the biological psychiatrists who believe that depressive illnesses and biological panic states organize dynamic conflicts which are ubiquitous but are profoundly influenced by the underlying biological configuration.

Although Steingart and other authors who take a similar approach present a challenging hypothesis, I remain unpersuaded. Our current state of knowledge is just too limited to support their position. To me, the crux of the issue is whether or not the particular perceptual or kinesthetic imagery is pathognomic for the sicker patient. Unfortunately for their thesis, such imagery can occur both at the healthier and at the sicker end of the psychopathologic spectrum. For example, we know that vivid, disturbing, obsessional thoughts can occur in neurotic patients and that kinesthetic experiences can overwhelm a hysterical patient without either of these patients demonstrating the severe psychopathology of borderline or narcissistic patients.

On the other hand, one can present many examples of vivid perceptions which might support their thesis. One of my patients, after certain associations, had the sensation that a "plug" had been pulled out of her vagina and that her whole being was flowing out of her. Another, in a particular dynamic context, suddenly saw an image of herself with one crippled leg and one hypertrophied, swollen, ugly leg. For Steingart, such vivid imagery would exemplify a "meaning disturbance" underlying the dynamic conflicts that are responsible for the severity and fixity of the psychopathology. Not all our sicker patients, however, have such imagery or kinesthetic experiences, and the transference distortions they show do not necessarily demonstrate the presence of an underlying "meaning disturbance." I might add that psychosomatic patients,

[3] Arlow, J. A. & Brenner, C. (1964): *Psychoanalytic Concepts and the Structural Theory*. New York: Int. Univ. Press, pp. 144-178.

whose symbolism is often quite primitive, also do not fall into any one specific diagnostic category.

A great lack in the book is the absence of clinical data. If border-line pathology is the result of the persistence of "preconcepts" which underlie "splitting" and "denial," where is the evidence of this in sicker children? Does such imagery and/or kinesthetic experiences differentiate between neurotic and sicker children? I cannot find such clear distinctions in my adult patients. Borderline is a general term, not a specific diagnostic entity. The same can be said for narcissistic disturbances. I question the attempt to tie noso-logical categories to specific defense mechanisms, such as "split-ting" or "denial." Furthermore, Steingart's definitions of the latter terms are personal and may not coincide with the way that others define them. I believe that the "meaning disturbance" which he connects with borderline and narcissistic disturbances can be seen in all diagnostic categories and that the severity of the clinical picture is the result of excessive conflict rather than of any particular ontogenetic problem.

Nonetheless, the book does contain some important contributions. First and foremost is the attention drawn to the potential value of Piagetian ideas for psychoanalytic developmental theory. The section on the importance of hate in development is also interesting and provocative. Anyone willing to study this book, not just read it, will find it rewarding and stimulating, whether or not one agrees with the author's thesis.

MICHAEL S. PORDER (NEW YORK)

SON AND FATHER. BEFORE AND BEYOND THE OEDIPUS COMPLEX. By Peter Blos. New York: The Free Press. 1985. 186 pp.

The oedipal phase of development has been the target of consider-able scrutiny for some time. Its importance in the scheme of psy-chopathology, especially as related to preoedipal influences on psychic development, and its role in ego and superego develop-ment have been a source of much interest. This book is a signifi-cant contribution to this area of psychoanalytic investigation, and reaches beyond the oedipal period by examining its impact on de-velopment through adolescence.

Using a tightly knit style of dealing with theory, Blos has taken

issue with the prevailing view: "In the classical Freudian view, still prevalent in many quarters, the triadic oedipal situation overshadows all previous vagaries of the infantile mind and has kept the normative and fateful attachment emotions of the male child toward his dyadic father in the darkness of nonrecognition for a long, perhaps too long, a time" (p. 106). Blos feels that the early dyadic relationship with the father has been underestimated in the boy's development. He states that a central task of the boy in adolescence is renunciation and deidealization not only of the oedipal, but also of the preoedipal father. According to Blos, resolution of the conflicts involved is a precondition for developmental advance to adulthood.

The book is divided into three parts: the son-father relationship from infancy to manhood: an intergenerational inquiry; some literary references to the dyadic son-father connection; and toward an altered view of the male oedipus complex: the role of adolescence. Blos's extensive experience is reflected throughout the book not only in the clinical vignettes, but also in the very questions he raises and explores.

At the outset, Blos expresses his dissatisfaction with standard psychoanalytic terms. He prefers to use the term "dyadic stage of development" rather than "preoedipal," since the latter conveys no precise meaning. He also feels that the "positive" and "negative" oedipus complex, referring to "other-gender and same-gender directed" attitudes, have acquired pejorative meanings. He proposes the following terminology: "(1) dyadic allogender complex (for preoedipal positive complex), (2) dyadic isogender complex (for preoedipal negative complex), (3) triadic allogender complex (for positive Oedipus complex), and (4) triadic isogender complex (for negative Oedipus complex)" (p. 8). While his terminology clarifies the issues, it seems cumbersome for ordinary usage.

Blos not only clarifies terminology, but his terminology and theoretical stance indicate that his central focus is on object relations theory. This is a long way from the almost unused terminology of drive theory, with its oral, anal, and phallic phases of development. It is an issue which he touches upon but elects not to pursue. Revision of the theory of drive development, especially with regard to the phallic phase and its implications for female development and with regard to the effects of mother-child inter-

actions, has coincided with a relative abandonment of terminology connected to psychosexual development and to the influence of bodily experience on psychic development.

Blos is aware of the complexities involved in defining development, and in the service of pursuing his thesis he has not tried to encompass the totality of development in detail. For the same reason he does not take up the development of the girl, although he touches on the subject, expressing the belief that "the developmental lines of the male and the female child are each sui generis" (pp. 14-15). He states that he has been impressed by their differences more than by their similarities.

While the focus of the book is mainly on adolescence, Blos also covers the early relationship of the boy to his father. He sees the relationship as idealized, and indicates that the father is necessary not only for approval and recognition, but also as "a protector who reinforces his thrust toward autonomy and his resistance against the infantilizing regressive pull to the symbiotic mother" (p. 110). If the early relationship with the father remains fixated and excluded from the ongoing process of emotional maturation, the adult male will engage in an unceasing search for substitute fathers. I do not feel that Blos sufficiently stresses that this is an intrapsychic process within the adolescent, rather than being an actual search for a relationship with a person (e.g., the analyst). Blos uses Franz Kafka's autobiographical *Letter to His Father* and comments on Freud's Schreber Case and on Shakespeare's *Hamlet* to illustrate the importance of these details of the father-son relationship.

The book evokes considerable thought and stimulates one to take Blos's views very seriously. There is no doubt that the analysis of the father relationship is of crucial importance in the analysis of an adolescent male. But what of transference resistances, which displace psychic conflict onto the analyst? Is the idealization of the self, a ubiquitous phenomenon in adolescence, as pathological as Blos makes it out to be? Is male adolescent narcissism synonymous with attachment to the father, or is it an externalization onto the father? To what extent does the adolescent use the "father" transference as a defense against maternal conflicts? What impact does this knowledge have on structural theory, especially regarding ado-

lescent transformation of the ego ideal and superego? While Blos does address these questions, much is left to be explained.

In many ways, Blos has raised more questions than he has answered in his focus on the importance of the role of the father in male development, an area long neglected. One hopes that his observations can add to psychoanalytic theory rather than being used to substitute for the often neglected but invaluable basic theories of the role of drive derivatives and bodily experience in development. This scholarly book, which touches on core issues in psychoanalysis, deserves careful study.

CARL P. ADATTO (NEW ORLEANS)

DEPRIVATION AND DELINQUENCY. By D. W. Winnicott. Edited by Clare Winnicott, Ray Shepherd, and Madeleine Davis. London/New York: Tavistock Publications, 1984. 294 pp.

This selection of papers by Donald Winnicott includes some that have never been published before, some that appeared in obscure or no longer available journals, and three articles reprinted from his previous well-known collections. They all deal with the effects of less than good enough parenting upon the developing psyche. The papers are arranged in four groups devoted to the following topics: the problems encountered by children caught in the mass evacuation from London during the Blitz; the nature and origins of antisocial tendencies, with emphasis on developmental aspects of aggression, guilt, and the capacity for concern; group residential care of delinquent children; and individual therapy with delinquent youngsters.

The papers vary in length from one and a half to nearly thirty pages. There are letters, radio addresses, formal papers, and even some notes made on a train on the way home from a conference. They are all written in Winnicott's inimitable fashion. There is almost no psychoanalytic jargon. Concepts are presented in crystal clear language that, like haiku, is deceptive in its seeming simplicity. Winnicott's perspective is devoid of sentimentality and is refeshing in its candor. He speaks for Donald Winnicott, not for psychoanalysis. The book is personal, and one's reaction to it tends to be personal. One either likes Winnicott or one does not. I doubt that this book will add to or subtract from either camp.

Although it is not at first apparent, Winnicott is addressing the dynamics of a select group of "delinquents." This group does not include those who have suffered severe neglect beginning very early in life. Such youngsters have significant structural defects and require management rather than therapy. Among Winnicott's more refreshing points is that, contrary to usual practice, costly residential or individual treatment should be reserved for the *less* disturbed delinquents who are able to profit from professional intervention. The latter are those who have had adequate maternal care during the first two to three years, after which separation from parents during the Blitz, divorce, parental illness, or some other event has upset the applecart. The child struggles to reactivate the stolen "ideal" dyadic partner by an act of "stealing," in its generic sense. The delinquent act is an act of *hope*, associated with the unconscious fantasy of undoing painful, past deprivations by enacting the ideal that the world is a place where you can have whatever you want. Winnicott views this "antisocial tendency" as a ubiquitous potential, easily observed in the minimally disturbed or even "normal" person.

Winnicott writes that the denial of guilt when the "thief" is caught often is not a lie, but reflects a true defensive dissociation in which the child is (for a time) unaware of what he or she has done. Eventually, especially after the grilling the child receives from angered adults, the memory of the act is recovered, but it is devoid of affect—especially the affect of hope. Winnicott's contention is that such children are treatable only when they are denying their delinquency, as the denial is evidence of intrapsychic conflict. Once the shift has been made to defensive isolation, the conflict has been sufficiently resolved, so that therapy is difficult.

The last article in the book, a twenty-seven-page report of a single diagnostic session with an eight-year-old girl, is intriguing. It purports to show that interpretation of a series of drawings made by the girl during the hour "cured" her of her antisocial tendency. Not all readers will be convinced. Although there are many references to basic theoretical and technical psychoanalytic principles, they are rarely at the center of Winnicott's articles. His focus is mainly on preoedipal and ego developmental issues, but there is more than enough to refute the argument that Winnicott is not "truly" a psychoanalyst.

Winnicott makes many interesting points. Among them is that

even in war, there are children who find something comforting if not positive. It is the intrapsychic impact that counts; psychic reality is more important than external, "objective" reality. He also writes that the essence of foster care is in helping the child "feel at home" rather than in supplying food and lodging, and the child is an active participant in the process. Residential care and the courts, he notes, serve the function of gratifying society's demand for revenge; the conscious feeling of acting out of concern for the child's welfare is simply "sentimentality."

There are two interesting articles about aggression, one dated 1939 and the other 1964. The first shows how much Winnicott was influenced by Melanie Klein, for at that time he viewed the death instinct as the force behind all aggression. By 1964 his views had shifted; he saw clinical aggression as resulting from failures on the part of the facilitating environment, especially as it affects the discovery and definition of self and object boundaries. Much of this material presages Mahler's concept of rapprochement in the separation-individuation process and Kohut's ideas about the metamorphosis of infantile omnipotence. Like other prominent psychoanalytic developmentalists, Winnicott emphasizes the importance of the process in which the infant first enters into an intense, special dyadic relationship with its mother. This is an intrapsychic, subjective selfobject relationship at first, rather than a "social" one. The infant then must separate and individuate out of this as the next important intrapsychic process. In many ways, Winnicott seems unique, even at times idiosyncratic, but one *can* locate him in several of the important streams of psychoanalytic thought.

Some have expressed regret that Winnicott never "pulled together" his developmental concepts into a single explicable theory, and I have often shared that view. Reading this latest volume of papers by Winnicott from start to finish, as opposed to the more usual random browsing that his work invites, however, provides help in this regard, as one finds a thread that unites the disparate sections. Winnicott offers a point of view more than he does a theory, and it is evident in all that he writes. It is that we survive early infancy via the *illusion* of a facilitating environment that is the totality of the universe and has no other agenda besides us; we then need to struggle with a lifelong process of *disillusionment*. His is a philosophical as much as a clinical perspective. His articles are addressed either to the way in which the illusion is created, i.e., via

good enough parenting, or the way in which people cope with the disillusionment, i.e., via the use of transitional phenomena, by the adoption of antisocial tendencies, or by the development of a capacity for concern.

Winnicott puts this in a most moving way, in his David Willis Lecture, included in this volume. I quote from it (p. 220): "A great deal of growing is growing downwards. If I live long enough I hope I may dwindle and become small enough to get through the little hole called dying. I do not need to go far to find the inflated psychotherapist. There's me. In the decade called the thirties I was learning to be a psychoanalyst, and I could feel that, with a little more training, a little more skill, and a little more luck I could move mountains by making the right interpretations at the right moment." He goes on for a paragraph to describe further his fantasies of therapeutic omnipotence. Then he states, "I have made this sound silly, but I don't mean it to be so; I simply mean that that's a kind of beginning. But sooner or later the process of growing smaller starts, and it's painful at first, till you get used to it."

Much, if not most, of Winnicott's writing describes the struggle involved in the process of getting used to it. To some psychoanalysts, such material is not "psychoanalytic," but I find it useful to have our attention drawn to a dimension of psychological life that is not at the center of psychoanalytic interest but certainly is at the center of everyone's mind.

I recommend this book heartily to those who appreciate Winnicott's writing. I also recommend it to those who work with delinquents and in residential facilities. Winnicott has many important things to say. He wrote them thirty and forty years ago but they still are worth hearing. It is also a good book for someone new to Winnicott's writings, though the two earlier collections of his papers contain more of the "essential" Winnicott.

J. ALEXIS BURLAND (BALA-CYNWYD, PA.)

DENIAL AND DEFENSE IN THE THERAPEUTIC SITUATION. By Theodore L. Dorpat, M.D. New York/London: Jason Aronson, Inc., 1985. 293 pp.

Dorpat proposes that denial, not primal repression or splitting, is the basic, primordial defense. He provides, in ten chapters, a com-

prehensive review not only of the psychoanalytic and psychiatric literature on denial, but also of the work of cognitive psychologists relevant to his thesis. Making use of analytic illustrations, he builds up a cognitive arrest theory of denial and defense, after which he proceeds, in the next four chapters, to examine the importance of defense in interpersonal communication. He asserts that the analyst's disavowal of the reality of his interventions in the "here and now" in the analytic encounter can lead to unwitting collusion. Emphasizing denial in projective identification, Dorpat describes the working through of denial as including the interpersonal dimension of the "internalization of patient-analyst interactions" (p. 245). The last two chapters examine denial and memory pathology in relation to brain function from the perspective of cognitive psychology and neurology. The phenomenon of anosognosia is explained in terms of both psychodynamic and neurophysiological hypotheses.

Dorpat bases his unifying theory of denial and defense on a broad definition of denial as "the unconscious repudiation of some or all of the meanings of an event to allay anxiety or other unpleasurable affects" (p. 2). Apparently preferring (as did Strachey) the term "disavowal" (*Verleugnung*), Dorpat focuses on denial as a *psychic* mechanism, reminding us that when patients talk of expelling, rejecting, splitting, casting out, they are speaking metaphorically. Dorpat's "cognitive arrest theory" states that the denier aborts his or her cognition process before transforming presymbolic and embryonic forms of thought into verbal thought. In short, denial prevents the formation of verbal ideas; it does not involve the expulsion, rejection, or splitting of ideas. His review of Freud's concepts of decathexis and anticathexis leads Dorpat to conclude that Freud's dualistic theory of the basic defenses—(1) repression, for dealing with forbidden instinctual demands, and (2) disavowal, for dealing with painful perceptions from the external world—is inconsistent with newer understanding of the mechanisms of cognition and perception.

Dorpat argues that Freud erroneously assumed that the denier first forms an accurate conscious perception and then disavows the normal perception. This differs from the cognitive arrest postulate that disavowal *prevents* conscious perception of a threatening stimulus (p. 166). I would question whether the cognitive arrest theory holds true for *all* denial, since there are times when it appears that

it is an accurate perception which is disavowed. I would raise as a research question: under what conditions—developmental, environmental, characterologic, etc.—does cognitive arrest occur? Dorpat proceeds from his theory of cognitive arrest to the conclusion that there is only one pathway to consciousness. He states that primal repression and denial are identical.

Dorpat describes four phases of the "cognitive arrest" he postulates: (1) preconscious appraisal of danger or trauma; (2) painful affect; (3) cognitive arrest; and (4) screen behavior. The cognitive arrest schema begins with a preconscious appraisal of a situation that leads to a wide range of painful affects not limited to anxiety, but including shame, guilt, helplessness, etc. The subject turns his attention away from what is disturbing him to *something else*. Dorpat views the function of many defense mechanisms as further covering up what has been kept initially from reaching awareness. The reader is given detailed clinical material that convincingly demonstrates the sequence of denial and cover-up.

In the second part of the book, Dorpat examines the interpersonal and communicative aspects of defense. His cognitive arrest theory sheds an interesting light on what we construct in the process of reconstruction, since he argues that the past, because of cognitive arrest, often is not accurately perceived. Dorpat's approach seems to blend the contributions of Kernberg, Kohut, Modell, and Langs. In this half of the book, regrettably, the tone of his discussion of the case reports of other analysts is tarnished at times by his making interpretations about the analyst's countertransference that go beyond the available data. This tone detracts from the clinically useful points he makes about collusions based on shared denial—gaslighting, pseudomutuality, blaming the victim, defense transference interpretations, etc.—that cover up important countertransference difficulties of the analyst.

Dorpat's ideas are useful in a number of ways. He invites, challenges, and sometimes provokes the reader to re-examine his or her fundamental theoretical and clinical assumptions. He stirs thought about the connection between the intrapsychic and interpersonal dimensions of defense. Dorpat's attention to how we focus our attention toward and away from reality helps to illuminate the complex phenomenon of consciousness. His focus on difficulties in self-awareness is useful clinically. He emphasizes that

denial is closing one's eyes to the outside; repression is closing one's eyes to the inside. The basic psychic mechanism is not seeing.

Dorpat takes his argument too far in trying to fit square pegs into round holes as he attempts to build a unitary, one-pathway, all-inclusive theory with primary emphasis on cognition and perception. Yet psychoanalysts have much to learn from Dorpat's cognitive emphasis. In this reviewer's opinion, a truly modern comprehensive theory will require advance in our theory of affects. Dorpat's cognitive arrest theory can help in this regard. For example, it can be used to develop a new understanding of panic, a phenomenon of current psychopharmacologic interest, but one neglected in the psychoanalytic literature on anxiety and phobia. His cognitive arrest theory is an original and provocative hypothesis with much to recommend it. Whether it will stand the test of time and be validated by other clinicians must remain *sub judice*. But whether one agrees with Dorpat or not, I am sure that everyone who reads this book will profit from it.

AXEL HOFFER (BROOKLINE, MA.)

THE WELLSPRINGS OF LITERARY CREATION: AN ANALYSIS OF MALE AND FEMALE "ARTIST STORIES" FROM THE GERMAN ROMANTICS TO AMERICAN WRITERS OF THE PRESENT. By Ursula R. Mahlendorf. Columbia, S.C.: Camden House, 1985. 292 pp.

Marshaling various strategies, psychoanalytic literary criticism seeks to penetrate the "impenetrable barrier" of artistic form that Oscar Wilde valorizes in his critical dialogue, "The Decay of Lying":

> Art begins with abstract decoration, with purely imaginative and pleasurable work dealing with what is unreal and non-existent. This is the first stage. Then Life becomes fascinated with this new wonder, and asks to be admitted into the charmed circle. Art ... *keeps between herself and reality the impenetrable barrier of beautiful style or decorative or ideal treatment*. The third stage is when Life gets the upper hand, and drives Art out into the wilderness (italics added).

Such an endeavor is not without risk. Art may—temporarily—be driven "out into the wilderness"; too much psychoanalytic criticism naïvely equates the figurative with the wild. But, of equal concern to psychoanalysts, criticism of this genre may ensnare psychoanalysis as well, so that a double exile occurs.

A case in point is *The Wellsprings of Literary Creation*, an examination of seven works of fiction that depict a period in an artist's life or describe a creative moment. Stemming from widely different literary eras, these works portray a variety of artists. Some, like Mozart and the eighteenth century German poet, Lenz, actually lived; some are totally fictional. Nathanael in E. T. A. Hoffmann's *The Sandman* is familiar to psychoanalysts from Freud's paper, "The Uncanny"; he is a poet of sorts with a comic if fatal propensity to equate automata with living people and his life with romantic melodrama. The artist of Kafka's *Josephine, the Singer, or the Mouse-Folk* is—ostensibly—a mouse; this late novella, like much of Kafka's other work, is so dauntingly opaque and beautifully enigmatic that it defies the very enterprise of interpretation itself, much less the confident conclusions Mahlendorf draws.

Mahlendorf finds the wellsprings of literary creativity in mother-child symbiosis and its later developmental vicissitudes. Drawing on Kris, Winnicott, Balint, Kohut, and Mahler, she asserts that creative writers experience a close tie with their caretakers that is traumatically disrupted. As a result, they are left with "fluid ego boundaries" and abilities to blur inner and outer reality and to hold opposites in mind simultaneously. Through their mature artistic productions they reintegrate and gain mastery over these background deficits/assets, more or less successfully. Moreover, she postulates that we are privy to these presumed inner psychological processes through the window of their fiction.

Mahlendorf summarizes her findings in her final chapter, "The Anatomy of the Literary Muse":

> The creative process of the writer as described in the artist story of our day embodies the important processes of the writer's psychological development. . . . Moreover, we will relate the writer's life patterns (especially the pattern of the earliest symbiotic relationship that conditions the succeeding stages) to the style of the artist's creativity (i.e., the response patterns to the symbiosis) (p. 187).

> Aesthetic form is therefore more importantly rooted in a writer's early development than even matters of content (p. 216).

Nietzsche cautioned that all philosophical questions are ultimately about epistemology; this is good advice when we enter the thickets of psychoanalytic literary criticism. How do we know what we think

we know? What are the assumptions that precede a selection of evidence, structure the fashioning of an argument? These considerations are notably and regrettably absent in Mahlendorf's book, though they are at the very heart of applied psychoanalysis and of psychoanalysis itself. All criticism—including the book review you are reading right now—grounds itself in a perspective. We see nothing until we have a way of seeing; however, the way of seeing requires explication as much as the seen. Oscar Wilde talks of style as an "impenetrable barrier" before life; Mahlendorf sees style as a clear pathway to the artist's early life and psychosocial development. Which of these critical views is a tinted lens, which a transparent window?

The author's basic assumption is that fiction about artists is truth about the author of the fiction. She states that "when an author composes a story about another artist, he lays bare the psychological roots of his own creativity" (p. xv). She asserts that artist stories reveal facts about their author's inner conflicts and personality development in remarkable detail. She does remind us at one juncture (p. 210) that writers represent only aspects of their creative struggle in their fictional narrators and artist-protagonists; also, they differentiate narrator and protagonist, often depicting the narrator as overcoming the psychic conflicts the protagonist succumbs to. Nonetheless, this type of critical inquiry in effect erases the boundaries between author, narrator, and protagonist. Each reflects each, even if in reverse. Artist stories plausibly lend themselves to this type of critical approach, but is the plausible necessarily true? Or wholly true? Much psychoanalytic thought would dissuade us from such a convenient explanation. Too, what alternative understandings of art are excluded by seeing it as an embodiment of the author's psyche? As Meyer Abrams points out in *The Mirror and the Lamp*, only since the early nineteenth century has such a focus on the artist's mind and personality, though always extant in literary theory, predominated over alternate understandings of art; for example, that art copies physical nature or that art teaches right values. The view that in the artist story the author is writing about himself is only one among many possible understandings of such works. In the realm of psychoanalytic literary criticism, where so much is asserted, often so unconvincingly, attention to the nature of the evidence for such assertions and to

alternative understandings is as sorely needed as it is usually absent. This text does not correct this lack.

With fiction so easily equated with fact, this text banishes the art in art, an exile the author would herself protest. Art as illusion—profound, beautiful, even transforming illusion, but illusion nonetheless—is ignored in such formulations. These stories are *fiction*, and that fact Mahlendorf glosses over. Consequently, her assertion that they provide evidence for a realistic reconstruction of authorial character is at least open to serious question. In their fiction about artists, are writers necessarily being less fictional than with other subject matter? We may suspend disbelief and permit ourselves to feel as if such accounts bring us into direct, unmediated contact with the artist and artistic creation. But what is the writer doing with us, artistically and technically speaking, to induce such experiences? How is he using language, plot, or characterization to create certain effects in us and make us view the creative artist in a particular way? Writers through the ages have depicted artists and the moment of artistic creation. How do changes in the intellectual and literary climate, and the social and even economic locus of the creative artist, frame or at least influence such portraits? Deliberately or not, writers may want us to view the creative individual differently at different historical junctures. Is art then, as ●scar Wilde might say, a particularly beautiful way of telling lies and getting us to believe them? If so, we flounder in dense underbrush if we equate such accounts with psychological findings about the creative individual.

In addition to repressing the fictionality of fiction, other methodological problems abound in the author's use of biographical material. Such accounts are not necessarily objective; biographers have vested interests in their subjects and autobiographers may be particularly tempted to present themselves in a certain light. Scholarly inquiry can help fill in these gaps, but since any fresh inquiry is itself rooted in a perspective, it creates new gaps at the same time. Apart from these crucial demurs, the way Mahlendorf uses such material vividly exemplifies the quandaries of all psychobiography. For example, here she is describing the father of Eduard Mörike, the nineteenth century German author of the subtle and light-hearted short story, "Mozart on the Way to Prague":

> . . . stern, self-disciplined, dedicated to life's serious business, [he] had little time

for his children. In an autobiographical account, Mörike mentioned his father's neglect with resentment and regret. . . . The mother was a happier person, devoted to her children. . . . Mörike was lonely and sensitive. He liked to hide in the attic and write poetry. When he was eleven his father had a stroke. During the following three years, the boy watched his father die (p. 81).

Later, noting Mörike's problematic career as a clergyman, his residing with his mother and sister, and his semi-invalidism, she concludes:

In Mörike's life we find a suspension between paternal and maternal poles similar to that observed in the Mozart novella. Estranged from the awe-inspiring father, over-attached to the loving mother, the adolescent *must have* felt the father's illness as a punishment for which he, the son, was to blame . . . [T]he invalidism *must also have had* the function of atonement, protecting him against his oedipal feelings, and keeping him in pre-oedipal dependency (pp. 82-83, italics added).

The interpretation that Mörike's invalidism was a compromise formation is plausible. It could be true. But is it? And can we ever know, given the nature of the data available to us in such psychobiographical inquiries? Then why the phrase *must have*? Does it divert us from the core question, applicable to all applied psychoanalysis, about the status of such reconstructions in the absence of an actual analytic situation? Are they fictions themselves? Or are they, as Freud hoped, persuasive proof for the unbelievers that the truths of psychoanalysis—such as they may be—are not constituted by the analytic situation, but are discoverable in nonclinical realms as well, like art and the parapraxes of everyday life?

Different methodological dilemmas imbue Mahlendorf's examination of a short story by the innovative German writer Georg Büchner (1813-1837) about the poet, Jakob Lenz, who died in 1792. Relying on this fictional work and certain biographical sources, she concludes:

Lenz's relationships [as depicted in the short story] fall into a pattern which reflects his early childhood and allows us to reconstruct his early development and the origins of sensitivity and defenses (p. 49).

In the story Lenz is intensely attached to the rural pastor who offers him refuge. Mahlendorf concludes that this attachment "is a transference in which we can see Lenz's actual father reflected. Büchner's genius knows how to evoke the past relationship in the present" (p. 51). These are startlingly assured reconstructions in-

deed. But who is the Lenz of the story "Lenz," on which they are based? Büchner was never personally acquainted with him; he based his story on a diary kept by the pastor who took Lenz into his home during a troubled period in the poet's life. "Lenz" is a text on a text. Which Lenz is it, then, who has an early development? A fictional character—even one based on a historical person—has no life other than the words on the page, no history prior to the story's beginning. The real Lenz had an early development, but is it knowable to us with such assurance through fictional representation and biographical fragments? To assume so is to profoundly misunderstand the essence of art—and of the psychoanalytic enterprise.

Mahlendorf relies on psychoanalysis as though it were a confirmed body of knowledge to which art and artists can be referred, a truth that both precedes and follows after fiction, enclosing it in a naturalistic snare. She thereby distorts psychoanalysis, as she does art. For example, few analysts or analysands, after even the most thoroughgoing work, would assert that they had recaptured the deep preverbal past with quite the verisimilitude the author claims for her artists. Many, if not all, psychoanalysts would question any one-to-one link between adult psychological functioning and childhood trauma, suspected or proven. Mahlendorf is not perplexed by such questions. In the actual clinical situation it is no easy task to discern what the analysand is allowing into awareness and what he or she is keeping from awareness at any given moment. Resistance is manifold and subtle, and we are always in its net. Yet, the author facilely distinguishes unconscious and conscious, defense and conflict, in fictional texts. Such an arbitrary decoding reveals how little the application of these concepts adds to our understanding of fiction. It also implies that making the unconscious conscious is an easy if somewhat mechanistic job. Even a minimum of clinical experience persuades otherwise.

Psychoanalysis is at its best when it questions itself in its most *heimlich* of settings, the clinical situation. Is psychoanalysis art or science? Both? Neither? Can we even pose the question? Do we find repression, conflict, defense, and transference in the clinical interaction because we have so construed it that no other discovery is possible, so that confirmation is always obtained? Or if we try to free ourselves from "memory and desire," as Bion advised, is real

discovery still possible? These troubling and salutary questions are at the very heart of our clinical work and cannot be set aside by the construal of interpretation as convincing narrative rather than scientific hypothesis. Such a reframing of our activity does not alter our dilemma. This same dilemma is vividly exemplified in psychoanalytic literary criticism as well. The author of *The Wellsprings of Literary Creation* might have held up a mirror to reflect it for us, but she assumed she was looking through a window onto an originating watery wilderness.

PATRICIA WESLEY (NEW HAVEN)

FRIENDS AND LOVERS. THE PHENOMENOLOGY OF DESIRE IN SHAKESPEAREAN COMEDY. By W. Thomas MacCary. New York: Columbia University Press, 1985. 264 pp.

Norman Holland once remarked that "Psychoanalysts seem to take to *Hamlet* like kittens to a ball of yarn."[1] We can extend that image to include the Shakespeare tragedies as a whole; but not so, the comedies. In one survey of Shakespeare scholarship during a fifteen-year period (1964-1978), every single play had been written about from a psychoanalytic perspective, but the tragedies were explored more than three times as frequently as the comedies.[2] Prior to 1960, there was an even greater disparity. However, that appears to be changing. MacCary's book is one of several recent publications that indicate a renewed and more psychologically sophisticated interest in the comedies.[3]

A professor of classical and comparative literature, Thomas MacCary has given us a book that is both concise and comprehensive, scholarly and readable. Introductory chapters on "The Psy-

[1] Holland, N. N. (1966): *Psychoanalysis and Shakespeare*. New York: McGraw-Hill, p. 163.

[2] Willbern, D. (1980): A bibliography of psychoanalytic and psychological writings on Shakespeare: 1964-1978. In *Representing Shakespeare. New Psychoanalytic Essays*, ed. M. M. Schwartz & C. Kahn. Baltimore: Johns Hopkins Univ. Press, pp. 264-288.

[3] The essays in the Schwartz-Kahn collection represent the tragedies and the comedies about equally. See also Wheeler, R. (1981): *Shakespeare's Development and the Problem Comedies*. Berkeley: Univ. of Calif. Press; and Westlund, J. (1984): *Shakespeare's Reparative Comedies: A Psychoanalytic View of the Middle Plays*. Chicago: Univ. of Chicago Press.

choanalytic Tradition," "The Comic Tradition," and "The Philo-
sophical Tradition" are followed by discussions of ten of Shake-
speare's plays, grouped as "The Early Comedies," "The Mature
Comedies," and "The Late Romances." Notes are plentiful and in-
formative, and MacCary closes his book with a summary in which
he presents his main points in outline form for quick review or for
an introductory scanning.

Traditionally, comedy is that dramatic form which is thought of
as affirming and restorative: the resolution of conflicts (often of
mistaken identity) leading to restoration of order, the affirmation
of the virtues and conventions such as marriage, and the promise
that everything will work out all right. Conventional psychoanalytic
criticism has read the Shakespeare canon as derived largely from
oedipal situations, although by the 1960's Holland was beginning
to write about the wide range of defenses used in Shakespeare's
characters, including splitting, isolation, and particularly projec-
tion. At that time he saw the main distinction between the tragedies
and the comedies to be this: in tragedy, the defenses fail; in
comedy, the defenses are built up and succeed.[4]

MacCary points out the inappropriateness of simple oedipal
triumph as a metaphor for what happens in Shakespearean
comedy. Oedipal situations abound, it is true. Young men vie for
the daughters of strongly attached fathers; but rarely do the young
men take control of circumstances and, through their own efforts,
win the object of their desire. They tend to be weak and ineffective,
the accidental beneficiaries of good fortune, rather than its active
engineers (p. 29).

For MacCary, all serious comedy is concerned with identity; and
the Shakespearean comedies "trace a pattern of desire which is
originally and even ultimately narcissistic" (p. 3), in which young
people mirror themselves in the objects of their desire. Love, espe-
cially adolescent love, is the content; and these plays typically
present the action from the point of view of a young man who
must learn about love, and in doing so, learn who he is. In the
action of these plays, as in the "development" of these characters,
MacCary sees this "phenomenology of desire" in four progressive
stages of identity formation, as reflected in object choices:

> [F]irst, they love themselves (or seek themselves); then, they love mirror images

[4] Holland, *op. cit.*, pp. 338-339.

of themselves in twins or friends; after that, they love those same images in transvestized young women; finally they learn to love young women in all their specific, unique, and complex virtues. . . . Above all, it is Shakespeare's insistence that a lover can love only when he is secure in his own identity (p. 5).

In this pattern, MacCary traces the development of desire from the search for the self to the gradual acceptance of difference and independence in the other. This pattern pertains to individual ontology of desire but also, according to MacCary's analysis, to the progressive development of the Shakespeare plays: the object of desire, in the early comedies, is usually a friend; in the middle comedies, a transvestized young woman; and finally, in the late romances, the young daughter of a middle-aged father (p. 20). In these later plays, the focus tends to shift from the young man's identity quest to the older father-figure's struggle with renunciation of his control over his young daughter.

Such male bonding is a necessary developmental stage for these young men to be able to progress from narcissistic to object love. However, in the misogynous world of Shakespeare, it is also a defense against the threat of the overwhelming preoedipal mother, which is raised when these young men contemplate committing themselves to young women in courtship or marriage. Of all the young heroes in the early comedies, only Petruchio in *The Taming of the Shrew* is without male companions. MacCary claims that this lack of male support to secure him in his own identity results in Petruchio's violence toward Katharina (p. 125).

MacCary's thorough familiarity with Greek comedy provides an informative background for his discussions of oedipal versus preoedipal comic elements. He makes the claim that "the most satisfying comedy is that which raises memory traces in the audience of the earliest stages of development" (p. 54). This is his explanation for his assertion that the Old Comedy of Aristophanes, which deals so explicitly with preoedipal material, is more deeply satisfying than the predominantly oedipal New Comedy of Menander. Although he selectively points out the many instances of "narcissistic orientation of desire" in the Shakespeare plays, MacCary does acknowledge a combination of both oedipal and preoedipal elements in "an intricate interweaving of references to different stages of individual development with their appropriate or perverse orientation of desire and determination of identity" (p. 54).

MacCary takes his psychoanalytic grounding from Freud and,

among more recent contributors, from Lacan on theory of desire, and from Kernberg on narcissism and psychology of love. While theoretical purists would find some disagreements with MacCary's application of these theories, on the whole he has used them profitably to open up new understandings. With its more extensive study of the comedies, *Friends and Lovers* is a welcome companion volume to Coppélia Kahn's excellent book on masculine identity in Shakespeare.[5] Both authors recognize the misogyny resulting from men's fear of the overwhelming preoedipal maternal figure. However, in examining a broader range of the plays, Kahn focuses on a more varied pattern of masculine identity formation, including violent rivalry with other men and avoidance of or dominance over women. In concentrating on the comedies, MacCary in general is dealing with younger, gentler, and weaker men. The two authors' interpretations of *The Taming of the Shrew* make for interesting comparison: Kahn emphasizes Kate's response to male oppression, while MacCary sees Petruchio lacking the needed support of other men to face the threat of women.

The bulk of this slim volume consists of individual discussions of ten plays, which MacCary uses to illustrate his thesis about desire and identity in the narcissism of the characters. As welcome as these illustrations are, however, one of the joys of this book is that MacCary does not lose himself in detail but makes some larger pronouncements about life and love, and the problems of both. Here are some samples. "Love in Shakespeare, as in life, is not an idle entertainment, but a compulsive attempt to establish identity" (p. 159). "Men more grossly misread themselves in tragedy than in comedy, since men in tragedy see themselves and their world as constant, whereas men in comedy must accept change in themselves and their world" (p. 238). "Men must learn to accept age and change in the object of their desire" (p. 222). "Shakespeare gives to men the shaping grace and creative energy which earlier poets and philosophers had attributed to God" (p. 223).

MacCary makes a convincing case that Shakespeare's comedies are also serious dramas, capable of yielding insights about human nature that are less visible in the more widely studied tragedies.

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[5] Kahn, C. (1981): *Man's Estate: Masculine Identity in Shakespeare*. Berkeley: Univ. of Calif. Press. Reviewed in this *Quarterly*, 1983, 52:629-634.

"Shakespearean comedy remains finally unappreciated if we do not understand how it poses the problems of man's search for himself in his own terms, i.e., identity in similarity rather than identity in difference" (p. 20). One could complain that MacCary sometimes seems to be making the patterns rather than finding them in the texts, or that he overemphasizes narcissism, or that he disappoints by having omitted *The Tempest* from extensive consideration; but these have the weight only of unimportant quibbles in comparison to the delight he offers for Shakespeare lovers to rethink favorite plays and characters from a new perspective.

RALPH E. ROUGHTON (ATLANTA)

THE LEADER. PSYCHOHISTORICAL ESSAYS. Edited by Charles B. Strozier and Daniel Offer. New York/London: Plenum Press, 1985. 324 pp.

This volume originated in a 1979 conference on the implications of Heinz Kohut's work for the study of leadership. Strozier and Offer report that they "worked with the papers from the conference, elicited other contributions, and, over four years, researched the topic of leadership on our own" (p. xiii). In my judgment, the results are not commensurate with the labors which brought them forth. With one exception, the contributions are undistinguished; the editorial framing of the essays is not illuminating; and the case for the value of a self psychological approach to the study of leadership is not convincingly made.

I will take up the essays in turn. Strozier's "Lincoln and the Crisis of the 1850's: Thoughts on the Group Self " is an attempt at an analysis of collective political experience. It focuses on Lincoln's famous "house divided" speech of 1858, which in substance "outlined a remarkable Southern conspiracy to nationalize slavery" (p. 89). Strozier finds Lincoln's position problematical because it was unsupported by evidence, was implausible, and seems out of keeping with Lincoln's compassionate and rational character. But it was of a piece, Strozier contends, with the national mood of the 1850's, when the "dark shadow of paranoia that has always lurked on the fringes of American politics and culture came to block out the sun entirely. Suspiciousness reached extreme proportions" (p. 93). Lincoln "sensed the crisis and made it his own. He articulated

his latent meaning as few others could. . . . The fact is that para-
noia pervaded people's minds. Lincoln responded empathetically
[*sic*] to their deepest fears" (p. 92). Why this outbreak of paranoia?
Strozier views it as symptomatic of the "fragmentation of experi-
ence of the group self" (p. 96). This in turn generated rage: "The
fury of war perhaps most accurately expresses the collective ver-
sion of the temper tantrum, while elaborately structured systems of
hate, fear, and suspicion can be built into social institutions in the
same way a narcissistic patient so often organizes himself or herself
around rage" (pp. 105-106). Yet out of this collapse of the collec-
tive self came Lincoln the President, "our nation's greatest hero"
(p. 107), no longer the mirror of national paranoia but rather its
transcendence. How this transformation took place is left unex-
plained.

Let us leave to one side the objections a historian might put for-
ward to the speculative nature of Strozier's interpretation. Still we
might ask: Assuming a paranoid break in both Lincoln and the
nation, what occasioned it and how, psychologically, do we explain
it? As to the former, Strozier follows the lead of most psychohis-
torians in presenting economic and political data without, how-
ever, treating them theoretically. His approach is one-sidedly psy-
chological. Indeed, it may be that Lincoln saw the political situation
more clearly than Strozier does. The Union could not endure "per-
manently half *slave* and half *free*" (p. 89). Lincoln perceived an ir-
reconcilable opposition of interests between North and South. If
Southerners perceived it as well, wouldn't they attempt to act in
concert to extend the slavery system? If, in other words, Lincoln
responded to the crisis of the 1850's in a somewhat paranoid
fashion, he was nonetheless reacting to a good deal more than a
mood of the group self. As to psychological explanation, a Ko-
hutian interpretation of these events is not as convincing as one
based on Freud's[1] or Bion's[2] conceptions of group psychology.
Good psychoanalytic interpretations grow out of the data; Stro-
zier's seem added on to them.

The tendentious quality of self psychological interpretations is
even more pronounced in Hyman Muslin's and Prakash Desai's

[1] Freud, S. (1921): Group psychology and the analysis of the ego. *S.E.*, 18.
[2] Bion, W. R. (1961): *Experiences in Groups and Other Papers*. New York: Basic
Books.

"The Transformations in the Self of a Mahatma Gandhi." For example, they report the well-known facts concerning the death of Gandhi's father. The elder Gandhi was injured on his way to his son's wedding when the latter was thirteen. He never recovered from his injuries, but he lingered on for about three years. The son nursed the father throughout this time. When his father died, Gandhi was having sexual intercourse with his wife: "I felt deeply ashamed and miserable! . . . I saw that if animal passion had not blinded me, I should have been spared the torture of separation from my father during his last moments" (p. 115). The authors comment that throughout Gandhi's life, "he related this incident as a manifestation of his shameful wish to have carnal union with his wife, omitting his sense of deprivation and attendant narcissistic rage at being denied the last measure of the long-coveted reward for his filial devotion" (p. 115), i.e., the honor of being with his father at the moment of his death. But one might ask who is doing the omitting here. Gandhi acknowledges his shame, and it is an easy step from his self-reproaches to an oedipal interpretation of these events.[3] What grounds do the authors have for dismissing or at least devaluing Gandhi's own views and a plausible oedipal interpretation?

The authors, furthermore, provide no evidence for the postulated narcissistic rage. Even within Kohutian limits, the argument is not convincingly developed. They observe that Gandhi seemed, for long periods of his life, to be searching for an ideal guide and that he was never content to follow another man's lead for very long. In the end, he became his own guide and leader. They trace this ambivalence back to his father. They note that he had a special relationship with the elder Gandhi, but contend that "he regarded his father as a pedestalized figure" who "could not serve as a target for idealization, a source of power with whom Gandhi could merge" (p. 127). Granting the significance of a son's need for an idealized father, with whom there is the possibility of identification, the authors' own data suggest that the elder Gandhi was available for idealization and that his son idealized him. When he died, Gandhi lost a valued or even an irreplaceable part of himself.

[3] Wolfenstein, E. V. (1967): *The Revolutionary Personality. Lenin, Trotsky, Gandhi.* Princeton, N.J.: Princeton Univ. Press, pp. 86-87.

Hence his discontent with the leadership of other men. To this it might be rejoined that Gandhi was a fearful and uncertain child before his father's death. He had never been able to merge with paternal power. True enough. Here, however, we move beyond the field of Kohutian explanation. For if the father could and did serve as a "target for idealization," then we must ask what it was *in the son* that prevented the "merger" from taking place. In short, it seems to me that a consistently followed Kohutian line of explanation would have led the authors to the recognition of its limitation.

The point just made applies to most of the essays in the volume. At its best, self psychology alerts us to aspects of emotional life we might otherwise overlook: our understanding of a son's fear of a castrative oedipal father may get in the way of our seeing his desire to merge with an ideal and powerful one. But data remain unexplained and psychoanalytic theory is impoverished when we restrict ourselves to the perspective of self psychology. This would not be the case if self psychology were capable of subsuming the concepts and phenomena of classical psychoanalysis into a more general theory and practice. Theoretical coherence and integration are surely to be preferred to an eclectic "on the one hand" and "on the other hand." But I do not think the claims of self psychology to generality can be sustained. Indeed, they seem grandiose. And in the absence of such a general theory, two hands are better than one.

This either/or approach to psychohistory is explicit in Joseph Bongiorno's "Woodrow Wilson Revisited." In mechanical fashion, Bongiorno sets self psychological against classical interpretations, to the ultimate disadvantage of the latter. He does, however, seem to be responding to Wilson, rather than imposing a priori constructions upon him. He argues quite effectively that Wilson's father "interfered with his self-development by his own intense needs to have Woodrow idealize him, need him, and achieve his own unfulfilled ambitions; Woodrow's regressive identification with his father's stubborn, bullying side also played a major role in his failures at Princeton. Yet the relationship with his father also provided Woodrow with the strengths and expectations of himself which enabled him to rebound from defeat and which constituted the nucleus of his greatness" (p. 173). I do not believe that this interpretation supersedes the more oedipal view of Wilson's rela-

tionship to his father put forward by George and George.[4] But Bongiorno makes a good argument for taking into account the combined effects of Wilson's narcissistic strengths and weaknesses.

The one truly distinguished essay in this collection is Thomas A. Kohut's "Mirror Images of a Nation: An Investigation of Kaiser Wilhelm II's leadership of the Germans." He begins by differentiating two aspects of leadership. On the one hand, the political circumstances required that Wilhelm "function as a traditional politician, basing his actions on an assessment of what would be to his own advantage and to that of the nation" (p. 180). Bismarck is the supreme German embodiment of this aspect of leadership. Kohut argues that Wilhelm was quite incapable of it. On the other hand, the Kaiser was to be "the spiritual reincarnation of Friedrich Barbarossa," that is, "a symbolic leader, an emotional and spiritual personification of the German nation" (p. 180). For this role, Wilhelm was admirably suited—by precisely those qualities of character that rendered him incapable of *realpolitik*:

> The contradictory and disjointed state of the Kaiser's psyche enabled him to reflect his regionally, socially, politically, and intellectually divided nation; and his efforts to promote psychological cohesion for himself also suited in large measure the needs of many of his countrymen. However, Wilhelm's inner disharmony and disorganization, his inability to define psychologically a personal self-interest, made him ineffective as a political leader and prevented him from being able to pursue policies reliably and consistently (p. 180).

The framework of Kohut's argument is similar to Strozier's: he posits a fit or isomorphism between the psychodynamics of leader and led which he seeks to render comprehensible in self psychological terms. The development of the argument differs, however, in notable respects, of which I will mention two. First, Kohut does exceptionally well in providing mediating links between Wilhelm's personality and the mentality or mood of his public. From Wilhelm's side comes an intense need to be admired, which led him to be acutely sensitive to public opinion and the burgeoning popular press. From the side of the German people comes emergent mass politics in the context of the imperatives of creating national unity. Because this two-fold mediation is provided, the psychological convergence of leader and led seems to be in the data, rather than

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[4] George, A. & J. (1964): *Woodrow Wilson and Colonel House.* New York: Dover.

imposed upon it by the explanatory needs of the psychohistorian. Second, Kohut provides ample evidence that the Kaiser did in fact lack a cohesive self and that he was dominated by narcissistic needs. The theory neatly fits the facts. This is not to say that the facts validate the general claims of the theory. But Kohut avoids these general claims, or at least makes them very softly. Indeed, he demonstrates an admirable restraint in the handling of both theory and historical evidence throughout.

Like Kohut, James A. Walter is circumspect and self-conscious in his fitting of theory to historical evidence; and like both Kohut and Bongiorno, he argues that a leader's strength may originate in the same narcissistic features that determine his weakness. In "Achievement and Shortfall in the Narcissistic Leader" he explores the rise and precipitous fall of Gough Whitlam in Australian politics. Whitlam led the Australian Labor Party (ALP) to victory against the long-dominant Liberal-Country Party in 1972. But, Walter argues, "The very practices which serve functional ends on the road to power had always contained dysfunctional elements that would lead to eventual defeat" (p. 236). Whitlam's approach to politics was, "When you're faced with an impasse, you've got to crash through, or crash" (p. 238). This attitude served him well so long as the political situation did not require negotiation, willingness to compromise, the capacity to listen and take other opinions seriously, etc. Walter characterizes such orientation as narcissistic and traces it back to the family constellation of Whitlam's childhood. The analysis is plausible enough, as far as it goes. But the story of Whitlam's childhood, as Walter tells it, is suggestive of oedipal as well as narcissistic themes. Moreover, granting that Whitlam was grandiose, uncompromising, and that he raised mass hopes he could not realize, it is not at all clear that these features were decisive in the downfall of the ALP. To Walter's credit, he does address this latter issue. He also displays a refreshing openness about his own narcissistic investment in Whitlam and ALP politics.

The final essay, by Marvin Zonis and Daniel Offer, offers three models for interpreting "Leaders and the Arab-Israeli Conflict": national character, psychopathology, and a "self-system" approach. The first two are given short shrift. The third has the advantage of taking seriously economic, cultural, and political (i.e., social systemic) factors. But at least in this application of the approach, we

are presented with nothing beyond a loosely articulated series of psychological and other factors.

The six substantive essays are prefaced by a historically organized review of the psychohistorical literature culminating in the work of Heinz Kohut. Strozier and Offer try unsuccessfully to turn him into a psychohistorian. Their survey of the field suffers in comparison with, say, Peter Loewenberg's "Psychohistory: An Overview of the Field."[5] The brief concluding "reflections on leadership" likewise tell us nothing we did not already know.

Let me, finally, add one comment on self psychology, which is relevant but not limited to the evaluation of the present volume. There is little doubt that Heinz Kohut and his followers have identified and/or focused our attention upon psychological phenomena, both inside and outside the psychoanalytic process, which are important and require explanation. But these data of emotional experience need to be differentiated from the theory that purports to explain them. Many Kohutians have a tendency to blur this distinction, as if they could bolster the truth-claims of the theory by reference to its phenomenological bases. In the process they give the misleading impression that these phenomena were previously quite unknown or that they are not susceptible to alternative interpretation. But the observation of, for example, narcissistic features or evidences of self-fragmentation in political leaders does not, in itself, validate a self psychological psychohistory. If this is kept in mind, then we can give credit where credit is due, and, more importantly, we can respond to historical or clinical data with less theoretical prejudgment.

EUGENE VICTOR WOLFENSTEIN (LOS ANGELES)

[5] Loewenberg, P. (1983): Psychohistory: an overview of the field. In *Decoding the Past. The Psychohistorical Approach.* New York: Knopf, pp. 14-41.

Revue Française de Psychanalyse. XLVI, 1982.

Published online: 27 Nov 2017.

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ABSTRACTS

Revue Française de Psychanalyse. XLVI, 1982.

Abstracted by Emmett Wilson, Jr.

The following papers deal with an important topic in French psychoanalysis: *l'après-coup*. There is no adequate translation for this French term, although in ordinary discourse it usually means something like "afterwards" or "after the fact." Strachey used "deferred action." Both are attempts to translate Freud's term *Nachträglichkeit*.

A Disturbance of Memory on the Acropolis. 1936-1904. Henri Vermorel. Pp. 513-526.

The close connection between Freud's development of his theory and his self-analysis cannot be denied. All his work has an auto-analytic element. In his paper about the memory difficulties on the Acropolis he returned to an episode that had occurred some thirty-two years earlier. This eight-page paper took the form of a letter to Rolland, who was thus the successor to Fliess as Freud continued his self-analysis. Elements of unresolved transference to Fliess are evident in Freud's sometimes obsessive preoccupation with the date of his death and in his playing with numbers. The disturbance of memory is connected to Fliess because it took place only a few days after he had accused Freud of having stolen his ideas on bisexuality. Vermorel focuses on the feminine and maternal in Freud's thought. The open letter to Rolland touches on several aspects of Freud's passive homosexuality and his feminine identification which he had been unable to accept with Dora, who had needed him as the object of a homosexual transference. This attempt to deal with the most primitive aspect of the relationship with his mother had begun in his paper on female sexuality. So this important paper represents an after-understanding (*après-coup*) of the experience of 1904, after a period which permitted the gestation of almost the totality of Freud's work. Yet Freud was struggling all the while to avoid the recognition of maternal identification.

L'après-coup. Claude Le Guen. Pp. 526-534.

Le Guen comments on the difficulty of explaining *l'après-coup*, the inadequacies of its various translations, and Freud's original term, *Nachträglichkeit*, from which the English and French have drawn differing implications. The translation used in the *Standard Edition*, "deferred action," is particularly unsatisfactory. Laplanche and Pontalis have criticized the term "deferred action." They define *après-coup* as an elective rearrangement of something that, at the moment it was lived, could not be fully integrated into a meaningful context. A rearrangement is precipitated by events which permit a new type of meaning for the past experience. It is a rearrangement of psychic elements favored by the evolution of human sexuality. The *après-coup* is, for Le Guen, quite simply the moment when, all at once, *it* (the id, *ça*) is organized in the unconscious with new relationships and emerges in consciousness to take meaning. The best example is the reconstitution of the first castration complex in the Wolf Man, illustrated by his first anxiety dream. Three psychic periods

are evident; that of the first primal scene; that of an active latency; and that of the *après-coup* and its disruptive effect. The *après-coup* is the "heir" of the work carried out during latency, and it brutally joins together the two menaces of the primal scene: castration and the perception of the female genital. Trauma presupposes a blow (*coup*) but does not have any effect except in the *après-coup*. Everything takes place exactly as if the blow had never happened, until it is organized afterwards. Trauma is not an action of the external world but a psychical process with respect to a perception which cannot be reduced to a matter of within and without. But we are led back to the same paradoxical question. How can something which does not exist provoke an event which will make it exist? That is the main question about the *après-coup*. Le Guen deals with some of the questions of causality raised by the concept and finds parallels in other sciences.

Specifics and Vicissitudes of the *Après-coup* in Freudian Theory and in Clinical Practice. Jean Cournut. Pp. 534-557.

Children ask "how?" and adults give them tales about cabbages, the stork, seeds, etc. When one asks "why," however, things are more complicated. This is embarrassing for parents, for such questions go beyond their ready answers. Parents are being asked about their own desire—why do they make children? "You'll understand more later," is the usual reply. This is *après-coup*, that is, understanding the past through the future. But it can be terrifying if we do not know what the future will bring; we know even less what the past is reserving for us. One knows it unconsciously very well, however. The simple, common-sense principle of causality is applied linearly: what happens today is the result of what happened yesterday. There is a closed system, sealed by the Divinity or by science, and coherence is guaranteed. In this linear model, the *après-coup* comes after the event. But this system fails when a "why" appears. Questions of origins are endless; one must ask about the origins of origins. The way out is sometimes to reverse the temporal markers of causality: the future will explain the present and will tell us its origins. Its meaning will become clear later—*après-coup*! The future produces, gives meaning to, integrates the present. How does the present clarify the past? Is it not a retroactive fantasy, or a reinterpretation of the past? Or does the *après-coup* mean that there really was an *avant coup*, a prior event, truly experienced, without which the *après-coup* would be only illusion? How does the *après-coup* come about? These are the urgent questions that the concept prompts. Cournut traces Freud's use of the concept and shows the theoretical permutations that came about both in the attempt to use the notion of *après-coup*, and in the attempt to deal with these difficult questions.

The Incapable Ego. Lack and Failure of the *Après-coup*. Augustin Jeanneau. Pp. 559-581.

The *après-coup* must be something more than the subsequent organizing of an earlier situation in terms of sexual information and the threat of castration. Jeanneau believes that the reanimation of a scene that was not understood brings with it the memory of the powerlessness experienced earlier. This helplessness, this sense of dissolution, could be at the origin of the malaise, at the point where the ego fails with respect to its objects. The author emphasizes ego defect and narcissistic wound,

and contrasts the case of Little Hans with that of the Wolf Man in their modes of handling early traumatic experience. Hans was apparently able to rely on more solid images of his parents in his psychic makeup, whereas the Wolf Man experienced the early traumata with horror, uncertainty, and fear of fragmentation or dissolution, and fell into negativity, passivity, and paralysis of the ego. Is it appropriate to classify agoraphobia as a phobia or as an unconscious representation? Jeanneau would place this syndrome and hypochondria in a narcissistic context. In both, he believes, the ego is in a situation in which there is nothing frightening except for the intuition of its basic incapacity, of the sort that overtook the Wolf Man in the primal scene experience. There are difficult theoretical questions concerning how this narcissistic wound is attached to the representation but does not truly depend on it, as in the case of the Wolf Man. But the loss of sense of self is clear, since the Wolf Man, as a child of one year during the primal scene experience, was troubled not so much by what he saw, as that he was not seen; that his parents, who were usually so attentive, did not see him during an event from which he was excluded. Castration anxiety came much later, changed the affective significance of the scene, and gave a meaning to his passivity.

The Infantile Sources of Freudian Theory. Danièle Brun. Pp. 583-599.

This is a discussion of an important book by Monique Schneider, *Freud and Pleasure*, that appeared in France in 1980. In the book Schneider had argued for the importance of Freud's mother and of his nurse in his composite view of women. Schneider followed these themes through Freud's self-analysis and into his metapyschology as well, arguing that certain theoretical positions reflect contradictory positions taken in the attempt to master the scenes and emotions of childhood. Essentially she argued that the metapsychology is a defensive operation, and that its author was a childlike puppet before the forces involved in these conflictual childhood experiences. Brun gives an excellent restatement and amplification of this thesis, raising criticism where appropriate, and linking the themes to her own work with terminally ill children and their families.

The next six papers are from a colloquium of Hellenists and psychoanalysts on Greek myths and their use by psychoanalysts. Hellenic studies are currently exciting intense interest in France. (For a survey of some writings in this area and of the new anthropological approach to the classical world, see Bernard Knox's "Greece à la Française" in *The New York Review of Books*, Vol. 30, No. 3, March 3, 1983, pp. 26-30.)

Heracles: The Supermasculine and the Feminine. Nicole Loraux. Pp. 697-729.

Loraux focuses on what the myth would have meant to a Greek audience. She explores everything in the myth of the virile Greek hero, Heracles, that suggests femininity. Her approach discounts critics from Aristotle onward who have seen the myth as a composite, unified solely by the name of the hero. Loraux believes instead that there is a unity to Heracles. She proposes to define the heroic temperament as unitary through all its contradictions. She reviews the various Heracles legends, emphasizing the obvious ambivalences which characterize the hero: his misogyny and his appetite for women; his heroic exploits and his predilections for soft beds and hot baths; his invincibility as against his sufferings and insoluble quandaries.

Loraux's focus is on the compulsive masculinity and its relationship to femininity. There are also themes of Heracles' subservience to women, for from his birth to his death women presided over his fate (Omphale, Deianira, and Hera). In some aspects of the myth Heracles is "femininized"; for example, the theme of Heracles as a glutton opens up the rich associative chains which link the Greek words used to refer to his gluttony with femininity. Loraux finds links between Heracles' lion cloak and the feminine garment called the peplos. The feminine aspect of the hero can be seen throughout the myth, including his donning of Deianira's fatal gift which brought about his death. Loraux examines the name "Heracles" for its associations for a Greek audience, including its relationship to Hera and to Hera's breasts. This approach suggests some answers to the classical question of Heracles' submission to Hera's aggression. They were adversaries too well matched to do without each other. Loraux acknowledges that in examining this vast amount of material, including epic texts, tragedy and comedy, Hellenistic poetry, vase figures, and information about cults, one runs the risk of losing sight of the myth itself. It is necessary to preserve the historicity of each document employed. She therefore tries to ask the questions that a historian of the Greek imagination might ask. In interpreting a myth, one often presupposes a similarity between our modern position and the Greek discourse; Loraux rejects this assumption of similarity and tries to follow the Greek paths of associations, refusing to reconstruct Heracles on a psychological foundation supposedly shared by all.

Incest in Greek Mythology. Jean Rudhardt. Pp. 731-763.

Rudhardt examines the Greek characterization of incest. There was no word for incest in classical Greek: complex expressions were used for it, usually connoting its being either "illegal," "impious," or "contrary to the religious order," but these same terms were used to describe, for example, two lovers having non-incestuous sexual relations in a sanctuary. Only in the Christian era did specific terms for incest arise, and it is only in the Byzantine ninth century that a word for incest in the generic sense is found. Rudhardt examines Greek literature and mythology for accounts of the various unions that would today be termed incestuous. In Greek culture it was customary for families to intermarry; it was an endogamy, however, that prohibited marriages between ascendants and descendants. Step-siblings might marry. The practice with respect to other types of sibling relationships (same parents, or same mother) varied, but for the most part marriage of siblings was regarded as bizarre and Asiatic. For the Greeks, marital partners were to be neither too far apart in relatedness nor too close. But the gods were allowed more possibilities, apparently because the generative activity of the gods transcended the norms necessary for the functioning of human society. Parent-child incest was forbidden to mankind, though in some cases there was subsequent deification. Three products of incestuous unions, Persephone, Adonis, and Dionysus, were able to move between the human and the divine, or between life and death. This infraction of limits may well have to do with the infractions which characterized their births.

Medea. Simone Bécache. Pp. 773-793.

Bécache reviews classical sources of the Medea story, from Hesiod, Pindar, Aeschylus, Sophocles, Euripides, Apollonius of Rhodes, Lucan, and Seneca; she dis-

cusses Corneille's tragedy, iconography including a painting at Pompeii and Dela-croix's work in the Louvre, and Cherubini's opera. Her aim is to discern the perma-nent structure of the myth. She asks whether the myth has not been repressed or forgotten in human thought. It developed over the centuries, in the manner sug-gested by Lévi-Strauss, until the exhaustion of its original intellectual impulse. One might think that the intellectual purpose was the story of crime and its punishment. The moral preoccupations that act on the myth would have modified it toward the justification of Medea's sufferings as punishment for her murders. However, her sufferings never seemed to be commensurate with her crimes; she fell into unhap-piness only intermittently and was often triumphant. Bécache suggests that Medea represents the feminine oedipus complex and that we can discern behind her ac-tions the figure of her father. As if in counterpoint to this object of Medea's libidinal desires, another Medea can be seen, in rivalry with her children. The Medea myth may be seen as an expression of the hostility of daughter toward father. The myth tends to be repressed because Medea represents woman above and beyond the oed-ipal situation. Medea, governed by her passions, becomes frightening and awakens everything in human thought that is repressed. She is the descendant of the great mother goddesses of the most ancient periods of humanity. The myth has become the expression of rejected desires, the realization of the most odious of dreams, fears, and forbidden fantasies.

The Unsaid in a Myth and the Unsaid in a Colloquium. Jean Bergeret. Pp. 795-799.

Bergeret notes that the myth of Oedipus was little discussed at the colloquium of psychoanalysts and Hellenists at which these papers were presented, and that the question of incest was accorded very little significance. He questions the current position of psychoanalysts concerning the importance of the conflicts around incest in the development of the child. He believes that analysts are at a point where confrontations with mythologues can result in a helpful review of psychoanalytic method with respect to these questions. It is time for a review of the exclusive em-phasis on incest as the basis of the first fantasy formations in the child. Bergeret suggests many parallels between the Oedipus myth and the myths about Apollo; in a sense the two myths differ only in the question of incest. Possibly Freud insisted on incest as the essential of the Oedipus myth in order to avoid the question of the primitive preoedipal mother to which the myth of Apollo might have led.

The Psychoanalyst: Translator of Myths or Amateur Anthropologist? Gilbert Diatkine. Pp. 811-818.

Diatkine remarks that the validity of the psychoanalytic approach to myths is brought into question as much by the Hellenists as by the analysts themselves. The main contrast in the two approaches is between the view of myths as a collective psychological elaboration and the view of the myth as a response to the social and historical necessities of the group or city in which it developed. Myths may belong to many different levels, in contrast to other psychological manifestations. No one today would be satisfied with a superficial formulation that myths and religions borrow their themes from infantile sexual theories and fantasies. For Diatkine, the interaction between the culture and the individual produces its effects from the first

days of life. The psychoanalytic approach to myths presupposes transhistorical constants, and also the recapitulation of the history of civilization in the history of the individual. The Greeks differed from us in, for example, their categories of color, virtually untranslatable in modern terms, and in their categories of incest, as discussed above. The analyst cannot transpose to the Greek world and mind the concepts that derive from our current society. Yet analysts use myths in explaining their theories and probably in working with their patients. How do we explain this recourse to myths? Diatkine suggests that myth has a special cultural role as a vehicle for the representation of many ideas important for analysts, in the same way that the dream work also depends on conditions of representability. The myth intervenes on the way to an interpretation, as a sort of prefabrication provided by our common culture, capable of condensing the elaboration of ideas heard, the contradictions of various theories, and the personal memories of the analyst. Therefore recourse to myth is an important part of the analytic approach to the human psyche.

Mythical Knowledge and the Myth of Knowing. Jean Guillaumin. Pp. 823-837.

Guillaumin emphasizes how the dialogue between mythologues and psychoanalysts oscillates between the question of the endopsychic versus the public origin of myths, thus reflecting the difference between the approaches of Freud and Jung. Actually, in Freud's thought, the two epistemologies succeeded each other periodically and seemed at times contradictory. Contemporary mythologues have redefined the myth. They insist on a different level of understanding, which requires critical attention to the facts and sources, but also calls attention to the desire of the myth and the function of the mythogenesis, too often hidden in the past by an interest in the myth itself. With respect to Greek mythology, myth represents a complex integration of very different elements which are harmonized in a sort of unitary economy. As Loraux demonstrated, Heracles is an integrated and intelligible organization, a character. There is thus made possible a psychoanalytic reading of Heracles' unconscious, in which we may discern the influence of the superego and psychic bisexuality. A mythical dimension and a continuous interweaving with myth have been involved in psychoanalytic theory from its beginnings. The parricidal and incestuous murder of Laius is related to the murder in *Totem and Taboo* and to the hidden murder in *Moses and Monotheism*. Psychoanalysis, which some would claim is a myth that originated in the nineteenth century, illustrates some of these functions. We now see more in the Oedipus myth than Freud discussed, and Freud could just as well have expanded his treatment of the myth to include the homosexual conflict of Oedipus' father or the pregenital aspects involved in the myth. Freud's rather reductive focus on certain aspects of the myth and the relative deformation of other aspects of the oedipal conflict may have been determined by didactic, political, and moral considerations of the time, in spite of his concern for scientific objectivity.

The Beginnings of Psychoanalytic Training. Claude Girard. Pp. 911-936.

The author studies the beginnings of psychoanalytic training as it is seen in Freud's texts, his correspondence, and the accounts of foreigners who came to Vienna for training. Freud confided to Wortis that he was only interested in an

analysis for what he could learn from it. The theme of teaching and learning is frequent in Freud. Freud learned from his patients about the patient, about the theory, and about himself; he conducted his self-analysis in the course of analyzing patients. He felt that there is no serious self-analysis unless there is a dialogue with colleagues. Freud learned things about himself that he did not know, not by simple reminiscence, but by a creative process. Three axes, then, in Freud's training and education were 1) the evolution of a professional practice and clinical experience; 2) creative work upon himself associated with what he was conducting with his patients; and 3) a reworking after the fact of his modes of thought and his creative potentials. Training has this same tripod of supports: the effects of transmission, conceptual reworking, and personal change. Self-analysis is then nothing other than the means to personal integration, the pursuit of the process of investigation, and the openness to the unconscious inaugurated by the personal analysis.

Settle My Doubts. Roger Ferron. Pp. 937-952.

One cannot help but agree with Strachey that Freud's Wolf Man case is the best of his case histories and probably the most important. It was written at the time of his break with Jung and is a sort of literary triumph over and refutation of Jung. The important issue was the historical reality of the forgotten events that analysis brings to light. Though the case has interest for the study of Freud and the development of his technique, the question of the veridical nature of psychoanalytic reconstructions still remains an urgent problem. When he wrote the case, Freud was intensely concerned with the relationship between reality and fantasy. There was a double constraint. The first was that which surrounds every effort at theoretical construction, where uncertainties and doubts vary with one's theoretical ambitions. But the second constraint was that of the Wolf Man himself, who showed obsessional doubt as one of his symptoms, and who tended, through what appeared as a request for aid and counsel, to entrap his interlocutor in this same obsessional doubt. But there is an enormous difference between Freud and the Wolf Man, an open system as against a closed system. Theory always rests on technique, and psychoanalysis works with doubt on doubt. That the uncertainties and doubts were included in the case report shows that it is the work of Freud and a genuine work of psychoanalysis, not a cleaned-up version with no uncertainties.

Classical Treatment and Reality. Francis Pasche. Pp. 981-1001.

Pasche asks whether classical analysis has a future. Or has it been simply a transient phenomenon linked to a certain period of history, that of the decline of religion and the questioning of traditional family and social values concomitant with rapid scientific progress? Will new ideologies, bearing new and perhaps better founded values, invalidate psychoanalysis? One might expect it to disappear along with a certain life style, as a luxury that can no longer be afforded, an artifact of certain socioeconomic conditions. The periodic, isolated meeting of analyst and patient, its apparent lack of direction, it maladaptiveness with respect to daily life, could be viewed as futile, artificial, unreal; for nothing transpires in the analytic setting except desires, dreams, fantasies, memories, and the words to say them. But what is reality? Pasche explores the difference between representations and reality,

with attention to the philosophical complexities of the problems involved. Reality plays a large part in psychoanalytic treatment, for all the "unreal" appearance that the procedure may seem to have. Pasche emphasizes the benevolent neutrality of the analyst, through which the patient recovers the earlier stages in the development of the real ego and the real attitude of the mother, beyond the distortions inflicted by the pleasure-ego. Thus the analyst's neutrality and abstinence are not fantasies of the patient but are real and effective. The aim of treatment is a deconstruction of the incarcerated and distorted earlier stages of reality through a knowledge of the past, with the possibility of utilizing anew the energy and resources thus freed. Pasche sees the psychoanalytic situation as derived from the very early stages of infantile life in the mother-child relation, and more generally in adult-child relationships. What Freud discovered empirically can now be justified metapsychologically, and our metapsychology must be put, similarly, to the proof of our experience.

The Interpretation of Psychic Reality. Jean Begoin. Pp. 1003-1021.

By now, Freud's contributions to technique represent necessary, rigorous, and well-established discoveries. Perhaps the most important problem is not so much to sort out today's different theoretical currents as to become more deeply aware of those elements that are most favorable to the establishment and evolution of the analytic process. The problem becomes a question of interpreting or not, and many analysts, especially beginners, hesitate and, wanting to avoid being "intrusive," become overly prudent. But what is an intrusive interpretation? For Begoin, it is one given without tact or with violence, or one which concerns material that has not been expressed clearly enough by the patient to enable him to grasp the connection the analyst is trying to establish. Most of all, an interpretation that does not refer to the manifest or latent anxiety in the transference can only be termed intrusive. Analytic technique is essentially the science and art of interpreting psychic reality, but it is tightly linked to the countertransference of the analyst. There is a need to differentiate abstinence from frustration, although Freud too hastily equated them. The patient has the right to expect that the analyst will be capable of aiding him in containing and in elaborating the psychic suffering inherent in the frustrations of the analytic setting. It is not the analyst's role to impose more frustrations beyond those inherent in the setting.

The Stain and the Miracle. Pierre Sullivan. Pp. 1091-1106.

Sullivan quotes, from the journals of Robert Musil, a pejorative comment equating psychoanalysis with a closed religious system intent upon explaining the world on a few principles. What can have provoked Musil's sarcastic comment? The evidence suggests that it was the Leonardo study that provoked his antipathy to what he saw as a deeply religious strain in psychoanalysis. But according to Sullivan, the study of Leonardo showed the unsuspected richness and openness of psychoanalysis for its future development, in that it undertook the study of a man of genius rather than of the ordinary mortals who come as patients. Sullivan suggests that the fantasied objector in the Leonardo study, who might question the appropriateness of the psychoanalytic approach, is Leonardo himself. And we may well sup-

pose that his Leonardo of the study is an internal object of Freud's as well. But to interpret Freud's study in terms of infantile sexuality is to apply to Freud the same procedure that he applied to Leonardo in the essay.

The Object of Psychosis. Raymond Cahn. Pp. 1107-1132.

Cahn considers what he terms the two quandaries of psychosis: the impossibility of transference and the loss of reality testing. If there is no such thing as transference in psychotic patients, then either the therapist is ensnared in a pseudotransference which can only lead to a pseudoevolution of the treatment, or else there is such a thing as psychotic transference, but it is radically different economically and structurally from that of the neurotic patient. Today the Freudian claim for an objectless stage of development is not tenable, except perhaps in a limited number of clinical conditions. There is something essentially different with respect to the object in psychosis. Something has been lacking from the start, a major perturbation has been operative, and this has rendered the subsequent psychical organization deficient. In the dyadic relationship, the decisive factor may have been a massive disruption of stimulus barriers preventing the unconscious from becoming organized. The results are the basic faults of the psychosis and its primitive defenses, splitting, denial, and the loss of subject-object differentiation, or identification with the aggressor. How does one help a psychotic patient to emerge from all these confusions of self and other which prevent a personal identity? All therapists with psychotic patients have tried to diminish this fundamental alienation. Each therapist has found appropriate measures, and, according to Bion, "it works." But just as often it does not work, Cahn argues. Is, then, all therapy with psychotics based on illusion? Cahn notes that most therapists consider decisive the invasive presence of the mother. This suggests that research should focus on the return from the conflict with the exterior object to the transferential relationship. The fundamental role of the external primary human environment in the development of the individual seems to be the most important theme to study. This means that a primary role is accorded to the object in the development of a psychotic organization. It seems that the establishment of an authentic transitional space for the patient permits the eventual evolution of a personal space.

Replacement Object, Replacement Child. Michel Hanus. Pp. 1133-1147.

Hanus considers the effect on the child of being chosen to replace a child that has died. This common enough human tendency, to replace what is lost, is in effect to deny the loss and avoid the mourning process involved in giving up the lost object. When the lost object is, say, an older child, and a younger sibling is, consciously or unconsciously, elected the replacement for this lost object, the impact on the replacement child's psyche is enormous. The new child must function under the duress of parental narcissism, which has idealized the lost child, and finds himself forever confused with the lost child. In analysis, this replacement child has the thankless task, the difficult labor, of renouncing the fascination and strangeness of the internal object, this narcissistic creation of his parents, because of the link with his own narcissism and ego ideal. To attempt to mourn the lost child, and to separate from him, is sometimes, for the replacement child, an attack on his own psychic

equilibrium, since his very reason for being is, unconsciously, as a replacement for the lost child.

Psyche. XXXVIII, 1984

Abstracted by Emmett Wilson, Jr.

Compulsion in the Service of Self-Preservation. Hans Quint. Pp. 717-737.

The author reviews classical psychoanalytic theory on the origin and development of obsessive-compulsive symptoms. The work of Freud and Abraham on the retreat from the oedipal conflict to the anal-sadistic level is contrasted with current work on pregenital developmental disturbances which prevent entry into the oedipal phase, a concept first suggested by Fenichel. On the basis of his clinical experience, Quint finds that in some cases of obsessive-compulsive organization, pregenital developmental aspects are uppermost, and the symptoms do not represent so much the regression from oedipal strivings that Freud described but rather a fixation at the anal-sadistic object level. The debate about whether regression is indispensable for the development of obsessive symptoms leads to more comprehensive questions on the function of such symptoms as addiction, perversions, and psychosomatic complaints. Quint contrasts ego strengths in neurotic and borderline patients and discusses the function of symptoms for the borderline patient. He suggests that these severe symptoms serve the important function of protecting a fragile sense of self and identity from further regression; that is, they serve the function of secondary repair of the self and defense against disintegration of the self in severely disturbed patients with fragile ego structure. Quint argues that the same function may be served by obsessive symptoms. He illustrates this with the treatment of a severely obsessional young man, showing the contrast in this case with the classical formulations concerning obsessive symptoms. He claims that the repetition compulsion in this patient was in the service of maintenance of the self, in contrast to Freud's view of it as a derivative of the death instinct with the goal of restoration to a primordial state. The author emphasizes the self-preservative and the ego preservative aspects of the repetition compulsion, in the service of maintaining a precariously achieved level of ego development. He finds this view consistent with the theories of other writers, including Spitz and Piaget.

The Psychoanalytic Rule of Abstinence. Johannes Cremerius. Pp. 769-800.

Cremerius argues that it is inappropriate to apply the rule of abstinence rigidly with all psychoanalytic patients. The problem is difficult: too much abstinence, and the analyst becomes a distant observer; too little, and he becomes a participant in the patient's neurotic process. But the rule is often too strictly applied; an inhuman rigidity can occur in analytic technique, whether the analyst's style shows paternal strictness or maternal empathy. Our literature on the subject is unsatisfactory. Cremerius traces the development of the rule of abstinence, which began with contact with hysterical female patients who tended to fall in love with the psychoanalyst and demand his participation in their love. We see the problem in the treatment of Anna O., and the later discussions of the problem with Jung when he was involved with Sabina Spielrein. In 1911 Freud recommended that discussion of counter-

transference, which clearly had to do with the analyst's feelings toward the patient, should be withheld from publication and circulated only in manuscript form. Cremerius points out come contradictions in Freud's conduct, such as his analysis of his daughter and of colleagues with whom he was engaged in literary collaboration. Freud continued to emphasize over-involvement as a danger with female patients, whereas he gratified in many ways the passive-feminine and masochistic wishes of the Rat Man and the Wolf Man. Cremerius sees in this Freud's unconscious fantasies, shared by many men, concerning women as dangerous creatures of desire. Freud continued to emphasize the unfolding of unconscious wishes and fantasy material as a result of the lack of gratification in the sessions; there must be no more than verbal discharge of these. Freud, in a dilemma between his technique and his theory of technique, attempted to distinguish two transferences, a neurotic one and an "unobjectionable" one. Cremerius is skeptical of such a division between the transference and the real personal relationship (which actually has transference meaning). This division enabled Freud to use an engaged activity and a neutral passivity. This, however, is an artistic concept, neither logically nor psychologically grounded. Ferenczi deals with the antinomy between personal relationship and technique; so does Gill.

Adherence to the rule of abstinence injures patients today in its rigidity. The obsessive-compulsive patient is so well defended against his infantile longings and needs that for a long time they do not become evident in the transference love, and the pressure of suffering remains for a long time the only motivation for treatment. The patient's compulsive manner ritualizes the sessions in such a way that the repressed cannot be made to appear, and the patient's affect remains separated from all representations. If the analyst is reserved in this situation, as Freud recommended, no psychoanalytic process ever gets started, because the highly ritualized analytic method and the highly ritualized compulsive structure of the patient immobilize one another. In masochistic transference, analytic abstinence becomes an instinctual gratification for the patient. The analyst must avoid offering this gratification; instinctual renunciation is achieved by an opposite behavior: friendliness, loving dedication, and understanding for the patient's sufferings. In cases involving preoedipal or preverbal conflicts, with structural deficits, the rule also has to be modified. When such cases led Ferenczi to modify his technique, Freud objected that Ferenczi was "mothering" his patients. But in such cases the rule of abstinence is always modified, and the patient is permitted to experience deep and wide-ranging gratifications. Nacht speaks of a loving presence, Spitz of a diatrophic bearing, Gitelson of a fostering figure, Winnicott of non-interpretation in favor of an experience. Balint based his theory on the thesis that the therapist should let himself be used like the ground on which one walks and the air that one breathes, because the patient is regressed to the level of the mother-child dyad. The resulting stimulation and gratification of the patient's libidinal and aggressive impulses has not been discussed.

Cremerius discusses the question, What is abstinence? Countertransference has dangers far greater than Freud recognized, and the sexual fantasies and needs from which Freud felt the analyst should defend himself seem relatively harmless compared to the dangers recognized today, such as controlling analysts, lonely analysts, paternal or parental analysts who want to make their analysand into the child they

perhaps lack, etc. It is safe to say that the outcome of an analysis depends more on the countertransference than on the analyst's knowledge and technical skills. And the analyst is never so anonymous as he thinks. His manner, voice, office, dress, even his interpretations enable the patient to build up a model of his personality. When the transference is not primarily a new edition of infantile urges, the old, exaggerated abstinence is not appropriate. Moreover, extreme abstinence and mirroring behavior may compromise the analyst's ability to hear the patient clearly and to empathize; it has made analysis rather deaf to the developments of Ferenczi and Balint. Cremerius would modify the technique according to the special requirements of each patient.

Male Transvestitism. Hedy Francesconi. Pp. 801-816.

The author reviews past efforts to theorize about the nature, cause, and classification of transvestitism, especially its relation to the perversions in general, to homosexuality, fetishism, scopophilia, and addiction. Transvestitism also raises interesting questions about sexual identification, the defensive structure, and reality testing. Francesconi's patient had been abandoned by both parents early in life, during the symbiotic phase. He was reared by rather indifferent, perhaps cold and distant grandparents. The transvestitism served the function of restitution for the separation trauma of the symbiotic phase with an attempt to control mother by this means, as well as to bind his intense aggression toward her.

Transvestite Symptom Formation. A Clinical Contribution Concerning the Etiology, Dynamics, and Analyzability of Transvestite Patients. Marianne Leuzinger-Bohleber. Pp. 817-845.

Most analytic case reports concern heterosexual, married men who experience a periodic need to put on women's clothing in order to stimulate themselves, usually during masturbation, or more rarely, in sexual intercourse. Men whose predominant sexual gratification comes from wearing women's clothing rarely come to psychotherapy because of their perversion, but more often because of deep depression. The author's transvestite patient was successfully treated by a five-year analysis and follow-up. Traumatizations had occurred in the separation-individuation and oedipal phases. The symptom performed the function of a transitional object for this patient, making up for the abandonment he had experienced in these traumata.

Psychoanalysis in Munich. Johannes Grunert. Pp. 865-904.

Grunert reviews, in all its complexities, the history of psychoanalysis in Munich from 1911 through 1978, delineating various currents in the psychoanalytic movement as expressed in Munich, and noting the various subgroups and allegiances formed throughout this period. He traces the history of psychoanalysis in Munich during the war years and during the subsequent occupation period.

Looking Back to the Year 1942. Reflections of a Psychoanalytic Candidate at the Berlin Institute During the War Years. Walter Brautigam. Pp. 905-914.

Did the psychoanalytic movement in Germany limit itself and adapt to the Nazi regime, undergoing a deformation that reaches into the present (as some writers,

such as Maud Mannoni, have argued)? Did such compromises as discrimination against Jewish colleagues and renouncing any mention of Sigmund Freud involve merely human weakness, or opportunism? In contrast, the analysts in Vienna in 1938 and in the Netherlands in 1940 closed their institutes and ceased official activities. The history of the era is complicated, however, because the Nazi attitude toward psychoanalysis was not unambiguous. The central issue is whether the collaboration of analysts in the Göring Institution was a capitulation and betrayal or whether it had its positive side. The author describes his experience as an analytic candidate in Berlin during the war years. He attempts to show that psychoanalysis did not disappear, but was maintained in the Institute, and that there is no simple or straightforward, obvious answer to the questions raised about this period.

Where Language Does Not Reach. Hans Keilson. Pp. 915-926.

The author's long experience in working with orphans, especially those created by the war years, affords him the material to discuss the effect of the Holocaust on these children. However, expressing that experience linguistically is difficult, and it seems beyond language for him, as it is for the individuals who experienced it. This is a brief but well-argued and moving discussion of the difficulties in verbal transmission of the experience of the Holocaust and of the difficulties in reaching into the world of the orphans who survived their experiences in the camps. Language, flight into metaphor, allusion, all fail in the attempt to describe the experiences of a world where language breaks down and does not reach.

On the Theory of Psychoanalytic Treatment. Hildegard Adler. Pp. 993-1022.

In his 1934 article, "The Nature of the Therapeutic Action of Psycho-Analysis," Strachey noted the paucity of attention that the therapeutic process per se has received from theoreticians; Adler feels that Strachey's complaints are still appropriate, even though technique receives more attention currently. While Strachey's article is important, psychoanalysis has made many advances since 1934. Adler examines Strachey's view that the analyst serves as a milder, more gentle superego to help reduce the patient's anxiety over instinctual conflicts. In Strachey's view, therapeutic change came about through a change in the patient's superego, from which other changes in the patient's psychological makeup automatically followed. He emphasized guilt and anxiety as most strongly indicating the need for therapy; therapeutic change develops from the dynamically effective interpretation of the transference, which reproduces the history of the instincts and their vicissitudes. Many authors have helped us understand the psychoanalytic process; the analytic relationship has been discussed in terms of the mother-child model, the identification of the analyst with the mother of separation, and the "holding function" of the analyst. Modell speaks of the "cocoon-transference." The author reviews these several contributions to theory and therapy. The general shift seems to be away from what the analyst says, and more toward what he is. Change is not seen as coming about through interpretation of the transference, and the analyst is not solely a more kindly superego figure. The object relations theorists view the therapeutic relation as a complementary regression in which the therapist participates, and which emphasizes what has come to be known as the holding function of the analyst. Adler

reviews these contributions as well as those from phenomenological psychologists. She suggests that current psychoanalysis is more concerned with the patient's shame and fears of destruction, and therefore more concerned with the ego and the self and less with superego analysis. And it focuses more on interactions and relation-ships in its interpretations than on the interpretation of instincts and their vicissi-tudes. Finally the role of the recognition and understanding of countertransference feelings is emphasized, for every interpretation is in a sense a countertransference interpretation.

The Problem of the Death Instinct. Peter Widmer. Pp. 1059-1082.

Widmer discusses Freud's concept of the death instinct, elucidating it with some ideas of Lacan. When Freud introduced the death instinct in 1920 in "Beyond the Pleasure Principle," many confusions and uncertainties arose. Not only did Freud seek to link the death instinct to biology, he also sought to link it to speech and language. He saw his grandchild's play with the words *fort* and *da* as an attempt to master absence and loss. Freud's text does not fully explain the connection between the child's game and the death instinct, but Lacan has pointed out how the substitu-tion of a speech symbol results in a symbolic death; the subject is recognized as mortal, and can be "away" although present in the symbol. The biological subject is transformed into a subject capable of language. Speech is the means by which the self is constituted and distinguished from the not-I, from the world of things sepa-rate from the self. Widmer uses this concept of the role of language to examine, under the influence of Lacan, the notions of masochism, sadism, and melancholia. Pain is the price the masochist and the depressive pay to avoid separation from the object, while sadism is the attempt at mastery of what is foreign to the self.

How Do We Acquire a "Constitutional Intolerance" for War? Observations on the Einstein-Freud Correspondence Fifty Years Later. Klaus Horn. Pp. 1083-1104.

In his exchange of letters with Einstein, Freud gave a mixed explanation of war: one part concerned power and the other concerned expression of the death wish. The problem with this explanation is that, though Freud qualified it as "psycholog-ical," he explained destructiveness in biological terms. Horn wants to demythologize the death wish and to provide a sociological explanation. He hopes that such an analysis, if successful, will carry us a step beyond Freud's pessimism. It might also explain those "constitutional" exceptions who, like Freud and Einstein in the corre-spondence, are pacifists. The early nineteenth century view of "nature," as opposed to and outside of the work of man, changed to a view of natural instinct, an inner necessity anchored in the body. Freud believed that civilization, as the expression of these inner drives, cannot be radically altered. The question was, to what extent can social relationships bring people together and, as a "second nature," minimize the effects of destructiveness? Horn argues that humans are social as well as natural beings and have been able to win control over nature only through the mediation of speech in social organization. Any view that speaks of "human nature" separate from this social organization is an abstraction. Subjectivity and the whole person are inextricably related to the complex social organization around the subject. The his-

tory of instincts is involved in this social network, and pure instinct is an abstraction. Drives are manifest only as vicissitudes of drives, thus implying socialization. Psychoanalytic treatment obviously follows this conceptualization, for, unlike medicine, it does not treat the individual as a thing, through surgery and medication; it deals with the whole context of an individual's life. From this notion of social commitment as a "second nature" that is perhaps more important than the "first nature," the author derives an approach to the question of war more hopeful than Freud's. War results from the loss of this socialization and an attempt at reification of and domination over individuals. The pessimistic view that man's phylogenetic inheritance can only lead to war, death, and destruction is unwarranted, for it leaves out of account man as a social animal.

Fear of Dying, and Destructiveness. Horst-Eberhard Richter. Pp. 1105-1123.

Adults, in their narcissistic need to deny the reality and inevitability of death, project this narcissism backwards onto children, supposing them to be without an awareness of death. This is not borne out by those who have dealt with dying children. Children come to learn from adults, however, that death is a taboo subject, and they come to participate in a general cultural repression that today has a particular intensity and form. It was not so in the Middle Ages or even in the eighteenth century. Richter connects this narcissistic repression of the recognition of death with the rise of collective destructiveness. He details the operation of this belief in narcissistic omnipotence and the development of nuclear armaments. This "disease" of destructiveness can only be deterred by removing the denial and repression of death.

Parricide. The Background of Freud's *Group Psychology and the Analysis of the Ego.* Jaap Van Ginneken. Pp. 1124-1148.

This is a detailed and careful historical study of the social and political climate and intellectual background that may have contributed to the development of Freud's thought concerning the psychology of groups.

Meeting of the Psychoanalytic Institute of New England, East

George S. Klavens

Published online: 27 Nov 2017.

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NOTES

November 4, 1985. ANDROGYNY: THE PAST IN THE PRESENT. CLINICAL CONSIDERATIONS. Alexandra K. Rolde, M.D.

Dr. Rolde explored the problem of the development of female gender identity. She outlined Freud's "phallocentric theory of female sexuality," along with a number of historical challenges to it. She cited the recent views of Kestenberg, Torok, and Stoller that emphasize the ideas that "a girl is not just a failed boy" and that females have a sense of their own sex early in the postnatal period. Irene Fast's recent book, *Gender Identity*, suggested the existence of bisexuality in the preoedipal period; the bisexuality eventually yields to the reality principle but is never entirely relinquished. Dr. Rolde stated that although Freud viewed females as remaining narcissistically wounded and unrealistic, there is evidence that he recognized the ongoing "oscillation of libido between male and female objects." She presented a case report which illustrated these issues, highlighting the patient's relationship to her father and its contribution to the (persistence of) bisexuality.

The patient, a woman in her thirties, entered analysis because of anxiety, depression, and an inability to maintain a loving relationship with a man. Pertinent factors in her history included her mother's surgery for carcinoma of the breast when the patient was several months old, the parents' two-month trip which excluded the patient and her siblings, and the mother's death when the patient was three years old. She had no memory of her mother's death, but she had an image of eating mother's breakfast in mother's bed and then going to the kitchen alone to eat her own breakfast. Her father never remarried. Apparently, he neither openly mourned the death of his wife nor allowed the children to grieve. He required his daughters to cater to their male sibling. From ages eight through eleven, the patient had been sexually fondled by her father and had felt guilt and pleasure. This had ceased when her father learned that she had begun to menstruate. Her crushes on female teachers were as secret as the incest, for her father strongly disapproved. Her first homosexual involvement at a girls' summer camp lasted one night and brought a sense of relief from the incest. Her first heterosexual experience took place in college and left her feeling used. Her father died when the patient was twenty, and this was followed by a homosexual relationship that lasted several years but ended when the patient had an affair with a man. She left him after he became very ill, because she felt she was too young for such responsibility. She entered therapy with a male which lasted three years. Initially, it went well, but the patient left when she felt criticized by her therapist for having exposed her father by confiding the incest to a friend. She then turned to Dr. Rolde.

The treatment revealed obsessional defenses. Parental transferences predominated. The patient had no memories of her mother, but weekend separations led to depression, concern about the analyst's health, and concern about her own. The emerging maternal transference was unbearable, and the patient's libido turned to

other women. She was involved ambivalently with men and women, and denied her
femininity, for she feared being like her mother and dying of breast cancer. She
developed back trouble in the context of anger about dependence upon the analyst.
The wish to be cared for was acted out in homosexual relations which resembled the
incestuous relations with father. The patient grew increasingly depressed and sui-
cidal. This was understood in terms of her identification with her mother and the
wish to join her in death. In time the patient began to feel that a competent grown-
up was helping her to bear her feelings and mourn the loss of her mother. She grew
more curious about her analyst and also began to seek information about her
mother. She wished to be taught to be a woman, and she turned to men at work and
socially. As the maternal transference was analyzed, triangular oedipal transference
entered the analysis instead of being acted out in bisexual relations. The patient
grew more realistic about men and more feminine in waking and dream life. She
felt free to be angry at her mother for having abandoned her to the needs of her
father. She felt separate from her father and could see her oedipal wishes. She no
longer wished that she had been a boy, but rather that she had been treated as well
as her brother had been treated. She recognized, with comfort, her positive identifi-
cations with mother and father.

Dr. Rolde concluded that women, in collusion with society, have hidden their
sexuality and that more emphasis is placed upon females as caretakers than as
sexual beings. She commented upon a "developmental lag" in (male) analysts and
attributed it to resistance against recognizing the inherent femaleness of the female
child and the universality of early preoedipal bisexuality. Dr. Rolde selected this
case to present because it demonstrated not only early maternal deprivation as etio-
logical, but also bisexual behavior as the result of the patient's attempt to deal with
gender conflicts which arose from early experiences with both parents. Current
theories of an inherent sense of femininity do not contradict Freud's focus on the
importance of oedipal triangular conflict, although his conclusion that women are
basically passive and masochistic appears to be wrong.

DISCUSSION: Dr. Jerome Sashin wondered what the patient had been like as a
young child, since gender identity issues usually surface long before age eight, at
which time the incest had begun. The response was that the patient had been de-
scribed as happy, appeared so in family pictures, and seemed to have had a sense of
herself as a girl. Dr. Evelyne Schwaber noted that it had been the mother's (female)
body that was sick, and she wondered about the impact of this fact upon the pa-
tient's developing female identity. In addition, the mother had been unavailable:
she had left her infant for two months to go on a trip with her husband. Dr. George
Klavens suggested that, for the patient, the impact of the mother's psychological
malignancy may have been greater than that of the physical malignancy, for both
mother and father had been unable to bear the terrible affective experience and
had resorted to action to leave danger and death behind. Dr. Rolde agreed, but felt
it important to recognize the role of the father later on in the development and
persistence of the patient's bisexuality. Dr. Robert Pyles noted that the child found
safety with neither parent and that the bisexuality represented a compromise for-
mation: it provided gratification from one side and protection from the other; the
analyst was the first non-narcissistic, dependable, protective object. Finally, Dr.

Ana-Maria Rizzuto reminded us of Anna Freud's concept of "environmental impingement," and stated that for Dr. Rolde's patient the confluence of losses, the paternal denial of the mother's death, and the incest were all traumatic determinants of the bisexual behavior.

GEORGE S. KLAVENS

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 10, 1985. CALCIUM LIGHT NIGHT AND OTHER EARLY MEMORIES OF CHARLES IVES. Stuart Feder, M.D.

Dr. Feder endeavored to explore certain early memories of the composer, Charles Edward Ives. At the heart of these memories were his earliest experiences with his father, George Edward Ives, who was a village musician, Charles's most important teacher, and, indeed, the most important object in the composer's life. These memories were registered prominently in the auditory mode appropriate to a musician, in addition to the more usual ways. At a later period, they were incorporated into innovative works. Dr. Feder analyzed Ives's *The Pond* and *Calcium Light Night* musically and then discussed them from a psychoanalytic point of view. He supported his thesis with biographical material and contemporary newspaper accounts of local events. From this study he drew conclusions about the early development of an exceptional musical talent, the enduring effect of important objects who may nurture such talent, and one of the earliest roots of later creativity. Conflict with and ambivalence toward his father, related to the oedipal constellation, were strong motivating elements in Charles Ives's choices in life, not the least of which was his decision to become the kind of private composer that he did, independent of art for income. However, Dr. Feder focused on the relatively ambivalent, precompetitive, preconflictual phase of life characterized by the preoedipal, idealizing, dyadic bond with father as described by Peter Blos.

In this context, Dr. Feder suggested that certain of Ives's early memories had to do with documented absences of his father; these memories were later re-evoked and incorporated in musical works where their nonverbal representations are of a far richer and more subtle nature than verbal autobiographical statements, particularly with regard to affect. Moreover, such musical works were of a special, innovative nature within Ives's body of work. The chief psychological issues that Dr. Feder considered relate to the nature of special artistic endowment with its potential for symbolization, its vicissitudes in the "collective alternates" of Greenacre, and the special bonding with a parent similarly endowed. Dr. Feder sought to show how music can serve as a matrix for reminiscence, and vice versa. In the latter sense, personal mental life may endow art with distinctive stylistic features which are creatively innovative. In Ives's music one may perceive traces of memory of earlier times, objects, and experiences encoded, as it were, in the music. Of equal interest is the observation of how such elements stimulate and facilitate the creative act itself.

DISCUSSION: Dr. Lawrence Deutsch noted that Ives's father, a charismatic bandleader, seemed to be very involved in the upbringing of his son. From about six

months of age on, Charles would spend the greater part of his days with his father, listening to rehearsals in the barn, etc. His father taught him to be proficient on many instruments, and as a preadolescent, Charles composed and played drums with the band. Following the death of his father at age forty-nine, when Charles was twenty, he would feverishly compose music, within much of which one can find memorialization of his father. He continued to compose until he reached approximately the same age his father had been when he died; then Charles Ives became a recluse and his productivity ended abruptly. Dr. Deutsch disagreed with Dr. Feder about the relationship between father and son as basically positive. One has to have an overview of Ives's entire life, including the last thirty years when he was a recluse, in order to understand the full influence of his formative years. There may have been sensory overstimulation when the infant spent so much time hearing the instruments of the band. Dr. Deutsch also suggested that there might have been libidinal overstimulation in the intensity of the father-son relationship. Such overstimulation can have a deleterious effect on ego formation and can lead to psychotic identifications. This could have eventuated in the withdrawal from object cathexis as described during the last three decades of Ives's life. One might speculate that Ives suffered from a severe depression in his later years; he may have suffered from a bipolar disorder. Professor Maynard Solomon stated that Dr. Feder and other biographers of Charles Ives have stressed his positive attachment to his father, citing as evidence the copious memoranda which Ives prepared for use by his authorized biographers. It seems possible, however, that Ives's conscious idealization of his father and his exaggerated claims about his father's musical abilities are false traits intended to demonstrate filial piety, to disguise a hostile competition with his father, and to minimize guilt for oedipal transgressions. Even if we could construct a methodology adequate to demonstrate connections between a biographical constellation and a work of art, the apparent memorialization of one parent in such a work cannot be taken at face value; for it seems probable that the dialectics of the oedipal constellation prevent us from summoning up the memory of one parent without bringing the memory of the other in its train. If anything, certain nostalgic compositions by Ives perhaps strive to restore his parents as a fused unity in which he wished to participate as part of a primal triad.

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 16-20, 1987, at the Waldorf-Astoria Hotel, New York City.

The Literature Prize Committee of the MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION is now accepting papers to be considered for the 1987 annual prize of $500.00. Papers should deal with clinical, theoretical, or research issues specifically related to Dr. Mahler's concepts of separation-individuation in child development. Pre-published papers may be submitted provided they have been published within the year in which the prize is awarded. To be considered for this year, six copies of the paper must be submitted by December 31, 1987, to: Dr. Marjorie Harley, Chairperson, Literature Prize Committee, 201 St. Martins Road, Baltimore, MD 21218.