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THE FUTURE OF PSYCHOANALYSIS

BY JACOB A. ARLOW, M.D., AND CHARLES BRENNER, M.D.

To project what the future will bring is under all circumstances a dubious undertaking. It obligates us to examine the past and to accurately assess current trends and developments. When the issues pertain to a subject as close to our hearts and our interest as the future of psychoanalysis, it becomes essential to distinguish carefully among hope, prediction, and probability. It is with these limitations in mind that we address the invitation extended to us by the *The Psychoanalytic Quarterly* to consider the future of psychoanalysis.

One of the first issues to consider is whether there will be a future for psychoanalysis. This is not an idle thought. Many writers have already sounded the death knell. They are convinced that psychoanalysis will disappear as a body of theory and as a form of treatment. Regarding this issue, we feel we can make an unequivocal statement. Judged by present trends, psychoanalysis has a very definite future. To be sure, it will differ in many ways from the past. Consider that, at the present time, the number of people being trained in psychoanalysis or undergoing some form of treatment derived from psychoanalysis is greater than ever before in history. In fact, psychotherapy has been so generally identified with psychoanalysis that almost any form of psychological treatment is commonly, though inaccurately, called a form of analysis. In the light of current trends, one may add, it seems most likely that analysts will continue to be drawn increasingly from the ranks of those without a medical degree. The recent decision of the International Psycho-Analytical Association to recognize training institutes in psychoanalysis unaffiliated with the American Psychoanalytic Association makes this practically a certainty.

Furthermore, as a body of knowledge, psychoanalysis has so

extensively infiltrated related fields of study that it seems unlikely that all interest in the contribution that our discipline has to make to these fields of study will dissolve. If anything, there appears to be a revival of academic interest in psychoanalysis, particularly in the fields of literature, literary criticism, anthropology and sociology. Psychoanalysis has proved to be a major stimulus and a contributor to the burgeoning field of child development as well. And, finally, psychoanalysis is part of the climate of thought, at least in the Western world. Certain forms of human behavior are characteristically understood in terms of psychoanalytic concepts, e.g., the Freudian slip. In other words, not only is the influence of unconscious mental forces acknowledged in day-to-day conversation, in writing, and in the arts, but its origin in psychoanalysis is specifically articulated by applying the adjective "Freudian" to such phenomena.

Basically, speculations about the future of psychoanalysis are concerned with the answers to two questions. The first is: What will the profession of psychoanalysis be like in the future? The second: What will psychoanalytic theories about the mind and about the treatment of mental illness be like in the future? Both are fascinating and important questions, and we can be assured that they will be treated at length by the authors of subsequent papers in this series.

Under the first heading, one must consider such topics as the future of psychoanalytic education, part-time versus full-time analytic practice, and the qualifications considered necessary for one who wishes to become a psychoanalyst. The last of these is of particular interest in the United States just now, where, as we noted earlier, the requirement that one have a medical degree in order to become a psychoanalyst is being sharply challenged. We are aware that our presentation is strongly influenced in terms of our American experience. Many of the problems to be discussed have been confronted and resolved in different ways in various Western European countries, South America, and other parts of the world. In those countries, controversy over

medical versus lay analysis was laid to rest years ago. At the present time in the United States, there is strong pressure to bring admission requirements into line with those in the rest of the world, where, for the most part, a medical degree is not considered necessary for one who wishes to enter a psychoanalytic training institute affiliated with the International Psycho-Analytical Association.

In the United States, the debate has persisted for many years and there are valid arguments to be made on both sides of the question. We must recognize, however, that, much as one may be swayed by arguments on either side, the final decision is unlikely to be made on the basis of rational argument or scientific criteria. It is much more probable that the decision will be determined by political factors to which all must submit. The role of third-party payers, usage or custom, and judgments by the courts will, we think, play an important part in determining what policy will be followed with respect to a medical degree as a requirement for psychoanalytic training. As mentioned, the recent decision of the International Psycho-Analytical Association to recognize institutes in the United States that do not require a medical degree is an important step in that direction. Perhaps the American Psychoanalytic Association will follow suit, one way or another, eventually. As a corollary, it seems more likely that the setting of standards for training and practice in psychoanalysis may be removed from the authority of the practitioners and vested more and more in economic and political agencies. Out of these new developments, we can anticipate that the practitioners and the organized bodies of psychoanalysts in the future will have many additional problems to ponder.

If one were to be asked at the present time, by a young person in the United States who wished to become an analyst, what course of study to pursue before matriculating at an institute, the answer would probably have to be that a medical degree and a psychiatric residency, both at the proper institutions,

would most likely be the best route to follow. It seems very doubtful, however, that this will be the case for very long in the future. With the rapid growth of knowledge in all the health sciences, and with the increasing specialization of that knowledge as a result, more and more of what has been considered the practice of medicine is being carried out by persons without medical degrees, but with special training in one or another particular field. Indeed, the use of paraprofessionals is expanding in all of the professions in the United States. The changes that seem likely in the field of psychoanalysis, therefore, can be seen to be part of what is a general trend in professional practice in America.

There is one experiential component of medical training that is indisputably of paramount importance in the education of a psychoanalyst, and that is the psychiatric residency. Unless one has lived and worked with psychotic patients and has been exposed to extreme forms of mental illness, one finds it difficult to appreciate how real and how powerful are the primitive impulses that analysts laboriously unearth and infer from the associations of patients who are less sick and who are treated on the couch. Accordingly, any psychoanalytic training program, for non-medical as well as for medical candidates, must include some experience with psychotic patients and others with severe forms of mental illness. At the present time, many training programs for Ph.D.'s in clinical psychology or psychotherapy already provide such experience, but this is far from being the general rule. It is to be hoped that, in the future, such experience will either be an entrance requirement for training or part of the curriculum.

What of psychoanalytic education proper? What course of study may candidates in the future expect to have offered to them?

One thing seems certain. The most desirable education, then as now, will be found in a suitably accredited institute. With all their faults and inadequacies, accredited institutes are better than unaccredited ones. We can be assured that psychoanalytic

education by way of institutes will be with us for a long time to come. But what sort of education will they offer?

Continuance of the tripartite organization of the psychoanalytic training curriculum, i.e., personal analysis, the analysis of suitable cases under supervision, and a curriculum of courses or seminars, seems to be assured. In what ways will the curriculum differ from what is usual in institutes today? Here we express our hopes for the future, rather than attempting to predict it. We say this because we are mindful of certain difficulties in psychoanalytic training connected with the historical development of psychoanalysis.

In a certain sense, one may say that psychoanalysis has been mired in its early history. The reasons for this are many. In part, it is due to the influence of a heroic myth which has sprung up around Freud and has been carefully nurtured and sustained by generations of admirers, or perhaps one might even say worshipers. Freud himself contributed to the mythologizing of the early history of psychoanalysis. In "The History of the Psycho-Analytic Movement" (1914) and in "An Autobiographical Study" (1925), Freud depicted the rise of psychoanalysis and the psychoanalytic movement in terms of a heroic struggle in which he, a lonely, isolated figure, strove against overwhelming odds and complete rejection by the scientific community, until the truth emerged and he won the day. This is a highly romanticized account of what actually happened. In his zeal to protect the new set of concepts he had promulgated, Freud unwittingly created an atmosphere in which orthodoxy, and therefore also heresy, could flourish. The idea of being a chosen disciple, privileged to have direct contact with the master, has survived and is continued in the procedures of many of the training programs of the institutes. It is also reflected in certain trends and abiding interests in the psychoanalytic literature. One example of this trend is the recurrent appearance in the analytic literature of articles redoing, extending, deepening, and modifying Freud's early case histories. Another example may be seen in the way the Wolf Man has

been elevated to the role of venerated symbol of the history of psychoanalysis. In addition, there have been many efforts to discover the actual identity of Freud's original patients.

Concentrating on efforts such as these, many persons come to the conclusion that psychoanalysis is a sterile form of hermeneutics. From an appropriate historical perspective, one can see that Freud's early works, especially the case histories, represent progressive steps in the history of the development of the psychoanalytic method and of the conclusions that Freud was able to draw from using that method. As we know, Freud changed his mind several times concerning how he conceptualized his findings. In the future psychoanalysts will have to do the same thing, and they will have to teach their candidates to do likewise, with, one hopes, extended and detailed descriptions of clinical observations. One also hopes that analysts in the future will write their own case histories, using modern perspectives and keen appreciation for methodology, and leave Freud's case histories to be viewed in the appropriate time frame of history.

When psychoanalytic institutes were first formed, the foundation of their curricula was Freud's writings. A thorough knowledge of Freud's work was held up as an ideal for every aspiring analyst. All too often, one must add, Freud's contributions were approached in an uncritical way. It was many years before institutional curricula reflected the realization that Freud's own ideas about the development and functioning of the mind changed considerably in the course of the forty years of his work as an analyst, that he sometimes rejected or amended ideas to which he once held firmly, and that not all of his contributions were of equal quality. It was not until well into the 1950's that explicit attention began to be paid in institutional curricula to the historical development of Freud's ideas, to the notion of progressive development and change. Even today, there are many analysts who cannot, for example, bring themselves to give up Freud's original idea about the topography of the mind, which he himself later replaced with other

conceptualizations more in keeping with the data of observation (Arlow and Brenner, 1964).

As a result, one may see in the curricula of many institutes today emphasis on texts and topics that are quite superannuated. For example, most programs of training begin with consideration of *Studies on Hysteria* (1893-1895) and *The Interpretation of Dreams* (1900). Both these texts will soon be one hundred years old. One would be hard put to find a comparable situation in the training program of other scientific disciplines. It is not that these books are to be disparaged as sources of important ideas. They are valuable indeed, but they do not constitute texts for instruction in psychoanalysis as it is understood and practiced today. Thus, the topic of dreams and dream interpretation occupies much too large a place in psychoanalytic curricula today. Moreover, for the most part, dreams are still taught and studied from Freud's *Interpretation of Dreams*. This work is indeed a masterpiece in the history of psychoanalysis and one of the great achievements of nineteenth century science. It is to psychology what Darwin's *The Origin of Species* is to biology, and both are therefore of never-ending interest to a historian of science. This does not mean, however, that either work is still the best text from which to study the subject to which it made such an incomparable contribution.

We would expect that the subject of dream interpretation will cease to occupy the unjustifiably preeminent position it now holds in the curricula of all psychoanalytic institutes, because the time has long since passed when psychoanalysis could be described as the form of psychotherapy that relies primarily on the interpretation of dreams. Experience has by now convinced the majority of analysts that dreams and their interpretations are not the high road to the unconscious mental life that Freud first thought them to be. A dream is not simply the visually or auditorially hallucinated fulfillment of a childhood wish, whose meaning is to be revealed by undoing distortions and translating symbols. Dreams are, in fact, compromise formations like

any others (Arlow and Brenner, 1964; Brenner, 1955, 1976), compromise formations that are sometimes of very great value in analytic work and sometimes not. A dream is the product of a conflict whose components are drive derivatives, anxiety and depressive affect, defense, and superego manifestations, a conflict the origins of which stem from the childhood of the dreamer. The theory and technique of dream analysis in no way differs from the way one would analyze a waking reverie, a neurotic symptom, a character trait, a parapraxis, a screen memory, or any other object of analytic scrutiny. Future curricula should reflect such changes in knowledge and practice.

To the extent that dream analysis tends to be overemphasized in analytic curricula, the analysis of symptoms and neurotic character traits is slighted. This is all the more worthy of comment because patients, by and large, come for analysis to be relieved of the suffering and inhibition of function that are part of their symptoms and neurotic character traits. Yet symptom and character analysis are not frequently the subjects of special courses in institutes at the present time. There are courses in psychopathology, on the dynamics and genesis of neurotic symptoms and character traits, but none that focus on the technique of dealing with them in analytic practice. This is a serious lack, since the analysis of symptoms and neurotic character traits is as useful a source of information about a patient's conflicts as are his dreams (Brenner, 1976). We can predict that curriculum planning in the future will take this fact into account.

The future teaching of both theory and practice of psychoanalysis will also have to emphasize the subject of methodology and the centrality of the psychoanalytic situation as the instrument for studying the mind (Arlow, 1979). There are many reasons why we say this. The first pertains to one's efficiency as a therapist. Personal experience with the psychoanalytic method is indispensable if one is to become skillful at using it. Analyzing cases under supervision and following the work of another in a continuous case seminar are both important and

will undoubtedly continue to play a major role in the education of every future psychoanalyst (Brenner, 1976). Practical experience is invaluable in the acquisition of any technical skill, but the mastery of the principles underlying one's technique adds much to the value of practical experience. Furthermore, if one wishes to achieve a level above mere proficiency in any vocation, one must understand the principles underlying the procedures that make up one's daily occupation. Psychoanalysis *qua* method will, we hope, be more emphasized and more explicitly thought out in the future.

Appreciating the method of psychoanalysis is relevant to the future development of psychoanalytic theory as well as to practice. All who consider themselves psychoanalysts use what they call the psychoanalytic method in order to gather the data on which psychoanalytic theories are based. Yet it is obvious that the conclusions they reach and the theories they propose differ from one another in many respects. Recent years have witnessed the development of many new theories in psychoanalysis and even the emergence of new schools of psychoanalytic thought. The self psychologists explain psychopathology in terms of cohesiveness of the self. Some analysts place the major emphasis in psychopathology on the events of the first two years of life, emphasizing the role of separation or lack of separation from the mother. There are still other analysts who subscribe to the object relations theories of Fairbairn and Winnicott, in addition to the followers of M. Klein and/or Bion. One could also mention the Lacanians, the Horneyites and hermeneuticists. How can one explain the differences among theories presumably based on the same data of observation?

It has been suggested more than once that the differences among all these theories, so apparent to every observer, may stem from the fact that the data of observation are not, in truth, the same. In fact, they are often very different. Perhaps all analysts do not use the same technique, even though all call the technique they use by the same name.

This raises a serious problem, since it is obvious that differ-

ences in the method employed in studying any set of phenomena will produce very different sorts of data. The data and the theories based upon them become relevant in terms of the suitability of the method of observation. Theories of astronomy based on data obtained without the use of a telescope would be very different from those based on data obtained by using a telescope, photography, and spectroscopy. Similarly, theories of infectious disease will vary depending upon whether one uses a microscope or not. The same is true for theories of the mind. The data available by means of introspection and commonplace observation of the behavior of others, for example, are very different from the data available when one uses the psychoanalytic method in a psychoanalytic situation. To cite one example, until Freud developed the psychoanalytic method, data to support theories of psychic determinism and of dynamically significant unconscious mental activity were not available.

Method, thus, is clearly important and one must ask whether there are indeed significant differences among the observational methods used by the adherents of the different psychoanalytic theories mentioned earlier. In order to obtain comparable data, it will be necessary to obviate such differences. It will be important in the future to standardize the psychoanalytic method in respect to criteria for conjecture, for timing and phrasing of interpretations, for the validation of interventions, and so on. While absolute uniformity will never be attainable, it should be possible to decide on the degree of similarity and difference and to evaluate how the differences that emerge may affect the data of observation and the theoretical conclusions that can be drawn from them.

At the same time, we should be wary of any undue optimism about the delineation and standardization of the psychoanalytic method of investigation. In the foreseeable future, they will probably not eliminate substantial differences in the theoretical conclusions drawn. Other decisively important factors will continue to operate, as Waelder (1936) pointed out long ago. He noted a need to minimize or ignore the importance of child-

hood instinctual conflicts. No matter how different the theories of Adler, Jung and Rank were in other respects, they shared this feature to which Waelder pointed. Many of the theories that have emerged in more recent years conform to the same pattern. While they differ in what they emphasize, they seem to agree on what they ignore or minimize, namely, childhood instinctual conflict. One would hopefully anticipate that detailed and meticulous analysis of the data of observation, obtained through the use of the psychoanalytic method, would in the end resolve the conflict among competing theories. But, as psychoanalysts, we are mindful of the ever-present influences of unconscious needs and of the ubiquitous role such unconscious needs play in the process of decision making. In the end, of course, logic and reality prevail, but one can safely predict that progress in that direction will be slow and tedious.

The importance of emphasizing issues of methodology in the future gains added strength from certain trends that relate to the actual practice of psychoanalysis in our time. Many changes are occurring in the formal elements of psychoanalytic technique because of considerations of time and money and the influence of the third-party payers. We can therefore anticipate an accentuation of a trend which is already apparent, namely, changes in the formal elements of psychoanalytic technique—therapy two or three times a week, often without the couch, interruptions in therapy, etc. Reports of therapy under such altered conditions have been appearing with increasing frequency. Rangell (1981) described how he had achieved effective results under conditions varying widely from classical technique, i.e., fewer sessions per week, interruptions of the continuity of the analysis, etc. Other authors have reported similar experiences, among them Cooper (1987), who raises the question of what actually constitutes standard technique today. These developments pose many questions of theoretical and technical significance that will have to be addressed in the future, among them problems of manipulation of the transference, role-playing on the part of the analyst, the interpretation

of the transference, etc. These issues have already become the subject of intense debate, and it is clear that they will continue to challenge analysts in the future with increasing intensity. It will be necessary to organize critical studies and experimentation, in order to establish sharper criteria for indications of types of treatment and for judging the validity of the varying technical procedures.

There are any number of future problems that will concern what may be called the sociology of psychoanalysis. Among these is the professional identity of the medical psychoanalyst. Will future trends bring him closer to medicine and its professional organizations or will they serve to distance him from them? As of today, we can discern currents operating in both directions. It appears likely that the colleagues of future medical analysts will often be psychologists and other lay practitioners, as we have already said. As colleagues, they may be expected to practice together, participate in common programs of training, and belong to the same scientific psychoanalytic societies. On the other hand, many analytically trained psychiatrists are becoming increasingly eclectic in the various treatment modalities they employ. Often they have achieved considerable proficiency in psychopharmacology and are actively engaged part-time in hospital staff appointments and in the training of psychiatric residents.

How the various bodies of organized medicine will come to regard psychoanalysts and the practice of psychoanalysis is an open question. In the late 1950's, the American Board of Psychiatry and Neurology and the American Psychiatric Association were interested in setting up a board for certification of psychoanalysts in a subspecialty of psychiatry. The proposal fell through because of the opposition of a substantial minority of the members of the American Psychoanalytic Association. In the present climate, any such arrangement is farthest from the minds of the original initiators of the plan in organized medicine. The medical psychoanalysts of the future will face an identity crisis that will not be easy to resolve.

These issues lead quite logically to the future organizational life of American psychoanalysis. As non-medical training institutes under the aegis of the International Psycho-Analytical Association come into being in the United States, they will undoubtedly recruit for their faculty members of the American Psychoanalytic Association and other medically trained psychoanalysts. It seems plausible to expect that there will be continuing and increasing collaboration between such institutes and institutes currently affiliated with the American Psychoanalytic Association. What kind of collaboration may eventuate out of such rapprochement? Could this possibly lead to more uniform standards of psychoanalytic training and practice? This seems to be an open question. Given the essential conservatism of many analysts and the conflicting professional interests of the various groups involved, it seems that it will take a long time for effective cooperation to develop. If uniform standards for training and practice are ever promulgated, it is most likely, as we indicated earlier, that they will be the work of political and economic bodies rather than of psychoanalysts.

Of some things about the future of psychoanalysis we can be certain. Fortunately, they are the most important issues as well. Psychoanalysis will continue to furnish the most comprehensive and illuminating insight into the human psyche. It will continue to stimulate research and understanding in many areas of human endeavor. In addition to being the best kind of treatment for many cases, it will remain, as it has been, the fundamental base for almost all methods that try to alleviate human mental suffering by psychological means. And, above all, it will continue to be a compelling and adventurous enterprise for all those fascinated by the rich complexity of the human mind.

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Our Changing Views of the Therapeutic Action of Psychoanalysis: Comparing Strachey and Loewald

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OUR CHANGING VIEWS OF THE THERAPEUTIC ACTION OF PSYCHOANALYSIS: COMPARING STRACHEY AND LOEWALD

BY ARNOLD M. COOPER, M.D.

A comparison of Strachey and Loewald on the nature of therapeutic action reveals a deep shift in analytic interest away from the structural point of view and toward object relational and interpersonal frames of reference. Loewald's theoretical and technical revisions are far more sweeping than is usually acknowledged, and we can better benefit from his contribution by recognizing the full extent of his originality. Loewald's work also illuminates a major challenge for contemporary psychoanalysis: the need for an integration of the now disparate languages of metapsychology and clinical process.

Hans Loewald is one of those rare figures in psychoanalysis who have managed to be intellectual revolutionaries with none of the trappings that usually accompany a revolution. His significant conflicts with and contradictions of more traditional ideas are put forward with no indication of combative spirit, although his presentation is forceful and his conviction is profound. It is likely that this conservative style of revolution has disguised the full depth of his disagreements with traditional analysis, and this may have delayed our benefiting from his ideas. Loewald's psychoanalytic position and his critique of classical psychoanalysis seem to be close in significant respects to views put forth by Sullivan, Klein, Rado, and more recently by Kohut; yet he

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never attracted to himself the rather harsh storms that broke over each of them in America. In 1959 Kardiner, Karush, and Ovesey's polemically phrased critique of libido theory was unacceptable to the usual analytic journals. Only a year later, however, Loewald's "On the Therapeutic Action of Psychoanalysis," which was at least as encompassing although more subtle in its rejection of standard metapsychology, was published in *The International Journal of Psycho-Analysis*.

Loewald's vigorous conservative style also led him to a defense of the traditional language of psychoanalysis. He said (1978b), "What psychoanalysis needs might not be a 'new language' but a less inhibited, less pedantic and narrow understanding and interpretation of its current language, leading to elaborations and transformations of the meanings of concepts, theoretical formulations, or definitions that may or may not have been envisaged by Freud. Words, including concepts used in science, are living and enlivening entities in their authentic function" (p. 193).

The expansion and redefinition of old terms is characteristic of Loewald's work. While this retention of our traditional language may have helped shield him from major controversy, it may also have obscured the freshness of much that he was telling us, and blunted the full implication of some of his thought. Furthermore, I believe that we have now reached the point that increasingly imaginative use of existing language has so overburdened our lexicon that we no longer know which version of a concept is being used by each individual in a discourse (Cooper, 1986). While this is desirable in poetry, at some point it becomes a problem in science and even in philosophy. As I will indicate later, however, Loewald may be more committed to the poetic rather than to the scientific vision of psychoanalysis. I will suggest that he uses two different languages which, although complementary, are not integrated and may not permit integration.

The title of Loewald's paper, written in 1957 and published in 1960, "On the Therapeutic Action of Psychoanalysis," invites

comparison with Strachey's 1934 paper, "The Nature of the Therapeutic Action of Psychoanalysis." I assume that Loewald had that in mind when he wrote his paper. Each of these papers represents an attempt to use the most modern concepts then available in psychoanalysis as a basis for re-examining its clinical core. A review of these two landmark papers may serve as a useful gauge of the profound changes that have taken place in psychoanalytic theory during the past half century.

Strachey, writing while Freud was alive and active, makes clear that he is writing out of the established psychoanalytic tradition of resistance analysis as explicated by Freud in the technical papers of 1911 to 1915. He is able to take for granted that the power of the analytic situation derives from the power of transference and that the efficacy of analysis depends upon the use of interpretation. He notes that little has been written by Freud on the topic of analytic technique since the *Introductory Lectures* when, as Strachey (1934) summarizes Freud, "he held that the ultimate factor in the therapeutic action of psychoanalysis was suggestion on the part of the analyst acting upon the patient's ego in such a way as to make it more tolerant of the libidinal trends" (p. 133). The new discovery that has prompted Strachey's attempt to reformulate the action of psychoanalysis has been the elucidation of the superego by Freud as part of the general advance of ego psychology. Strachey's aim is to re-examine the therapeutic process in the light of this new knowledge of the superego, and he attributes to Rado the idea of emphasizing "the notion of the super-ego as the fulcrum of psychotherapy" (p. 135).

Using a Kleinian perspective, Strachey believes that neurosis is a vicious circle of the creation of hostile introjects secondary to the child's own hostile oral aggression, creating a harsh superego, with subsequent projection of aspects of these orally aggressive introjected objects back onto the external object, which will now be experienced as dangerous and frightening. This will, in self-defense, elicit even more destructive impulses

toward the object, leading to an even more destructive introject. The way out of this vicious circle is through the modification of the superego:

If, for instance, the patient could be made less frightened of his super-ego or introjected object, he would project less terrifying imagos on to the outer object and would therefore have less need to feel hostility towards it; the object which he then introjected would in turn be less savage in its pressure upon the id-impulses, which would be able to lose something of their primitive ferocity. In short, a *benign* circle would be set up instead of the vicious one [and] his super-ego will be comparatively mild and his ego will have a relatively undistorted contact with reality (Strachey, 1934, p. 138).

The goal is marvelously clear. How is it achieved?

Relatively simply. There are three steps.

1. The patient in analysis transfers the bulk of his id impulses onto the analyst.

2. "Owing to the peculiarities of the analytic circumstances and of the analyst's behavior, the introjected imago of the analyst tends in part to be rather definitely separated off from the rest of the patient's super-ego" (p. 140). As a result, following Rado's suggestion, the analyst becomes an "auxiliary super-ego" whose "advice to the ego is consistently based upon *real* and *contemporary* considerations and this in itself serves to differentiate it from the greater part of the original super-ego" (p. 140).

3. Under these circumstances the analyst is able to give mutative interpretations that break the vicious circle of hostile introjects and hostile projections. Mutative interpretations are given in two stages: (a) the patient's id impulses toward the analyst are interpreted and made conscious; and (b) the patient becomes aware that his primarily hostile id impulses are directed toward archaic fantasy objects and not at real objects as represented by the analyst.

Only transference interpretations are mutative. Mutative interpretations must be exact; they work in small increments and

represent small doses of reality that in time change the superego, breaking the vicious circle.

This model of therapeutic action seems straightforward, based on classical instinct theory and resistance analysis, and interlarded with a bit of Kleinian object relations theory. The role of the analyst is as a neutral, benign interpreter of reality, internalized as a temporary new object, helping to make the unconscious conscious, and modifying the superego. Classical analytic neutrality is preserved.

Loewald begins where Strachey leaves off. Because Loewald is such a vivid literary stylist when he speaks of therapy, I will quote him extensively, not only from the paper on therapeutic action, but from several others of his relevant papers that amplify the issues that concern us. Where Strachey drew on emerging knowledge of the superego as the basis for a new explanation of therapy, Loewald uses new ideas of interpersonal interaction and communication as his inspiration for a new description of the method of analytic therapy. He says (1960),

Today, after more than fifty years of psychoanalytic investigation and practice, we are in a position to appreciate, if not to understand better, the role that interaction with environment plays in the formation, development, and continued integrity of the psychic apparatus (p. 221).

In an analysis, I believe, we have opportunities to observe and investigate primitive as well as more advanced interaction processes, that is, interactions between patient and analyst which lead to or form steps in ego integrations and disintegration. Such interactions, which I shall call integrative (and disintegrative) experiences, occur many times but do not often as such become the focus of our attention and observation, and go unnoticed. Apart from the difficulty for the analyst of self-observation while in interaction with his patient, there seems to be a specific reason, stemming from theoretical bias, why such interactions not only go unnoticed but frequently are denied. The theoretical bias is the view of the psychic apparatus

as a closed system. Thus the analyst is seen, not as a co-actor on the analytic stage on which the childhood development, culminating in the infantile neurosis, is restaged and reactivated in the development, crystallization and resolution of the transference neurosis, but as a reflecting mirror, albeit of the unconscious, and characterized by scrupulous neutrality (p. 223).

The analytic stance that Strachey assumed as the norm—the benignly neutral analyst interpreting reality to counteract and correct the harsh superego—is greatly expanded into an explicitly interactive role, which is a rejection of the traditional “mirror” metaphor for the analyst.

To understand better what Loewald means by the role of interaction both in development and in analysis, it is necessary to examine some of his other writings on the topic. Throughout his work Loewald is explicit in claiming that all of psychic life consists of actual and internalized interactions. He goes to the heart of the psychoanalytic matter, and he drastically reformulates the instinctual basis of motivation as an interactive process. He (1971a) defines instincts as “forces within the psychic organization and not stimuli which operate on that system from without” (p. 123). “Instinct in psychoanalysis must be understood as a psychological concept” (p. 126). “The following thesis is proposed: instincts understood as psychic motivational forces become organized as such through interactions within a psychic field consisting originally of the mother-child (psychic) unit. (This formulation implies that neither objects nor instincts are any longer taken as givens or as concepts simply appropriated from other sciences.)” (pp. 127-128). “Thus I conceive instincts (considered in the framework of psychoanalytic psychology) and the id as a psychic structure, as originating in interactions of the infantile organism and its human environment (mother)” (1978a, p. 208). Although Loewald tries to justify this new usage of the term instinct through a sophisticated reading of Freud’s later instinct theory, I suggest that this usage differs

significantly from what has been understood in general psychoanalytic parlance.

This different concept of motivation, viewing interaction of subject and object as the creator of motivational processes, and assuming a basically adaptive and cooperative, rather than intrinsically antagonistic, relationship of infant and environment is key to understanding Loewald's view of therapeutic action. He writes "Pleasure and unpleasure, at this [infantile] stage, are global states of being. And an adequately empathic mother is, as a matter of fact, a participant in this stage of being, no less or hardly less than the infant" (1971a, p. 134).

Interestingly, Loewald wrote his paper on therapeutic action while the core ideas of that paper were far from accepted in the psychoanalytic community and had hardly been developed in his own work. Many of his key papers (e.g., "On Internalization" [1973], "On Motivation and Instinct Theory" [1971a], "The Transference Neurosis: Comments on the Concept and the Phenomenon" [1971b], and two papers on the superego in 1962) were written after "On the Therapeutic Action of Psychoanalysis." One of the intellectual mysteries of this extraordinary paper is the source for Loewald's vision of the nature of psychic life and for the power of his conviction about his ideas. Although similar ideas were "in the analytic air" and other analysts were criticizing aspects of traditional theory during the 'fifties (Rado and Horney had already split from the New York Psychoanalytic Institute), this paper seems a good example of how intuitive understanding precedes detailed knowledge of processes, a common occurrence in the history of science. More effectively than anyone else, Loewald was able to create a living, humanistic description of an adaptational mode of psychoanalytic action. Interestingly, neither Rado and his group, nor the English analysts, nor Sullivan, Horney, and others who were part of the profound critique of traditional libido theory, are mentioned in the bibliography of Loewald's 1960 paper. The relevant work of the infant researchers had only just begun, and the critical findings of Stern (1985) and others were not avail-

able. However, this alternate view of psychoanalysis as a non-mechanistic, open-ended, and personal-agency-centered activity was part of the intellectual ferment of the time and the source of bitter disputes. Loewald was one of the few with the philosophical background, humanistic outlook, and personal qualities that would enable him to see ahead as clearly and courageously as he did. However, Loewald, too, experienced the deaf ear that was then generally turned to what is now an accepted, perhaps even the prevailing view of mental life held within the psychoanalytic community. In 1970, writing in his non-metapsychologic mode, he said, "To discover truth about the patient is always discovering it with him and for him as well as for ourselves and about ourselves. And it is discovering truth between each other, as the truth of human beings is revealed in their interrelatedness. While this may sound unfamiliar and perhaps too fanciful, it is only an elaboration, in nontechnical terms, of Freud's deepest thoughts about the transference neurosis and its significance in analysis" (pp. 297-298). "In many quarters there still seems to be a tendency to put up a 'no admittance' sign where metapsychological considerations point to object relations as being not merely regulative but essential constitutive factors in psychic structure formation" (p. 299).

At the risk of great oversimplification I will summarize some of those ideas that constitute the basis for his paper on therapeutic action, as well as for the thrust of Loewald's life work.

1. Loewald is dedicated to the idea of the centrality of interactional processes in every aspect of human existence. He, like Sullivan, is unable to conceive of the individual except in the matrix of his interactions. Mental life begins with interactions, not with instincts.

2. This leads him to a conviction of the constitutive nature of object relations, viewed as the internalization of the interactional processes of the individual with its objects, not internalization of the object itself: "... the primary datum for a genetic,

psychoanalytic psychology would be object relations. This relatedness is the psychic matrix out of which intrapsychic instincts and ego, and extrapsychic objects, differentiate" (1978a, p. 216). External reality, no less than "inner" reality, is the result of the hierarchic organization that is achieved by internalization.

3. The real environment within which the infant is achieving its psychic organization is really important. Loewald believes as strongly as Kohut ever did that the empathic milieu of the child during development and of the analyst during analysis are the vital ingredients for the development of psychic health.

4. Loewald emphasizes the achievement, through structure-building, of increasingly complex, inclusive, preconsciously available organizations of instinctual and environmental stimuli (1973). In contrast to the position of more traditional ego psychologists, defense and compromise formation are downplayed, almost but not quite regarded as forms of psychopathology, while hierarchical organization with permeable boundaries between unconscious and preconscious and between internal and external allows for constant change and continued growth. Pathology, for Loewald, is the imposition of secondary process for the purpose of maintaining primary process ideation, isolated and unaffected by reality. In normality there is a continuing transformation of primary process activities into preconscious language-available processes and continuing interplay between them. Growth and change never cease. The intensity and richness of life derive from the constant refreshment of consciousness from primary process sources.

5. Loewald is at one with Strachey in believing that psychoanalysis is a treatment in which the process of normal development is resumed, with the analyst in the role of a better parent. Some undefined "core" in the individual, called instinct as easily as anything else (although Rado called it the action-self and Kohut chose to call it the self), leads the infant through its interactions with its environment to differentiate into a unique individual.

How does treatment work in this model? Loewald's description is subtle and many faceted, but I will mention only two aspects of the mode of therapeutic action, both stressed by Loewald in his landmark paper on therapeutic action.

Loewald gives this summary of his view of *the goals* of therapeutic action:

... ego development, arrested or distorted in neurosis, is resumed in analysis. The analyst helps to revive the repressed unconscious of the patient by his recognition of it; through interpretation of transference and resistance, through the recovery of memories and through reconstruction, the patient's unconscious activity is led into preconscious organization. The analyst, in the analytic situation, offers himself to the patient as a contemporary object. As such he revives the ghosts of the unconscious for the patient by fostering the transference neurosis which comes about in the same way in which the dream comes about: through the mutual attraction of unconscious and "recent," "day-residue" elements. Dream interpretation and interpretation of transference have this function in common: they both attempt to re-establish the lost connections, the buried interplay, between the unconscious and the preconscious (1960, p. 249).

This description represents an ego psychological advance over the position taken by Strachey, updated but not in itself very startling. But there is another side to Loewald, to me the more exciting one, that emerges when he describes how this goal is achieved by the psychoanalytic *process*. In discussing the patient-analyst relationship and Freud's insistence on the scientific nature of the treatment process, he says, "... I believe it to be necessary and timely to question the assumption, handed to us from the nineteenth century, that the scientific approach to the world and the self represents a higher and more mature evolutionary stage of man than the religious way of life" (p. 228).

It is this alternate philosophy that informs his view of therapeutic action. He switches both language and perspective when he says that an analyst

requires an objectivity and neutrality the essence of which is love and respect for the individual and for individual development. This love and respect represent that counterpart in "reality," in interaction with which the organization and reorganization of ego and psychic apparatus take place.

The parent-child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating this vision to the child in his dealing with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being that the child presents to the parent. This "more" that the parent sees and knows, he mediates to the child so that the child in identification with it can grow. The child, by internalizing aspects of the parent, also internalizes the parent's image of the child—an image that is mediated to the child in the thousand different ways of being handled, bodily and emotionally. . . . The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating with the child, and communicating to him his identity, sameness, unity, and individuality, shape and mould him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. . . .

In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place (1960, pp. 229-230).

This is the language of human interaction, far from metapsychology. It is of a piece with this view that interpretations are

referred to as forms of poetry expressing the ineffable—a far cry from the idea of exact interpretation that occupied Strachey.

The analyst works by being an emotionally related object, with an important gradient of organizational maturity between him and his patient, mindful of the patient's core of potential being, which he senses as a parent does, oriented toward the future, offering the patient opportunities to create new integrations on the armature of maturity that the analyst provides. His task is empathic communication, uncovering, and guidance toward a new synthesis. This phenomenologic, interactive description of the *role* of the analyst is qualitatively different from Loewald's metapsychological description of the *goals* of analysis that I quoted earlier. This description places therapy in a different universe from that dreamed of by Strachey, or even by Fenichel. Sullivan and Rado were interested in similar models, but they were too attached to positivist science to be able to develop them. Hartmann began with a similar vision but quickly abandoned it. The English analysts, such as Winnicott and Fairbairn, are closest to Loewald, and of course, Kohut, stripped of his special metapsychology, is very near to sharing this outlook.

At the present time, these two descriptions of analytic activity, the metapsychological description of goals, and the interactive and phenomenological description of process, are not readily translatable into each other; they are parallel rather than integrated. The discrepancy of two languages and two points of view continues throughout Loewald's work. Unfortunately, no metapsychological description will yield the prescription that Loewald gives for carrying on psychoanalytic work, although bad metapsychology can inhibit or prevent such work as Loewald recommends. It is a major task of psychoanalysis today to unify these two forms of description. This remains the "cutting edge" of the development of psychoanalysis. Without such unification we lack scientific guidance in the conduct of our clinical work. We are forever indebted to Loewald for giving us both of these descriptions of the nature of therapeutic action and for

stirring us to continue to explore the interactive world he outlined.

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A WOMAN'S HOMOSEXUAL TRANSFERENCE WITH A MALE ANALYST

BY SHELDON ROTH, M.D.

A woman in analysis with a male analyst developed a significant homosexual transference during the middle phase of treatment. The expression and working through of this material (in displacement) is seen as reflecting one example of the influence of gender on the psychoanalytic process. For the male analyst to utilize this transference, he must make a clear distinction between the negative oedipal phase and the preoedipal (pregenital) phase in female development.

In recent years the influence of the gender of analyst and analysand on the psychoanalytic process has been increasingly recognized (e.g., Goldberger and Evans, 1985; Karme, 1979; Kulish, 1984, 1986). This paper presents an example of this influence in the form of a woman's homosexual transference to a male analyst. Freud emphasized the importance of the homosexual transference of the female analysand in his discussion of the Dora case (1905):

. . . I have never yet come through a single psycho-analysis of a man or a woman without having to take into account a very considerable current of homosexuality (p. 60).

The longer the interval of time that separates me from the end of this analysis, the more probable it seems to me that the fault in my technique lay in this omission: I failed to discover in time and to inform the patient that her homosexual (gynaecophilic) love for Frau K. was the strongest unconscious cur-

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rent in her mental life. . . . Before I had learnt the importance of the homosexual current of feeling in psychoneurotics, I was often brought to a standstill in the treatment of my cases or found myself in complete perplexity (p. 120, n.).

In a recent article, Bloss summarized Freud's views on the clinical importance of the negative oedipal complex in women. Bloss (1984) stated:

. . . I am reminded of Freud's remark about the girl's resolution of her Oedipus complex. In his work with women patients he was struck by the fact that the positive complex pales into insignificance with the deepening of the analytic work, while the negative complex moves to the forefront. The analysis of the Oedipus complex—and Freud refers here to its positive component as the one subjected to analysis—comes to a standstill. Freud (1924) writes: "At this point our material—for some incomprehensible reason—becomes far more obscure and full of gaps" (p. 177). In the perplexing pursuit of this problem he came to realize that the preoedipal period exerts an influence on the emotional development of women that equals or even exceeds the influence of the positive oedipal position. Freud (1931) states: ". . . it would seem as though we must retract the universality of the thesis that the Oedipus complex is the nucleus of the neuroses." He concludes that "this correction" is not necessary if we include in the Oedipus complex the negative component of the girl's exclusive attachment to the mother and realize that the girl reaches the positive position only after "she has surmounted a period before it that is governed by the negative complex" (p. 226) (p. 316).

My own review of Freud's paper, "Female Sexuality," further clarified for me his difficulty in pinpointing a developmental niche for the negative oedipus complex. Freud (1931) stated:

Everything in the sphere of this first attachment to the mother seemed to me so difficult to grasp in analysis—so grey with age and shadowy and almost impossible to revivify—that it was as if it had succumbed to an especially inexorable repression. But, perhaps I gained this impression because the

women who were in analysis with me were able to cling to the very attachment to the father in which they had taken refuge from the early phase that was in question. It does indeed appear that women analysts—as, for instance, Jeanne Lampl-de Groot and Helene Deutsch—have been able to perceive these facts more easily and clearly because they were helped in dealing with those under their treatment by the transference to a suitable mother substitute (pp. 226-227).

Summarizing the factors that lead the preoedipal girl away from her mother, Freud included insufficient feeding, disappointment because of lack of a penis, castration concerns, unhappiness about sharing her mother's love, and injunctions against masturbation. In a seldom noted passage, however, he concluded:

[Some of these motives] appear like rationalizations devised later to account for the uncomprehended change in feeling. Perhaps the real fact is that the attachment to the mother is bound to perish, precisely because it was the first and was so intense; just as one can often see happen in first marriages of young women which they have entered into when they were most passionately in love. In both situations the attitude of love probably comes to grief from the disappointments that are unavoidable and from the accumulation of occasions for aggression. As a rule, second marriages turn out much better (p. 234).

This passage is remarkable because in it, Freud posited a mechanism for the movement away from mother to father other than penis envy and castration anxiety. Psychological evolution beyond pure drive development (Edgcombe and Burgner, 1975) was suggested in his description of the shift from the preoedipal mother attachment (which included the negative oedipal in this 1931 paper) to the positive oedipal stage. Freud postulated that intense ambivalence (which normal adults are able to master) during infantile development can be used to drive away the earliest object of attachment and is a special consequence of infantile sexuality.

PREOEDIPAL, PREGENITAL, AND NEGATIVE OEDIPAL DEVELOPMENT

It is important to pause and highlight Freud's use of the term "preoedipal" in this 1931 paper: he used it to characterize a girl's attachment to her mother without ever distinguishing between what contemporary analysts usually understand "preoedipal" to imply (i.e., pregenital wishes and conflicts) and what we would subsume under negative oedipal constellations. Although he did not often use the term "negative oedipal" in his discussion, he stated that the period of the girl's attachment to the mother may continue much later into development (e.g., into the fifth year) than he had formerly assumed. Genital sexuality, such as it is at this early age, is not centered exclusively on the father as the object of libidinal aims. Thus, in this 1931 paper (as well as in Lecture XXXIII of his 1933 lectures) the term "preoedipal," referring to this later phase of female sexual development, is not always synonymous with "pregenital." Clinical discussion of female homosexuality (and its manifestation in the transference) is often complicated by a confusion of these terms and their different developmental nodal points.

PASSIVE INTO ACTIVE AND HOMOSEXUAL TRANSFERENCE

Freud (1931) characterized a girl's early erotic life with her mother as going from passive experience to active participation: "... when a child receives a passive impression it has a tendency to produce an active reaction. It tries to do itself what has just been done to it" (p. 236). Thus, there are directed toward mother wishes to suckle, feed, and have children. Doll play often reveals the desire to eliminate father and have mother exclusively. Freud suggested that mother's early bodily attentions to a little girl, including enemas, were intensely stimulating and provided the little girl's first passive erotic experience. Later such attentions may be felt to have been seductive

and may then be transferred over to fantasies of being seduced by father. Freud also believed that the girl's later conscious sense that father was the original seducer is a displacement from the deeply repressed original experience with the mother. He depicted for the little girl a forceful active phase of libidinal development involving the mother prior to a return to what he called passivity, as the girl turns to the father in the oedipal period (see Chehrazi [1986] for a summary of contemporary criticism of this view of passivity).

This passive-into-active libidinal development is a key to the female homosexual transference. The elements of the active and passive sexual needs of the child, if bound up in essential conflicts that continue into adult life, will seek expression in the clinical transference. Certain pregenital passive aims (e.g., longings for nurturing and soothing) will not find a stumbling block in the fact of an analyst's maleness. But later genital active desires (i.e., the wish to see and explore mother's body with masturbatory aims, to stimulate as one has been stimulated, or to give a child to the mother) will not easily be experienced toward the male analyst in a sustained, passionate manner. A little girl's wish to be the center of her mother's life, to provide mother with stimulation and happiness, or to give her a child and home—exclusive of and in rivalry with father—is not necessarily a longing for oral fusion with the pregenital mother (although elements of such conflicts may indeed be present as well). There is also the developmental challenge for the little girl to be equal to the mother, as Freud suggested, to play the active woman rather than the passive child. This action fortifies identification with the competent, amorous mother of childhood and, when blocked through conflict, will impede the sense of competence the girl needs to traverse the phase of positive oedipal rivalry with her mother.

If these issues are cardinal to a woman's conflicts, although aroused by a regressive transference with the male analyst and linked with him in the unconscious, they will find expression outside the office with women, in fantasy, dreams, and action. It

is this displacement drama which provides an opportunity for culling out and interpreting the homosexual conflicts. An analysand's homosexual fantasies and/or actions may not always reflect passive oral longings or a regressive avoidance of the positive oedipal transference. The clinical case to be presented, while it reflects both these latter transference movements, also reveals the adult derivatives of the active, developmental process sketched out by Freud, characteristic of the negative oedipal period.

PROBLEMS IN TERMINOLOGY AND CONCEPTUALIZATION

The active stance of the young girl before her entry into the positive oedipal phase has been looked at from angles different from the homosexual one I am emphasizing. Edgcombe and her co-workers (1975, 1976) formulated elements of the active preoedipal phase as "phallic-narcissistic" and emphasized the relative lack of self-object differentiation between daughter and mother while stressing a concurrent phallic competitiveness between the two. These authors explained the dynamics of this phase without resorting to the concepts of penis envy and castration anxiety as generating motivations; voyeurism and exhibitionism were emphasized. These latter elements, they wrote, helped to fuel the competitiveness with the mother while enhancing identification with her. They stated that this was a "time in which the child may be expected to acquire and to shape [her] sexual identity; having done this, the child is then better able to enter the oedipal phase of development" (1975, p. 166). Although Edgcombe and co-workers used a viewpoint different from that of the negative oedipal process to explain the psychodynamics of this period, they emphasized the importance of sexual identifications (crucial to a successful positive oedipal experience) during this phase.

Disagreement over conceptual terms used to describe this period of female development has been sharply outlined by

Chehrazi (1986), who noted the inappropriateness of the term "phallic" for the activity of the young girl. Other terms Chehrazi reviewed were "genital phase," "preoedipal genital phase," and "early genital phase." For simplicity's sake this paper will refer to the homosexual strivings of the female by the classical terminology "negative oedipal phase." In using this term, I do not wish to exclude attention to earlier dyadic interests of the young girl in her mother. Earlier dyadic issues are indeed embedded in later genital longings for mother. "Negative oedipal" is intended to describe a girl psychologically capable of a triangular rivalry with father for mother. The term is not meant to invoke penis envy and castration anxiety as driving motivations for this phase, although I am aware that it is possible to conceptualize these events in those classical terms. "Negative oedipal," as used in this paper, is also meant to be in accord with Parens, et al. (1976), who posited a psychobiological, gender-related force as a primary factor in the progress of the young girl from preoedipal conflicts into the positive oedipal phase.

CLINICAL EXPRESSION OF THE HOMOSEXUAL TRANSFERENCE

This *active* libidinal phase is an important current in the analysis of adult women, and in the transference to a male analyst it is discernible beyond the person of the analyst or the patient's mental representation of him. The homosexual libidinal interest is expressed primarily in displacement through fantasy, dreams, and persons in the life of the analysand outside the analytic office (Karme, 1979).

The problem of the expression and working through of the woman's homosexual feelings with a male analyst was well posed by Lampl-de Groot (1928) when she stated:

The phase of the negative Oedipus attitude, lying as it does so far back in the patient's mental history, cannot be reached

until the analysis has made very considerable progress. Perhaps with a male analyst it may be very hard to bring this period to light at all . . . possibly treatment under these conditions cannot get beyond the analysis of the positive Oedipus complex. The homosexual tendency, which can hardly be missed in any analysis, may then merely give the impression of a later reaction to the disappointment experienced at the father's hands (p. 194).

The following clinical vignette (Roth, 1987) exemplifies Lampl-de Groot's point.

A woman had six years of analysis with a male analyst of good reputation. The pair covered many conflictual issues with some success. At times the analysand talked about what she felt were uncomfortable lesbian feelings, but these were interpreted as unfulfilled wishes for mothering or avoidance of the positive oedipal transference. The patient ended this treatment feeling that, on the whole, it had been helpful, but vague feelings of dissatisfaction lingered.

After some time, deciding that life was still unsatisfactory, she entered therapy again, this time with a female psychotherapist. Within several months she experienced an intense, sexualized lesbian transference to this woman. The patient was stunned. She could not believe she harbored homosexual feelings of such intensity and drive. For the first time in her life, with a new friend, she entered a homosexual relationship. She grew to feel comfortable with her femininity in this experience. She developed a sense of her body which felt womanly and confidence that she was attractive as a woman. All this material, its genetic roots, and its manifestations in the transference were explored actively with her female therapist. After a year or so her homosexual relationship waned. She began an intense relationship with a man and then concluded her psychotherapy. Not long afterward, she married.

The case I will now present reveals how such material may manifest itself within the male analyst/female analysand pairing. For the male analyst, when homosexual issues emerge,

the technical stumbling block is the reductive trap of oversimplifying the complexity of female sexuality into an either/or conceptualization: the analysand is either longing for dyadic fusion (yearnings for the maternal breast) or fleeing from the anxieties of positive oedipal sexuality. However, homosexual issues, deriving from the negative oedipal development, may be paramount in and of themselves.

It is also my contention that a sense of ease and confidence as a woman is hampered by the extent to which a woman's active negative oedipal experience with her mother was frustrated and laden with conflict. The positive oedipal phase will then be entered with a feeling that one is not an adequate rival with mother in the struggle for father. In psychoanalysis, when these negative oedipal issues are analyzed, the positive oedipal transference takes on sharper focus and intensity as the male object of love does not carry the burden of gratifying negative oedipal conflicts.

CASE HISTORY

Ms. Brown was thirty-five when she came to me with recurrent depressions, diffuse anxiety, an ongoing sense of failure despite increasing professional success, and unhappiness about her love life, which was stagnated with a man she had been seeing for several years. An early marriage had ended in divorce almost ten years earlier; there was a son from that marriage who remained in her care. For two years or so in her transference, she had perceived me as the rational, reasonable, clear-thinking father, attuned to reality, somewhat distant although respectful, and dangerously, highly sexual, an element of the transference that attracted but frightened her. I suggested that I reminded her of lovers she had felt passionate about, but with whom no lasting relationship ensued; my saying this aroused anger of a bitter nature, since she felt controlled by men through her sexual passions. Her father and husband had liked to read por-

nography, and she remembered father once caressing his sister in a sexual manner, much to the patient's disgust and excited fascination.

Around the beginning of the third year of analysis, Ms. Brown and her lover planned a vacation. Two weeks before departure she had great difficulty sleeping, became somewhat depressed and anxious, and, most strikingly, had difficulty making it through the analytic hours. She often arose suddenly from the couch, excused herself, and went to urinate in the bathroom. She alternately attributed this behavior to caffeine, tea, her menstrual cycle, and a number of other organic causes. At one point I reminded her that one of her original chief complaints was the inability to sleep through the night; this seemed connected to her father's death and to the pain of grief, which penetrated her sleep. My reminder led her to remark that perhaps the urge to urinate was connected to her father. Ms. Brown recalled that when she was about three years old, her mother had become withdrawn and depressed subsequent to the death of mother's older sister. Mother no longer came to the patient in the night when she cried to go to the bathroom; father began to make his appearance. She really wanted her mother, but it was fun when father put her up on his neck and carried her. She liked the genital sensation she obtained when she excitedly squeezed her legs around his neck—here she began to cry and to talk of missing her father, telling me details of his life. I suggested that she was going to miss me when she went away on vacation, and perhaps it felt as if she could hold onto me by urinating during the hour. My comment was a response to her conscious paternal transference feeling, but it evoked maternal longings as well. "That's it!" cried the patient with a great sense of urgency. "Of course! That's why I came here in the first place: I couldn't sleep through the night. If I sleep through the night, I'm getting along without my mother—if I get through the therapy hour, then I am really on my own. It's like if I sleep through the night, I wouldn't need you. I need to cut the apron strings to my mother and I have trouble with

that. Here I am, a grown woman with a child, a lover, a successful career, and I'm still looking for her—I'm frightened!"

(What's the fear?) "It's like I'd lose you, almost like I'd have to take you along. It's amazing to me that I could find such relief by putting this into words."

We catch a transference shift here as the patient remembers in words what she had been remembering in action. The patient shifts from experiencing me as a paternal representation to expressing her underlying longing for her mother, and maternal elements in the transference are uncovered. She was able to provide the maternal transference interpretation after I had made the paternal one. This nurturing, maternal transference element is quite familiar to male analysts (Chasseguet-Smirgel, 1984), but leads in this case to additional crystallization of specific sexual feelings toward mother and women. I am condensing this session to get to the next, which began with an announcement of a dream and, incidentally, was a session in which the patient did not leave to urinate.

I dreamt that I was returning from Nova Scotia in my car. I picked up two women hitchhikers and took them home with me—that is, to my old home in Maine, where my mother lived. One of them slept in a room where my mother's bedroom is, and the other one in the bed with me. In the morning, in the dream, I awoke and found her with her hand on my pussy, masturbating me. It felt good, but I didn't like her; she seemed hard. Later, as they left, I noticed money was missing from my purse. I saw a man outside waiting for them, and they drove off in my car. I called the police, and it seemed like they'd be easy to catch, and I'd get my money back.

The patient first began to focus on the stealing, the man who reminded her of various self-seeking, unscrupulous men—his connection with the women. She noted her isolation and aloneness in the dream after they had left, although she felt that she would get back what was taken from her purse. There was anger toward these women. I made some interpretations about her "black-sheep" isolation from her family. I also commented

on rivalry with her sisters and on the various feelings of being taken advantage of. These interpretations, while intellectually correct, did not click affectively. This patient of high intelligence, motivation, and verbal ability took what I offered, but, although she filled in, the session did not seem to take off.

Inwardly, I recalled the sessions of urinating, the masturbation on father's neck, and, realizing that usually the *affect* in the dream is the major undistorted *reality* in a dream, that it usually refers to something real in the patient's emotional experience, I shifted and asked her what came to mind as she recalled the "good" feeling from the woman's hand on her genitals.

"That is quite interesting," said the patient. "As I think about it, her hand couldn't be on my pussy in that way. It would be an impossible position. The only one who could do that would be me. Maybe I was masturbating myself, and I used the woman in the dream for me. I wouldn't touch myself. You know that I masturbate myself with a pillow; I don't touch myself."

(In the dream you do.) "I'm hiding that in the dream, hiding the fact that I stink, I'm dirty and smelly. I have felt smelly all this week, pissy and smelly. I've always douched in private. With men I'll share my body but not my intimate details. I do with Michael [her current and long-standing lover]. Michael accepts me, stink and all. In a way, by telling you all this I'm kind of sharing it with you too. I feel smelly and dirty just talking about it with you. I've never touched myself to masturbate. When I was small—I guess around the time my mother got depressed [the period when her father carried her to the bathroom], they got me a big teddy bear and I used to masturbate against that teddy bear; what a workout I gave that teddy bear, I wore it out! It eventually fell apart!"

(You were too much for the bear.) Laughs, and then a rush of tears. "Are you saying that I could be too much for you? I do feel that, that I am too much, my feelings are too much—too much of a crier, a clamorer; my own mother couldn't take it. I wore the teddy bear out and then used the pillow. You know, all the men who have really turned me on, strange as it seems,

were the ones with the teddy-bear shapes, the potbellies. I never put that together before. They actually were crappy lovers, but they turned me on more than the slim, passionate, sexual ones, the rotund ones, like Michael, my teddy bear. Maybe that's why I wonder if he will put up with me; if he can take me, I'll wear him out like the teddy bear." In part, the patient had grasped her desire to use me as a maternal, masturbatory object.

From here her thoughts turned to wearing people (and me) out with her energies—demands for love, demands for professional perfection—and her compensatory need to be totally independent and not to need anyone. I commented, "In the dream you offered help to the women and then were left alone." Here I was amplifying her attempt to be the loving nurturer to other women despite her own history of rejection by her mother. In her attempt to rescue other women, she was making restitution for herself, and in some deeper way, yet to be experienced in treatment, she was also attempting to forgive mother for her failures.

My comment reminded the patient of her out-of-wedlock pregnancy, which her mother had urged her to abort, but which she had wished to carry to term. She did so and ultimately raised the child. We could recall the full purse of the dream, a symbol of the pregnant uterus, which a woman empties and robs; mother wished the abortion. The patient, however, with a deep urge to nurture, called the superego police and felt that she could retrieve her valuables, the contents of the purse, her child. Focusing on her urge to help in the dream touched on her libidinal longings to have her mother by being a mother. By becoming pregnant while unmarried and then eliminating the man from the picture, she was offering to have a child with mother, an element of the negative oedipus complex. But, as in the dream where the woman steals from the purse and takes off with a strange man, her mother had rejected this offer to share a baby, and had not wished the patient to have this child at home because of the shame she experienced at the patient's condition.

Indeed, in reality, the patient had then traveled by herself to another city, on a lonely road, like the one in the dream, and by herself obtained a job. An older woman interviewed her for the job and questioned her tactfully. The patient realized that the woman recognized her condition and gave her a job even though there probably was not one available.

I said, "You are like that woman. In the dream you pick the needy women up, you have compassion for them, and one of them is perhaps even you or your child." Here the patient broke out in great sobs, streams of tears, and agonizing moans. She described her isolation, being pregnant in a strange city, abandoned by her mother once again when she was most in need, a black sheep, and how a woman, a stranger, showed kindness to her. Then she spoke of how often in her profession she attempts to repay that kindness in one form or another.

"I'll tell you why I never touch myself when I masturbate; my mother never touched me. She was a doer, a mover, efficient, cared for all the necessities, cooked, cleaned, but she couldn't show her feelings. She never hugged me, held me; I want that so much. That is what I want from my teddy bear Michael—holding, hugging, cuddling, not to feel that I am too much, smelly or crying. She couldn't take my crying, but that was the way I was. I announced myself to the world, and she was too depressed to tolerate it, and I'm still looking for it. I tried to attach myself to Daddy, but I still want my mother."

The patient left this session in tears. When she returned from her vacation, she reported that she took extreme pleasure in the teddy-bear sexuality of Michael, and also stated that there had been a shift in her masturbation fantasies that she found of much interest. In the past they had often featured cruel men who were sadistic to her, often forcing enemas on her (mother had done this in childhood). At times now, she found herself imagining gentle and loving women. In her fantasies, being given enemas by these women was especially sexually stimulating. Concurrently, she was getting along better with Michael, arguing less, and their sex life had improved. On fleeting occa-

sions she had partial images of me in place of these women, but they were rare. These images increased somewhat as the analysis progressed and the maternal and paternal elements of her history emerged in the transference. During the last year of the analysis, however, when the sexualized oedipal transference to me as father was strongest, these images were no longer linked with women as sexual objects.

Beyond the spoken words of the hours I have outlined was the nurturing/maternal transference built up over the prior two and a half years of analysis. This safe, holding environment was present as the background from which the images of these sessions emerged, and continued into the rest of the analysis, which further developed the homosexual themes and then allowed expression of a passionate oedipal transference prior to termination.

During the last two and a half years of analysis, *aggressive* and competitive themes, whether early preoedipal, negative oedipal, or positive oedipal, were experienced directly toward me in the transference. The *libidinal* themes of the negative oedipal trend followed a different course.

A two-year period of working through the feelings that were crystallized in the dream of masturbation with a woman was important. In that dream, an alternate view of the other woman who slept in mother's bedroom was that she was the younger sister of the patient, who seemed to be the erotic favorite of mother—her “pretty” child, her sexual child, and the one who was married off early to form a seemingly perfect family. The patient had always admired and envied the graceful beauty of this sister and had felt deeply inferior to her. She recalled how dirty she felt in comparison to this clean, well-dressed image of delicate and perfect femininity. The patient felt masculine and unwomanly because of her difference from this sister and her sense that mother was excited and stimulated by the sister's beauty. When Ms. Brown began to menstruate, the sister greeted this event with disgust and contempt, refusing to sit on chairs that the patient had occupied (recall the patient's sense of

personal "stink" and untouchability of her body). These female bodily processes were therefore experienced as nonfeminine.

Without manifestation of direct transference, but in a working through of repeated dreams, fantasies, and memories, and in *real* encounters in daily life, the awestruck admiration for this sister and also for mother was altered and toned down to realistic proportions. Much of this admiration shifted to other female figures: co-workers, friends, and other successful women. The patient herself was increasingly admired, often being asked to speak in public forums as an example of a self-made, attractive, successful woman.

For a period of several months she flirted in fantasy with a desire to have a lesbian relationship, especially with women she knew who had become lesbian after poor marriages or unhappy love affairs with men. Together they would no longer need tiresome, ungratifying men. This wish was interpreted and understood as her compassion for her mother's frustrations and suffering with her dreamy-headed, distant, impractical father, who left many details of the real world to his weary wife. This was an alternate view of her father, whom earlier in the analysis she had presented as real-world-oriented and clear-thinking. She wished to rescue and have the mother to herself away from father. Connected to such desires was a deep, pleasurable recollection of the novel, *Fanny Hill*, which involved the initiation into sexuality of many young women, including the protagonist, by older women. She noted that the later parts of the book, when men were involved, did not excite her. A few female business associates did make sexual overtures to the patient, to which she did not respond. On the analytic couch, however, she could exult in being so attractive to women, which was unlike her early experiences with her mother and sister, and she felt good about her body, which seemed desirable rather than an object of disgust.

These lesbian trends increased when her relationship with Michael (or, at times, me) was rocky, especially when maternal—and homosexual—derivative wishes (for cuddling, focused at-

tention, certain sexual preferences, etc.) were not met. And the lesbian feelings ebbed when these aspects of her relationship with Michael improved. She became acutely aware of the elements in Michael that made him seem like a "feminine man." He was not particularly athletic, was aesthetic, liked furniture as she did, cooked, and gardened. She stated, "It's like having my mother." As she became comfortable with this awareness, in the fourth year of analysis, she married Michael. The lesbian fantasies and preoccupations receded from her consciousness and became absent from her associations during the analytic hours.

Strikingly, the patient also began to take over mother's attention as a favored child, handling mother's finances, and ministering to mother's increased needs caused by old age and illness. To some extent, one might say that the patient's improvement and self-confidence were due in part to a negative oedipal victory. Father was dead, and mother's heart was won. This explanation is undercut somewhat by noting that as her childhood terrors and her enviousness of other women waned, she began to engage other members of her family in the care and attention of the mother and sister. She redirected her own energies to her personal, intellectual, and professional progress and dedicated herself to Michael and her son. She felt removed from her prior slavish, masochistic devotion to mother, sister, and their substitutes in her life.

It does seem true, however, that marrying Michael was in part a negative oedipal victory. He was seen as having certain "feminine" traits and interests. Gaining his love and admiration had elements of finding mother as well as father. We recall the ebb and flow of lesbian desires in the conflicts and tension of their earlier relationship.

Once the above development was reached (in the fifth year of analysis), the patient felt that she was almost ready to terminate but that she needed at least six months for termination. She said the only unfinished business with me was the sexually passionate material she had sensed on her first visit to me. This frightened her and suggested that she would need time and courage to allow these feelings to surface.

This was indeed the case. Increasingly, she connected her sexual passions for me with those for her father which she had kept under wraps. The memory of these urges raised oedipal anxieties. This material further illuminated the meaning of her strong negative oedipal stance and the way it functioned as a neurotic solution to the oedipal anxieties. The way to win father and still hold mother was to compromise and say, "Don't worry about me. I might be sexual (even promiscuous, having had a child out of wedlock), I might be aggressive and successfully competitive in school and profession—but I am not a real woman! My sister is feminine, soft, desirable, and I'm more masculine. I smell the way a man does, from blatant sexuality (and also from menstrual discharge)." Her being the go-getter captured both mother and father, but it maintained the patient in an *in-between* position, identified as the defective, the black sheep of the family.

Developmentally speaking, the mother's depression in the patient's fourth year of life presumably occurred as early positive oedipal strivings began. Thus, winning her father became significantly linked not only with a fantasied threat of loss of mother's love, but with a withdrawal of mother's love in reality. By loving a woman and backing off from fully captivating a man, she warded off this threat. The route out of this dilemma was through the negative oedipal working through, which, by providing the patient with the sense that she could love a woman and be loved by her, allowed her a deepened sense of equality with mother. Only then could she directly enter the positive oedipal transference with me and rework the childhood anxieties of losing mother by winning father.

DISCUSSION

Aggression and Libido in Relation to the Male Analyst

It is instructive to sketch in the transference development, utilizing aggression and libido as focal points. For the early maternal (pregenital) transference, both aggressive and libidinal

themes were expressed and directed toward the analyst. As the transference evolved from the strictly preoedipal (pregenital) period into the negative oedipal phase, aggressive themes continued to be played out toward the analyst, but libidinal ones were displaced to women outside the office. For example, frustration with the analyst's being a man and unable to satisfy the patient's homosexual longings produced irritation, anger, and depression. I lacked firsthand knowledge of a woman's special physical attributes and experiences, and could not share appreciation of pregnancy and childrearing. In lesbian *Fanny Hill* fantasies I could play no role. These shortcomings reproduced earlier points of failure in her relationship with her mother, both from early dyadic stages and later negative oedipal ones. During the same period, in dreams, fantasy, and displacement outside the consulting room, libidinal trends toward women emerged. The transference split during this period took the form of a sharp hostility toward the undesirable father (man) as contrasted to the idealized and loved figures of women.

The aggressive feelings of Ms. Brown were not deterred by the fact of her analyst's being male. Her erotic homosexual longings, however, seemed deflected (displaced) from the male analyst to flourish in fantasy, dreams, and attachments to women in her life. In my own clinical work, the only time I have been experienced for more than a fleeting second—which can happen with neurotics—by a female patient as a sexual woman with breasts, clitoris, or vagina has been with psychotic patients. Even in those clinical instances, the patients were extremely disorganized.

During the height of Ms. Brown's homosexual transference I was, at times, incorporated into lesbian fantasies by split-second images. I was briefly in place of the woman of the fantasy, seen as administering sexually stimulating enemas. Ms. Brown, on those occasions, interpreted these transient images as an effort to make me into a woman to satisfy her need (sexual as well as nurturing) to be with a female analyst. Although she could intellectually formulate her homosexual transference on those oc-

casions, the passion she actually felt was for women outside the consulting room. This homosexual transference is in contrast to the sexual father transference (positive oedipal), toward the end of the analysis, when erotic feelings were felt toward me with intensity and consistency. The same contrast to the homosexual transference existed during the first several years of the analysis, and intermittently later on, when the pleasurable, nurturing maternal (pregenital/preoedipal) transference to me was experienced consciously, powerfully, and with endurance. The point I wish to emphasize is that a special transference, a negative oedipal one, came into existence, and the gender of the analyst influenced the expression of the sexual element of this transference.

It is important to note that, at times, flashes of transference experience of me as a woman were interpreted as avoidance based on fears of experiencing me as a sexually attractive man (positive oedipal conflicts). The patient was able to accept and affectively agree with such interpretations. For the patient, these regressive movements into homosexuality were distinct from more passionate, persistent, and intriguing homosexual desires. These latter experiences were less consciously connected with me and, after the lesbian transference was worked through (as the patient felt attractive as a woman and attractive to her mother), became only faint echoes within her mental life. Interestingly, during the final working through of the paternal, sexual oedipal transference, she exhibited little retreat into homosexual preoccupations despite great anxiety over her desires for me.

In my efforts at clarity, I have emphasized the special quality of the homosexual transference (the aspects that were not regressions from positive oedipal anxieties), and I have tried not to flood this presentation with descriptions of other complicated transferences shown by Ms. Brown. In particular, apart from her early dyadic transferences and sibling transferences, it is important to note the overall shading of her interactions by anal conflicts. They made up an important part of her homo-

sexual longings (anal penetration by enemas) as well as providing conflicts over control, dominance-submission, and obsessive-compulsive factors. Penis envy and conscious wishes to be a man were understood by the patient as routes to gaining mother's attention and love (her younger brother, although never her equal as doer and achiever, was a favorite of mother's, second only to father). These themes subsided as the lesbian transference receded and the patient felt adequate as a woman.

Some Other Effects of Gender on Transference

Karme (1979) reviewed the literature on the male analyst/female analysand clinical paradigm and concluded that "maternal transferences towards male analysts are almost exclusively pre-genital" (p. 259). "Pregenital" implies preoedipal, and consequently this statement neglects the transference of a woman involved in positive oedipal conflictual material, in which the analyst, although male, is being experienced as if he were the rivalrous mother. These are conflicts of the genital phase, during which competitive aggressive feelings toward mother are in the ascendance. The motives and fantasies of the aggression arising from positive oedipal struggles with the mother are different from those of oral sadism or struggles over control surrounding toilet training. Although considerable hostile and rivalrous oedipal transference fantasy was displaced to other women (my wife or fantasied daughters, other female patients, etc.), Ms. Brown's direct transference to me often contained the aggressive, competitive elements (with the mother) of the positive oedipal situation. Ms. Brown expressed rivalry toward me over professional achievement. She earned more than I and wielded influence in the surrounding business and political community. These competitive feelings harked back to memories and emotions she had experienced with her mother in regard to winning father's admiration and favor. As a child and adolescent, Ms. Brown had felt that the "breadwinner" would be the apple of the financially beleaguered father's eye.

It is possibly true that many male analysts would call "preoedipal" all the clinical material described in this case as negative oedipal. A "preoedipal" formulation would emphasize the symbiotic-like, dyadic replay in the transference without calling it negative oedipal. The intimacy and closeness developed in an intense transference characterized by trust would presumably foster a degree of unspoken working through of these preoedipal issues. The danger in such a view can be seen in the case described at the end of the introductory section of this paper. The male analyst never knew of the incompleteness of the analysis since the analysand never consulted him again. Preoedipal transferential living through and interpretation of preoedipal issues did not resolve the negative oedipal conflicts.

Conversations with a number of female colleagues affirm the early clinical observations of Lampl-De Groot (1928), though these colleagues did not necessarily adhere to her classical theoretical explanation based on castration anxiety and penis envy. These female analysts had conducted second analyses with women (possessing significant homosexual conflicts) formerly in analysis with a male analyst. These significant unresolved negative oedipal conflicts were expressed in a florid homosexual transference to the new female analyst. This had not been a feature in the earlier analyses where such issues were interpreted as either preoedipal (pregenital) or a retreat from positive oedipal anxieties. Analysis of homosexual issues played an important role in these second analyses. Subsequently, positive oedipal material was then reworked in light of the female patient's new self-image as a potential equal rival to mother (see the case referred to in the introductory section of this paper). Once Ms. Brown, for example, felt attractive to women (professional colleagues, her sister and mother), it did not seem likely to her that she would lose their love if she attained success (through marriage or professionally). At the same time, feeling equal to other women (mother and sister), she felt she might be able to attain what she thought they had attained.

I want to emphasize the possibility that the negative oedipal

phase, characterized by activity and emerging genitality, is a normal process for the girl, and not primarily a regression from the positive oedipal situation (Blanck, 1984), although it can function defensively as the latter. "Negative oedipal" is also not another name for the preoedipal or pregenital phase of development. The triadic struggle of the negative oedipal shapes the future form of the subsequent positive oedipal (see also Lester, 1985). In her active assumption of mother's traits (identification), the little girl is becoming mother's equal, prior to becoming her rival, and thus develops confidence in herself as a woman (potential as well as actual). Indeed, the negative oedipal themes seem to be constantly reworked through the developmental milestones of adolescence, career, marriage, pregnancy, birth, and child rearing.

Therefore, when significant conflicts around this developmental phase persist, the later manifestations of earlier conflict will be rearoused in an analytically induced, regressive transference. Early in my patient's life, her mother had suffered depressive episodes, and later she had favored a pretty sister and a younger brother. These preoedipal/pregenital factors fostered fixations around negative oedipal issues. Ms. Brown *did not* enter psychoanalysis preoccupied with conscious lesbian fantasies. These became aroused only during the third year of treatment, following extensive work on pregenital issues. The lesbian fantasies emerged around a transference dream, and some were frankly erotic in nature, but others also expressed the desire to set up housekeeping with women, or to prove to be a finer love object than the men who frustrated these women, and to provide the women with a loving, maternal environment, which included assisting them in their professional aims. These fantasies were regressively rearoused toward the third year of treatment, after long working through of early preoedipal/pregenital issues of nurturing, and were crystallized by transference issues (the dream that preceded a vacation separation from me). After Ms. Brown had worked through homosexual themes focused on women, the fantasies as they were embedded in con-

flicts with her lover were analyzed (e.g., could he provide for her what women could provide?). In the last half year of treatment, homosexual issues were scarcely evident at all.

The Terms "Preoedipal" and "Negative Oedipal":

Clinical Differences

Lester (1985) suggested that articulating the differences between the preoedipal (early dyadic) and the negative oedipal transferences would aid in clarifying clinical discussion of them. One important difference is the level of *self-object differentiation*. Edgumbe, et al. (1975, 1976), suggested that the stage called "negative oedipal" is better described by the phrase "phallic narcissistic." This formulation emphasizes a lack of self-object differentiation between mother and daughter. By emphasizing lack of differentiation, this approach places the psychology of the "phallic narcissist" closer to the preoedipal dyadic stages of development than to the sophisticated psychology of the negative oedipal, triangular rivalry. Since the negative oedipus complex entails self-object differentiation in order to enact a triangular rivalry, I do not think Edgumbe and co-workers are describing the negative oedipal phase of the young girl. In Ms. Brown's lesbian fantasies, there was clear understanding of the women's individual characters, appreciation of personality differences from herself, and a willingness to appreciate qualities in other women which were distinct from her own. This eagerness to become acquainted with the special qualities of other people is different from symbiotic merging, dissolution of ego boundaries, and obliterating differences between herself and others. One element of her self-object differentiation was expressed in the search for *equality* with her mother, on the basis of realistically perceived similarities as well as differences.

Associated with this search for equality was a clear desire to give *in an active manner* to the mother/woman (to suckle her, feed her, have a child with her, promote her intellectual aspirations) rather than *passively* to receive, a hallmark of the early

dyadic period of development and its hypothesized manifestation in symbiotic transferences. Part of this active mode includes a sexuality that is geared to *genital arousal*, as distinct from the diffuse pregenital libidinal foci of earlier development (Kleeman, 1976). The *triangular* element, with rivalry, is more pronounced. In early stages of analysis, Ms. Brown had a definite wish to supplant father; later she experienced a wish to rescue friends from inadequate husbands. This element of triangularity is weak and not so central a feature of early preoedipal transferences. Indeed, Edgcumbe, et al. (1975, 1976), would not place the negative oedipal phase in the psychological realm of clear triangular object relationships. In the case of Ms. Brown, however, a portion of her dynamics clearly involved rivalry with father for mother's libidinal attention.

The degree of confusion in discussions of preoedipal and negative oedipal transferences will perhaps depend upon the degree of preoedipal fixation obtaining in the individual case. Ms. Brown entered the negative oedipal period with significant unresolved earlier issues surrounding loss and abandonment (e.g., mother's depression when Ms. Brown was three). Her later experiences were markedly colored by earlier ones, and thus reflect a complicated merger of themes. Earlier development is always embedded in the accretions of later development, but we need not mistake one for the other.

Masturbation, Separation Anxiety, and Object Choice

Of added interest in this case is the issue of early masturbation in the female and the question of why some women continue and others relinquish this activity (Kleeman, 1976). The initial stimulation is provided by the mother through caressing, holding, washing, powdering, applications of ointments for rashes, and so on. An infant is stimulated passively by its mother. Galenson and Roiphe (1976) suggested that for the infant, this stimulation becomes associated with the image of the mother, and further on in development, when the infant ac-

tively stimulates herself, she is maintaining not only a relationship with her own body, but also the earlier contact with her mother. Ms. Brown's case material illustrates masturbation as a link to mother. Masturbation was continued as a means of assuaging loss and separation anxiety, even as the activity came into play with father, as when she squeezed his neck with pleasure when taken to the bathroom in the middle of the night. Urinating during the session with me seemed connected to the father, mourning for him, only to dissolve into the background longing for the mother. We also notice that the lover Michael became more acceptable and sexual as he obtained some of the maternal-teddy-bear-pillow-masturbatory significance, and the patient also briefly alluded to the same elements in the transference to me.

SUMMARY

Women's unresolved conflicts of the negative oedipal period of development will seek expression in psychoanalysis. Treatment with a male analyst will not block the appearance of such homosexual issues. His gender and physiognomy, however, will not allow sustained direct experience of such homosexual feelings in the transference. Such issues will be expressed in fantasy, dreams, and displaced action with women outside the office. It is important to allow the full expression of these feelings and not to truncate such desires reductively with interpretations that are off the homosexual developmental mark. An analyst may miss the analysand's emotional point by viewing homosexual feelings exclusively as pregenital/preoedipal longings or as regressive avoidances of the positive oedipal transference. While these issues may indeed be important, they must be seen within the total balance of the patient's developmental history, which can include significant homosexual conflicts.

The analytic case presented illustrates the role of the negative oedipal period in preparing a girl for adequate entry into the

positive oedipal phase. As Freud noted, by becoming active as an erotic object rather than remaining passive, the girl attempts to become mother's equal during this time. The girl attains a sense of feminine competence by feeling attractive to mother as a sexual figure, eliminating mother's need for father, nurturing her, and sharing a fantasied child with mother. Once she feels equal to mother, she can then attempt meaningful rivalry with her in the positive oedipal period. In the psychoanalytic process, the derivatives of this growth in the sense of equality are also felt. When the negative oedipal transference has been successfully traversed, the analyst is aware of a sharpened focus and depth of passion and conflict in the positive oedipal transference.

The negative oedipal period is a normal process in the development of women. It is most likely syntonic and deeply repressed when it goes smoothly for the little girl. When, however, development goes awry, as in the case presented, its effects are more evident and require direct attention in psychoanalysis. It is possible that many male analysts who do not deal with such material never know of this deficit, since often these patients seek subsequent treatment, and frequently they consult a female analyst.

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Envy, Identification, and Pride

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ENVY, IDENTIFICATION, AND PRIDE

BY ALLAN D. ROSENBLATT, M.D.

The constituents of the complex affective experience of envy are delineated, and defenses against each of these constituents are explored. Attention is then called to a common, variably adaptive, and socially approved means of obviating or coping with envious feelings, involving a partial identification and culminating in the conscious experience of "being proud of." A conjecture is made regarding the kind of pathology most likely to interfere with this mechanism.

Everyone has probably experienced envy at one time or another. Apparently ubiquitous in all cultures, this painful state has been variously depicted in the world's sacred and secular literature as a mortal sin, an irresistible state of mind created by the gods, and a weakness of character to be overcome by an act of virtuous will.

In contrast to the explorations of such affect states as anxiety, guilt, shame, rage, and grief, the psychoanalytic literature dealing with envy has been somewhat sparse. Most of the literature (reviewed by Frankel and Sherick in 1977) has been devoted to exploring the origin and content of envious states, such as penis envy in women, envy of procreative function in men, or envy of the maternal breast, postulated by Melanie Klein as an innate given. Few have explicitly addressed the variety of ways that people defend against or otherwise deal with this unpleasant feeling. I wish (1) to explore briefly the constituents of the envy experience, (2) to comment on the kinds of defenses employed against it in relation to these constituents, and (3) to call attention to a common, variably adaptive, and socially approved means of obviating or coping with envious feelings, which I have not found specifically described in the literature.

The Envy Experience

The frequent confusion between envy and jealousy has been noted by a number of psychoanalytic writers (Klein, 1957; Riviere, 1932; Segal, 1964; Spielman, 1971; Sullivan, 1953). Klein (1957) distinguishes them as follows:

Envy is the angry feeling that another person possesses and enjoys something desirable . . . [and] implies the subject's relation to one person only. . . . Jealousy is based on envy, but involves a relation to at least two people; it is mainly concerned with love that the subject feels is his due and has been taken away, or is in danger of being taken away, from him by his rival (pp. 6-7).

Although Klein's phenomenological definitions of envy and jealousy are generally accepted by the psychoanalytic community, her assumption that envy is a primary motivating force or drive, operating from birth, is inconsistent with current psychoanalytic and neurophysiological data. Joffe (1969), in his careful critique of the Kleinian position on envy, points out that the reaction of envy requires that the individual be capable of distinguishing between self and object, as well as having complex fantasies of a desired end-state. In addition, since Klein posits that the infant regards the mother's breast as deliberately withholding gratification, the infant is seen as capable of attributing intentionality from birth. Such assumptions run counter to current knowledge of neonatal capabilities, given even the remarkable perceptual activities now known to occur at or soon after birth.

The alternative, and generally accepted, view of envy is that it is a complex feeling and attitudinal state with associated fantasies and a developmental history of its own. Frankel and Sherick (1977), using direct observation of nursery school children, outline such a developmental sequence. At age one to one and a half years, children are observed to show interest in an object possessed by another child and to take it "with a sense of entitlement." Since the observations indicate that only the pos-

session, not the possessor, is of interest to the child, they believe that the phenomenon is not yet object related and thus should be considered a precursor to envy proper. As the children become older (age one and a half to two years), they appear to experience more definitive envy feelings, with anger toward the possessor of the coveted object, but they still tend to simply act, with little capacity to anticipate or delay action.

By age two to three years, the envious response spreads to include envy of other children's activities or of the recognition they receive from others, and the children have greater, though still unreliable, control of their impulses. They may wait for a while before grabbing for the desired object, since they are now aware of the possibility of retaliation and of losing parental love as a result of an aggressive act. By age three to four years, envy is focused on those possessions and attributes, often gender related, that are seen to gain the admiration of others. Envy is dealt with in a more socially acceptable way, by emulation of the envied person and by attempts at negotiation and compromise to attain the longed-for object or state. At age four to five, what is envied appears to be primarily "the prerogatives and capabilities of the parent of the same sex" (p. 275). Inclusion in the peer group becomes a focus of envy as well: children envy those who are included and feel hurt when excluded. In this age group, children use imitation more extensively, leading to introjection of and identification with the envied characteristics.

In attempting to dissect out the components of envy as a complex affect, Spielman (1971) cites four constituent affect states: (1) emulation, defined by him as "based upon the perception of excellence . . . in another, the admiration of the other person, and the wish to equal, imitate, or surpass that person with respect to that excellence" (pp. 76-77); (2) a narcissistic wound, by which he means "a sense of lacking something which is connected with feelings of inferiority, smallness, or injured self-esteem" (p. 77), believed by him to be the most consistent and crucial aspect of envy; (3) a longing for the desired possession, or covetousness; and (4) a feeling of anger at the pos-

sensor, which is, in his view, the most variable component. However, there is no attempt to relate these components to each other or to understand why these components appear together in the state of envy.

The first two constituents described by Spielman appear to be complex states in themselves and deserve further scrutiny. The Oxford definition of emulation considers it to be an “ambition or endeavor to equal or excel,” ambiguously conflating the affect or impulse to act with the action itself (a phenomenon commonly observed in our work with patients, but not conducive to clarity of thinking). Furthermore, “competition” is listed as a synonym. Even if the term were to be used in its sense of “ambition” (i.e., the feeling without the subsequent action), it seems to refer more to feelings of rivalry or competition than to envy; and, indeed, Spielman agrees that “it signifies a situation of rivalry” (p. 77).¹ Although envious and rivalrous feelings may co-exist and reinforce each other, I believe, as does Neubauer (1982), that they are distinct affects. It seems more appropriate to consider emulation as one of several possible *responses* to the affect of envy.

As a stimulus to emulation, admiration of the attribute that evokes envy is a prerequisite to envy (though not necessarily admiration of the person possessing the attribute). However, admiration alone does not automatically evoke envy; additional factors must operate. One may admire something possessed by another without necessarily desiring to have it for one’s own.

Similarly, the idea of a narcissistic wound as a crucial component of envy is not a simple one. It has been tempting to use the phenomenon of penis envy as the prototype of the envy experience, as does Neubauer (1982), and derive from this experience the assumption that all envy includes a feeling of inferiority and defect. Aside from the fact that to do so does not account for

¹ In using the term emulation as a component of envy, Spielman apparently was influenced by a seventeenth century usage of envy that included emulation. I do not believe, however, that current usage includes such a concept.

envy in males, the observational evidence indicates that envy is experienced developmentally earlier than penis envy. A feeling of *deprivation* is likely a component of envy, but feeling deprived does not always lead to feelings of inferiority or injured self-esteem. On the contrary, it may be argued that a certain minimum sense of entitlement is a necessary prerequisite for the feeling of envy. (I will return to this point later, in connection with defenses against envy.) Individuals with a severe impairment of their sense of entitlement (or impairment of "normal narcissism"), whether as a result of developmental narcissistic defect or neurotic guilt, do not, in my experience, consciously experience envy.

Under certain circumstances, a feeling of deprivation may be experienced as a narcissistic wound. The feeling of helplessness to gratify one's desire or wish is experienced, at least to some extent, as a momentary inadequacy. If this feeling of helplessness to achieve a desired state punctures a narcissistic fantasy of omnipotence, the result is more severely injured self-esteem. In other circumstances, the feeling of deprivation may be experienced within a competitive context as a humiliating defeat by the envied individual, resulting in feelings of helplessness and consequent feelings of inferiority. My clinical experience is that states of envy are most frequent and intense in those individuals whose narcissistic pathology renders their self-esteem most vulnerable to such events. The momentary feeling of helplessness and inadequacy, instead of being confined to a specific context, is interpreted as confirmation of pervasive defectiveness.

The variable feelings of anger at the possessor of the desired thing or attribute may similarly be understood in terms of interference with the gratification of a wish or desire. It is a truism that frustration of a wish entails both a degree of feeling helpless and some measure of anger, ranging from minor irritation to primitive rage. It is also a common observation that the greater the feeling of helplessness and the fewer the resources to deal with such feelings (whether because of chronological developmental immaturity or pathological developmental defect),

the greater the intensity of anger. Given an innate association of anger with the frustration of a wish, the question remains of how the anger becomes directed against the envied one. A number of factors may be involved. First, it may be said that, from a very early age, anger becomes object related. As a biologically adaptive affect to mobilize effective action, anger seeks a target, and the envied person, who is seen to possess that which is desired, provides the most likely object of wrath.

Children who are quite young, as observed by Frankel and Sherick (1977), simply grab desired objects from other children with little overt evidence of hostility. Only later, when the aggressive grabbing becomes inhibited through fear of retaliation or loss of love, do children display signs of anger, such as pouting, sulking, displaced anger toward others, etc. It can be inferred that when a child's aggressive (though not initially hostile) attempt to obtain what is desired from another child is inhibited, he or she then experiences that child as the willful instigator of the deprivation, and thus directs anger toward the presumed author of his or her misery. This childish perception may form the prototype of the angry component of the envy experience.

In the above analysis, both the experience of a narcissistic wound and feelings of anger are derived from the interference with gratification of desire and concomitant feelings of helplessness. However, each of the two kinds of feelings may be reciprocally intensified as a defense against the other. Individuals who have marked conflict over feelings of anger may prefer to berate themselves for imagined inadequacy rather than become aware of their envious anger. Conversely, others may invoke a paranoid defense against their feelings of inadequacy and rage against the envied one for having maliciously deprived them of what is rightfully theirs. In the latter instance, the spiteful and destructive manifestations of envy reach their greatest intensity. Frankel and Sherick (1977) define "envy proper" as "the *wish* to experience the good feelings that one imagines are being felt by another person due to the possession of a valued attribute or

thing" (p. 277). In view of the above discussion, it would appear that envy may be more accurately conceptualized as the *consequence* of the frustration of a wish, which may range from a simple one to possess some tangible item to the more complex wishes to have certain attributes or good feelings, as posited by Frankel and Sherick.

The frustration of the wish may be occasioned by either internal inhibitions or external reality. Neubauer (1982) raises the question of whether envy should be used to refer only "to those differences that in reality can never be reconciled, such as penis envy, or whether it should be extended to include those possessions that the child cannot obtain at an early age but will achieve later in life" (p. 129). Adults also experience envy, and such experiences are not merely repetitions of childhood ones. Therefore, it seems more useful to use the term to embrace all such experiences wherein the person feels, for whatever reason, incapable of obtaining the desired state by his or her own effort, whether or not this judgment is an accurate one.

This conclusion that what is desired cannot be obtained evokes feelings of helplessness, accompanied by varying degrees of lowered self-esteem and anger. Combined with the feelings of entitlement, this complex feeling state constitutes the envy experience.

As an unpleasant affective state, envy constitutes a powerful motivational factor. In the same manner as anxiety, early, intense, and unresolved envy can skew subsequent development with pathological effects on object relations (Kernberg, 1975). Again analogous to anxiety, in the presence of adequate personality resources, envy may serve as the spur to more adaptive ambition and achievement, as noted by Frankel and Sherick (1977), Meissner (1970), and Spielman (1971).

Neubauer (1982) appears to disagree, asserting that envy, in contrast to rivalry and jealousy, "cannot lead to solutions—it is a malignant factor" (p. 124). Since he derives envy from prototypical penis envy, with what he calls its "fault in reality testing," the malignant and unsolvable factor to him seems to stem from

an unrealistic and therefore unattainable desire. This position neglects two possible kinds of resolution: (1) the relinquishment of the desire, because it later becomes unimportant or irrelevant, or (2) the later recognition that the desire was mistakenly appraised as unachievable and is, in fact, attainable. Not only do these changes in attitude and appraisal occur in normal development, but they are often seen as the result of successful psychoanalysis or psychotherapy.

Defenses against Envy

As with anxiety and other unpleasant affects, the usual well-known defenses, such as simple avoidance, repression, denial, projection, reaction formation, etc., may be employed to ward off the conscious and painful experience of envy. Klein (1957) is the only author who has explored these and more complex defenses against envy. She includes as defenses the following: idealization, confusion, "flight from the mother to other people" (p. 63), devaluation of the object, devaluation of the self, "internalizing the breast so greedily that in the infant's mind it becomes entirely his possession and controlled by him" (p. 65), stirring up envy in others, "stifling of feelings of love and the corresponding intensifying of hate" (p. 66), and acting out.

Defenses against envy may be usefully considered in reference to the various components of the envy experience. To recapitulate my discussion, the following appear to be the essential prerequisites for and constituents of envy: (1) the perception that an object or attribute deemed desirable is possessed by another (this perception implies a sufficient degree of self-object differentiation); (2) the perception (accurate or not) that the envier does *not* possess this object or attribute; (3) the attitude that the envier is entitled to the object or attribute; (4) the appraisal, accurate or not, that the envier is unable, either because of external obstacles or internal constraints, to acquire by his or her efforts what is desired, evoking a feeling of helplessness.

ness; (5) a resultant feeling of inadequacy and inferiority; and (6) a resultant accompanying variable feeling of anger toward the envied one.

Each of the above components, conscious or unconscious, may be the locus for defensive activity. Such activity may range across a spectrum from unconscious defenses, in the classical sense, against the conscious painful affect of envy to more or less conscious reappraisals of the envy-provoking situation, in which certain aspects of the envy experience are altered, to *alternative* ways of experiencing potentially envy-provoking situations, wherein some of the conditions for the appearance of envy are obviated.

The first component is really a compound one, consisting of the perception of a quality as possessed by another and the appraisal that it is desirable. I place them together because when envy occurs within a rivalrous context, the quality or possession may become desirable simply *because* it is perceived to be possessed by the rival. In any case, defenses may be directed at either or both of the subcomponents. The simplest, and perhaps earliest, defenses may be those of denial and repression, directed against the perception that someone else possesses the desired thing or quality. The classic instance of this is the initial denial by some little girls that a boy possesses anything different from their genital equipment. As with most uses of denial, its adaptive value is quite limited. The denied and repressed envy remains unmodified, though unconscious, and continues in its influence on subsequent development and behavior.

The appraisal that what is possessed by the other is desirable is commonly dealt with defensively by the well-known "sour grapes" attitude. The possession is denigrated, so that it need not be envied. To the extent that this maneuver distorts reality, it is maladaptive and may preclude more effective action. On occasion, envy may be defended against by denial of the second component, that is, the recognition that the envier does not have the envied attribute or possession. A little girl may create a

defensive fantasy, later usually unconscious, that she really does possess a secret penis that will some day manifest itself. A young man in treatment revealed a cherished secret fantasy that he, in truth, was quite artistically talented and could be a famous painter, but refrained from painting only to avoid "upsetting" his brother, a highly successful illustrator. Such fantasies may be maintained, despite a fairly good degree of reality testing, although in individuals with ego weaknesses, these compensatory fantasies may be quite grandiose and approach delusional intensity and quality.

In clinical practice, one encounters numerous instances where envy arises out of a *mistaken* perception that the individual does not possess the envied attribute, i.e., the sexually fearful woman who, defensively convinced of her unattractiveness, envies other attractive women. In such instances, when treatment enables the patient to have a more appropriate self-image, the conditions for envy are removed.

The third component, a minimum feeling of entitlement to the object or attribute, is subject to a number of defensive alterations, especially in individuals with narcissistic problems and vulnerable self-esteem. A common defense is denial of the feeling of entitlement, aided sometimes by appeal to religious or social authority: "God didn't mean for me to have this, so I will be content with my lot," or "I have no right to aspire to rise above my station." On other occasions the denial calls upon existing guilt feelings: "I have been so bad, I don't deserve this."

Rather than directly denying feelings of entitlement, one may elect to alter the *relative extent* of entitlement, as compared to the potentially envied individual, by idealizing him or her. Although Neubauer (1982) asserts that envy "is based either on the awareness of superior attributes of others or on an idealization of these attributes" (p. 123), and Klein (1957) makes a similar comment, saying that idealization may serve to increase envy, they address a different function of idealization. They both seem to use the term to refer to an exaggeration of the value of such attributes, or, perhaps, even to a mistaken assign-

ment of these attributes to the envied one, rather than to an idealization of the person who is envied. I use idealization, here, in the sense of Freud's (1921) formulation, wherein he points out that the member of a group internalizes the leader as his or her ego ideal. Idealizing the envied one elevates his or her status sufficiently so that one may then comfortably feel, "Of course, I don't expect to have the same." Followers do not usually envy their charismatic leader—the ardent Maoist likely did not envy Mao.

Feelings of inadequacy and inferiority are often dealt with by denigrating not the envied object or attribute but the possessor: "He may be rich, but he has no taste," or "She may be beautiful, but she's dumb." A somewhat more adaptive variant of the above is the strategy of counting one's blessings: "He may be famous, but I have a happy marriage, I like my work, I have my health," etc. The implication may be that the blessings one counts are *not* possessed by the other, or merely that the compared assets may be assigned equivalent value on an emotional balance sheet. One of the more adaptive ways to deal with envy is to counter the feeling of helplessness with active ambition. "I want that, and I can get it for myself." If, however, the appraisal, "I can get it for myself," is grossly unrealistic, the individual may be riding for a fall, and the ultimate failure may be quite damaging. Such ambition may nonetheless mobilize efforts that lead to success sufficient to raise self-esteem, so that later compromises with realistic limitations can be more comfortably made. The ambition can, of course, contain a hostile competitive element, related to the emulation spoken of by Spielman (1971).

The opposite pole to constructive action mobilized by ambition is destructive action against the envied one (or the envied possession). This polarity is analogous to fair versus unfair competition, where one may strive to win either by exerting more effort or by tripping one's competitor. In small children, in whom aggression is poorly controlled, a child may physically attack the envied child or impulsively break the coveted toy. In

more sophisticated fashion but with the same intent, an adult patient, consumed with envy of other women's poise and attractiveness in social situations, would find herself devastating an envied woman with venomous but deadly accurate observations, totally spoiling the social occasion (and, not incidentally, provoking punishment by making herself the object of outrage by those present).

It seems that when the specific feeling of helplessness to possess the desired attribute or object becomes generalized to an overall feeling of inadequacy or inferiority, then simple longing or yearning becomes envy. A firm sense of self-worth ("healthy narcissism") can thus ideally serve to contain the sense of helplessness within the specific context of the frustrated wish, enabling one to tolerate the frustration without slipping into an envious state. A patient whose exhibitionistic conflicts, related in part to a persistent childhood self-image of "the little fat, clumsy boy," were being worked through, said, "Whenever I see one of those gorgeously built young men, I still wish I could have such a beautiful body. But I know that [age] forty-five can't be twenty-five, and I remind myself that I'm *good enough*. Then I feel sort of wistful, but not so envious."

"Being Proud Of"

The use of identification as a defense against envy was first noted by Freud (1887-1902, p. 182) in a letter to Fliess in 1896. There he posited that the symptom of agoraphobia in women is a consequence of identification with a prostitute and a defense against envy of her sexuality. Later (1923), he spoke of the older child's identification with the younger as a defense against hostile envy. It is clear that identification obviates the necessity for envy, since the desired attribute is now possessed by oneself, and there is no helplessness or feeling of inadequacy to be suffered.

A very common process, related to identification and group relationships, that appears in many to relieve or preclude

feelings of envy, yet one which I have not found explicitly described, is the use of what seems to be a kind of partial identification that results in the conscious experience of "being proud of." The American Heritage Dictionary defines "proud" as "Feeling pleasurable satisfaction over an attribute or act by which one's stature is measured," and it gives as an example, "proud of one's son." By invoking a special relationship, in this instance, that of parent, the potential envier shares in the credit for the son's success or achievement, thus obviating a situation where envy could arise. The phenomenon, however, is not confined to parents and offspring.² The same reaction may be seen in the baseball fan who shouts exultantly, "That's my boy!," as the batter from "his" team hits a homer. Again, it is seen in the fan of a famous rock singer, who proudly proclaims, "We come from the same hometown. . . . We're proud of him!"

Freud (1921) demonstrated the crucial role of identification in the formation of group ties. Individuals who form a group share the same ego ideal and thus identify with one another. In the above examples, a group tie or relationship, no matter how small (a dyadic one of parent and child) and no matter how tenuous, is invoked to justify an identification. Whereas Freud focused on identification as the process that provokes group formation, the phenomenon to which I call attention appears to reverse the sequence. Moreover, rather than a fellow group member, it is the putative or potential leader of the group (i.e., the celebrity) who is made "one of our own," so that some identification may be made with his or her fame and achievements. The assertion of a group affiliation appears necessary to make some of the status "rub off"—one may admire (and envy) a stranger's achievements, but one is not "proud of" a stranger.³

* The relationship of parent and offspring is, to be sure, fraught with oedipal rivalry on the part of the parent, as well as the child. (We must recall that it was Laius who first ordered his son, Oedipus, killed.) However, the process I describe serves equally well to obviate competitive rivalry or mixtures of rivalry and envy.

³ In Japanese culture, where strong group affiliations are highly encouraged, envy appears to be a less intense and disruptive phenomenon (personal communication from Takeo Doi, M.D.).

"Being proud of" carries with it, however, a certain implication of equality of status, if not superiority. There may even be an element of condescension that creeps in. One does not usually say "I'm proud of you!" to a superior—a devout Christian is not proud of Christ. Thus, this process and idealization would appear to be incompatible means of protecting against envy.

To be proud of one's children has always been considered a virtue in our society.⁴ It is enshrined in history by the story of Cornelia, wife of Tiberius Sempronius Gracchus in the second century, B.C., a devoted mother to her two sons, who later became the famous tribunes, Caius and Tiberius. According to the well-known tale, when a visiting lady once proudly exhibited her jewels and then asked to see Cornelia's jewels, Cornelia produced her two young sons and said, "These are my jewels." After her death, a statue was erected in her memory, inscribed "Cornelia, the mother of the Gracchi."

Although "normal" parents are certainly proud of their children and gratified by their children's achievements, clinical experience provides us with many examples of parents with narcissistic pathology who are not only dependent on such gratification from their children, but who attempt to live vicariously through them, exploiting and damaging them in the process. Such individuals seem unable to effect the kind of partial discrete identification with a child's accomplishment that results in sharing some of the credit and being proud of him or her. Instead, they must *appropriate* the achievement and take *all* the credit, using the child as a part-object (or selfobject, in Kohut's terms) in an exploitative manner, in order to avoid intolerable envy. This kind of parent, rather than being able to be proud of

⁴ Freud (1914) ascribed the overvaluation of children by "affectionate parents" to the parents' narcissism, adding, "The child shall fulfil those wishful dreams of the parents which they never carried out. . . ." He concluded sweepingly, "Parental love, which is so moving and at bottom so childish, is nothing but the parents' narcissism born again . . ." (p. 91). However, he did not evaluate the role of identification in parental love or the feeling of "being proud of."

the child, demands approbation for having achieved the success, as though the child were a mere puppet or extension of the parent. As a patient who had a very narcissistically disturbed mother so poignantly put it, "No matter what I did, my mother could never be proud of me. I always had to be proud of her."

What prevents these parents from being able to be proud of their children? If, as I suggest, this process involves a kind of identification, then the answer to this question may lie in some defect in the ability to make such identifications. The capacity to make transient partial identifications depends in part on having achieved adequate self-object differentiation. Unless there is a clear and stable separation of object representation from self-representation, this kind of temporary merging of a discrete aspect or quality of the object with the self-representation is not possible. What is seen, instead, in individuals who have not attained this level of structuralization are more primitive internalizations, such as introjections and massive "fusion-type" identifications (Sharpe, 1984).

In my clinical experience, those parents who have great difficulty in being proud of their children (and who suffer great envy) have most often suffered from borderline or narcissistic personality disorders; and in both categories a key element in their pathology is just such a failure of adequate self-object differentiation. It is not surprising that empathy, an activity that has been described as requiring a transient and controllable identification, is also extremely difficult for such parents to achieve. It seems, then, that narcissistic pathology of the kind described above puts parents doubly at risk with their children's successes and growth. It creates, by virtue of the fragility of their self-esteem, great vulnerability to feelings of inadequacy and thus the risk of intense envy, and at the same time blocks the alternative avenue of being able to be proud of the children. On the other hand, the development of a firm sense of self and self-worth not only lessens the parents' vulnerability to envy, but provides an intergenerationally adaptive capacity to encourage their children's growth and success by being able to

bask in their reflected glow rather than enviously begrudging them their luster.

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On the Vicissitudes of Freud's Early Mothering

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ON THE VICISSITUDES OF FREUD'S EARLY MOTHERING

II: ALIENATION FROM HIS BIOLOGICAL MOTHER

BY HARRY T. HARDIN, M.D.

Continuing an exploration of the vicissitudes of Freud's early mothering experience, this paper utilizes three clinical examples to focus on alienation between Freud and his biological mother. This state of affairs is demonstrated in his reticence about her, his concern about dying before her, and, finally, in his perception of daughter Anna's being his surrogate mourner at the time of his mother's death.

This paper about Freud and his mother follows upon a clinical investigation of patients with an early history of primary surrogate mothering. This study had its beginnings during my years of training in Topeka. There my social work colleagues and I would occasionally observe discrepancies in the personalities of certain patients and their mothers. For example, we would question the ability of a distant and uninterested mother to have provided primary care for a patient who, in spite of severe emotional handicaps, seemed paradoxically to desire an interaction with others and showed signs of seeking their help. Such differences in interpersonal functioning often gave rise to a recommendation—which in that unique clinical environment passed for conventional wisdom—that we should inquire about other caretakers in the patient's earliest years.

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This is the second in a series of three papers. Part I appeared in this *Quarterly*, Vol. 56, No. 4, pp. 628-644. Part III will be published in Vol. 57, No. 2.

In my practice I have noted alienation from biological mothers in patients who, as infants, had received a major portion of their care from surrogate mothers. This observation facilitated discovery of such early histories in thirty-one of one hundred and two new patients I examined over a five-year period and, in addition, in five patients in psychoanalytic treatment during that time. In a preliminary paper (Hardin, 1985), based on clinical examples, I discussed some findings which may be summarized as follows:

When a close tie develops between an infant and its surrogate mother, alienation between infant and biological mother may occur. Termination of surrogate caregiving is almost always traumatic; among the consequences of the loss of a surrogate is the child's development of interpersonal difficulties, particularly a fear of close involvement with other people. In the analyses of patients with backgrounds of early primary surrogate mothering one encounters screen phenomena and mother and surrogate mother transferences which are peculiar to that situation. In my clinical examples (limited to losses of surrogates following the infant's eighteenth month), screen memories, dreams, and a psychic mechanism I call eclipse, all possess a common feature: the image of the surrogate is hidden by that of the mother. Psychoanalysts are unconsciously inclined to join patients in defensively screening the surrogate.

Freud's relationship with his nursemaid, whom he suddenly lost at age two and a half when she was apprehended for stealing by his half-brother Philipp, is the most celebrated of such ties in psychoanalysis. In another paper (Hardin, 1987), utilizing case examples and Freud's screen memory of the cupboard, I attempted to demonstrate a profound upheaval in his life as a result of the loss of his nurse. I postulated that an essential element of the cupboard memory was the screening of that loss. Further inferences from the literature on his early family environment and scientific writings appear to support the following reconstruction: unable in his self-analysis to relive

the latent tie with his nursemaid, and the anguish following her loss, Freud turned to his mother and, consequently, to oedipal issues.

There are limitations to understanding Freud from material written by or about him that uses primarily his own theoretical constructs, because the data tend to be circular. Nevertheless, there is a striking congruence among authors studying Freud's life and works. They appear to function under a formal constraint with regard to their research material, neglecting parallel data arising from observations in the consulting room, as if it can bear no relationship to the life of the father of psychoanalysis.¹

In this paper I will explore Freud's relationship with his biological mother, utilizing his writings, particularly about her death, and the comments by other writers about that mother and son. The significance of Freud's reticence concerning his mother and the idealization of that tie in the literature will be examined. Three patients demonstrating alienation from their biological mothers, associated with early primary surrogate mothering, are compared with Freud. Finally, his idiosyncratic behavior surrounding his mother's death is associated with his life-long alienation from her, based on the love and loss of his nursemaid.

"Freud wrote a great deal about his father, but relatively little about his mother, suggesting she was the deeper secret of his life." This comment by Slochower (1975, p. 12), with its enigmatic proposition, may well express the current status of the psychoanalytic view of Freud's tie to his mother. As far as I can determine, Freud wrote about her in a loving way only twice: in the bird-beak figure dream (1900), ". . . in it I saw *my beloved mother* . . ." (p. 583); and in a letter to Martha Bernays on July 23, 1884, "I do not know one action of hers in which she has followed her own moods or interests against the interests and

¹ A recent exception is "Three Visits to Eternity: Freud, Wiesel, and Patient X." (Weiss, 1986).

happiness of one of her children" (E. L. Freud, L. Freud, and Grubrich-Simitis, 1978, p. 99). The complimentary tone of the latter, however, may be associated with his rivalry toward Martha's mother, i.e., his mother was better than hers.

The above comments are the only clear exceptions in his writings to the observation that love or admiration between Freud and his mother was exclusively maternal in origin—not filial. This one-sidedness is demonstrated in the following statements he made during the course of twenty years:

I have, however, already remarked elsewhere that if a man has been his mother's undisputed darling he retains throughout life the triumphant feeling, the confidence in success, which not seldom brings actual success along with it (1917, p. 156).

A mother is only brought unlimited satisfaction by her relation to a son; this is altogether the most perfect, the most free from ambivalence of all human relationships (1933, p. 133).

Judith Bernays Heller's (1956) and Martin Freud's (1957) recollections of their grandmother's attitude toward Freud also pointed to a unilateral relationship. Heller wrote of Freud's seventieth birthday party, "She had to be carried . . . but she did not mind so long as she could be present to be honored and feted as the mother of her 'golden son' as she called her Sigmund" (p. 420). Heller added, ". . . Professor Freud would always find time of a Sunday morning to pay his mother a visit and give her the pleasure of petting and making a fuss over him" (p. 421). Martin Freud described Amalie's behavior during family gatherings in her flat in some detail:

But always, as the evening went on, an atmosphere of growing crisis was felt by all as Amalia become unsettled. . . . My father . . . always came much later than any one else. Amalia knew this. . . . Soon she would be seen running anxiously to the door and out to the landing to stare down the staircase. . . . This running . . . might go on for an hour . . . any attempt to stop her would produce an outburst of anger. . . . And my fa-

ther would always come at . . . his usual time, but never . . . when Amalia was waiting for him on the landing (p. 12).

Writers discussing Freud's relationship with his mother tend to interpret such statements and behavior as unquestionable evidence of his love for her. Jones (1955) wrote of Freud's "concealing some important phase of his development—perhaps even from himself. I would venture to surmise it was his deep love for his mother" (p. 409). Blum (1977) stated that "the most important relationship at that period of Freud's life which is not delineated in his 1897 comments or in the analytic literature on his letters or dreams is the (*rapprochement*) relationship with his mother" (p. 768). Eissler wrote with as much certainty, ". . . evidently the main anchor which chained Freud to life was the love of his mother" (1974, p. 45) and, "Without a doubt he had a particularly harmonious relationship with his mother" (1978, p. 29). Schur (1972), on the other hand, subtly questioned the relationship, "Whatever Freud's early relationship to his mother had been, during her last years it was, at least outwardly, one of cordial filial duty. . . . Freud had spoken of her very little" (p. 423).

Two additional sources of information about Freud's tie with his mother have recently come to light. The first, a letter to Silberstein (Clark, 1980), written in Freiberg when he was sixteen, contains his earliest and most distinct questioning of the quality of his mother's care. While praising Frau Fluss, in whose home he stayed, he added:

Other mothers—and why hide the fact that ours are among them; we shall not [love] them any the less for it—only look after the physical needs of their sons. Their spiritual development has been taken out of their hands (p. 26).²

Considering the ease with which he shared his thoughts and feelings with Fliess, the paucity of hitherto published references

² Later (1933) he was to write, "When you consider the importance of a mother's love for the mental life of a child. . ." (p. 66).

to Amalie in the complete Freud-Flieiss letters (Masson, 1985) must add to doubts about the view that he possessed a deep love for her. Only one letter provides some clear indication of Freud's feeling toward her. In it his mother's presence in Berlin is a hindrance to Freud's plan to visit Flieiss there. "My own mother is there now as well, with my sister, and I would of necessity have to devote a part of the already short time to her" (p. 306).

I would like now to make use of clinical findings in an attempt to gain a wider perspective on Freud's relationship with his mother. With my first example I will address the question of why Freud wrote and talked so little about her.

Mr. D seemed to be ignoring his mother in his analysis. Long before I was aware of his having had at least two early primary surrogate mothers, I commented on the absence of any material about her. He responded with a snarl, "No one has, nor ever will, come between mother and me!" Later he described an irrevocable unspoken pact he had with her, "a space between us—she to keep her distance and I to keep mine." In time it became clear that in this way he could view himself as a participant rather than the helpless victim of a *fait accompli*: the alienation from his mother. We understood that he said very little about her because, as was the case with Freud and his mother, Mr. D and his mother had traveled in different emotional orbits since his infancy.

I believe my next case example also parallels Freud's relationship with his mother. It concerns a forty-year-old Jewish marketing executive, Mr. F, whose alienation from his mother and lifelong unconscious guilt about not loving her became a central theme of his analysis. He gave a history of heightened concern for her welfare, and yet he anticipated relief at her demise. These conflicting feelings, which began a long time before his father died, distressed and puzzled him. His mother basked in the reflection of his career successes much as Amalie Freud did with Sigmund. Similarly, she behaved as if they had experi-

enced a lifelong closeness with one another. Mr. F was aware that he could not reciprocate her regard but only imitate the role of a dutiful son. He did not know why he had never felt love for his mother such as he experienced with his siblings, wife, and children.

One of his earliest memories was of being very upset at age five when his mother took him to a dentist's office after telling him they were going to visit relatives. He understood that she sought to protect him with this deception, and he associated it with an incident which occurred four years later. Following a Cub Scout meeting at a church near his home, he begged his mother to take him to a movie to be shown there that night. Surprised by the discovery that the movie portrayed the life of Jesus, they hurriedly left. His reaction, during the next fourteen years, when he recalled the scene, was to feel anxious and guilty about having deceived his mother. This puzzled him, for he knew full well that he was innocent of such intention. The death of his paternal grandmother coincided with the scene's replacement by a recurring nightmare in which he was required to write an examination in spite of missing classes and not doing homework all year.

Younger by ten years than his siblings, Mr. F was described as "an afterthought" by his family. An emotional person who often displayed warmth, he perceived his mother as showing little affection toward him, now or in the past. He felt himself to be more like his father who, except on weekends, was away on the road. Long before Mr. F's birth his paternal grandmother moved in with the family. He first thought of her as an old lady who sat in her room, looking out the window, a memory which later proved to be a description of the last years of her life. To his astonishment, memories tumbled out of a kindly woman who stood up for him, supporting him against any disapproval from other family members. His mother could not hide her consternation with the older woman. "She would give Grandma a look that clearly showed she thought her to be a pain," said the patient. Ultimately, he realized that he had shared a room

with his grandmother for eleven years! He would watch her from his bed, as she combed and braided her long hair. "Grandma was the hugger and the kisser—she taught me how," he said. We concluded that she had provided a major share of his mothering.

During his analysis, particularly in the surrogate mother transference, it became clear that over the years he had protected his mother much as she had done before his first visit to the dentist. We found that his reaction to the movie about the life of Jesus had served as a displacement for an unconscious dissembling. He was compelled to conceal from his mother and, indeed, from himself, that he loved his grandmother more than he loved her. The death of his grandmother partially relieved him of the burden of maintaining the deception, but it thrust him into the predicament portrayed in his recurrent nightmare. During the first nineteen years of his life he had, in effect, not attended classes nor done his homework on learning to love his mother, and now, unable to behave toward her in a loving manner, he could not pass the test.

Although Mr. F's surrogate mother had died when he was near adulthood, her significance in his development was lost to him until his analysis. Freud, in his self-analysis, was never able to discover his *Kindervater's* role in the development of his alienation from his mother. He, too, behaved in a dutiful way toward her, relieved that his sister Adolfine was in charge of her care (E. L. Freud, 1960, p. 397). Both mothers seemed unable to comprehend that their sons had become separated and alienated from them. They compensated by a guilt-inducing admiration, and even adulation, which Freud, his son Martin, and his niece all describe. Some further consequences of this state of affairs may be seen in Freud's anticipation of his mother's death and his reactions to that event.

In 1899 Freud wrote to Fliess, whose mother and wife were both ill, "It is frightening when mothers become shaky; they stand between us and our demise" (Masson, 1985, p. 358). In 1918 he wrote to Abraham, whose mother was gravely ill, "My

mother . . . is now rather shaky. Sometimes I think I shall feel a little freer when she dies, because the idea of her having to be told of my death is something from which one shrinks back" (Schur, 1972, pp. 314-315). Eleven years later he responded to news of Eitingon's mother's death, "The loss of a mother must be something very strange, unlike anything else, and must arouse emotions that are hard to grasp. I myself still have a mother, and she bars my way to the longed-for rest, to eternal nothingness; I somehow could not forgive myself if I were to die before her" (E. L. Freud, 1960, p. 392).

Amalie Freud died on September 12, 1930, at age ninety-five. Two weeks earlier, too frail to journey to Frankfurt for the Goethe Prize, Freud had sent his daughter Anna to read his acceptance paper. Freud wrote Jones on September 15th about his mother's death:

I will not disguise the fact that my reaction to this event has because of special circumstances been a curious one. Assuredly, there is no saying, what effects such an experience may produce in deeper layers, but on the surface I can detect only two things: an increase in personal freedom, since it was always a terrifying thought that she might come to hear of my death; and secondly, the satisfaction that at last she had achieved the deliverance for which she had earned a right after such a long life. No grief otherwise, such as my ten years younger brother is painfully experiencing. I was not at the funeral; again Anna represented me as at Frankfurt. Her value to me can hardly be heightened (Jones, 1957, p. 152).

The following day Freud wrote Ferenczi:

It has affected me in a peculiar way, this great event. No pain, no grief, which probably can be explained by the special circumstances—her great age, my pity for her helplessness toward the end; at the same time a feeling of liberation, of release, which I think I also understand. I was not free to die as long as she was alive, and now I am. The values of life will somehow have changed noticeably in the deeper layers.

I did not go to the funeral; Anna represented me there, too (E. L. Freud, 1960, p. 400).

Lehmann (1983) noted that Freud, his biographers, historians, and psychoanalytic writers have paid little attention to Amalie Freud's death. He tried to find satisfactory answers to questions aroused by Freud's apparently idiosyncratic responses to that event. Initially, he followed the route of the previously described idealistic view of that mother-son relationship (Slochower, Eissler, Blum). Then he gave credence to the idea that because of the death of Freud's brother, Julius, Freud had developed a pronounced sense of obligation toward his mother, particularly an obligation not to die before her.

It is my thesis that, in addition to the above, Freud's terrifying thought of dying before his mother resulted from his awareness that if he died first his mother would suffer much more than he would if the situation were reversed. As shown in his writings and in parallel data from my case examples, Freud could not reciprocate his mother's love, as expressed in her admiration, and even adulation. Unable to overcome this in his self-analysis, he was destined throughout life to maintain an alienation from her, established in infancy in conjunction with his tie to his nurse. The resulting emotional distance between them could account for some of the absence of pain and grief that he described. The feeling of liberation or release may well have been a manifestation of relief from the guilt and the chronic perplexity engendered by the alienation.

It is this very perplexity about how he felt about his mother that Freud (1931) acknowledged in his paper, "Female Sexuality":

Everything in the sphere of this first attachment to the mother seemed to me so difficult to grasp in analysis—so grey with age and shadowy and almost impossible to revivify—that it was as if it had succumbed to an especially inexorable repression (p. 226).

Here Freud admitted to having had a profound blind spot. Lehmann (1983) writes of Freud's "strong aversion to dealing with and exploring the 'deeper layers,'" and quotes his statement, "... it is very difficult for me to work with these almost

intangible quantities." Lehmann then asks what it is "about these earliest experiences, these deeper layers, that is so oppressive to Freud, who certainly never lacked courage in his explorations of the mind" (p. 245). Freud's blind spot regarding the mother-child relationship is, I believe, not surprising in view of his preoedipal situation. His separation in infancy from his mother, due to his involvement with and catastrophic loss of the *Kinderfrau*, was the "deeper layer" that his self-analysis could not reach. Baffled by the mother-child relationship which he could not analyze, he admitted his confusion in the statement, "The values of life will somehow have changed noticeably in the deeper layers" (E. L. Freud, 1960, p. 400), an intellectualization both vague and revealing.

The following clinical example contains elements of an alienation between mother and son similar to those found in Freud's letters and writings about his mother. Equally significant in terms of their comparison may be my patient's behavior during the serious illness of his mother and Freud's behavior at the time of his mother's death.

Mr. M, in his late thirties, came for treatment because of a "need to find [himself]," particularly with regard to his ties with his wife and their newborn infant. The couple had drifted in and out of a relationship for a number of years, before marrying with the proviso that if it did not work out, neither would be disturbed about it. During the initial interview, the patient expressed difficulty remembering anything nice and good about his mother. He felt no affection from her; in response to my questioning about early rearing he informed me that his mother had been his sole caretaker. His father, however, was capable of expressing genuine warmth. Mr. M was embarrassed by his parents' foreignness, feeling different from them because of their being concentration camp survivors.

During the following four evaluative hours the patient's feeling of distance from his mother stood out in bold relief. He described his inability to be at one with her and their inability to

respond to each other's cues. Increasingly puzzled by this, I informed him that if he had not told me otherwise, I would have concluded that he had in infancy received a major part of his care from someone other than his mother. With an apology for having misunderstood my earlier question, he stated, "I thought you meant since we came to Canada. Back in Austria, where I was born after the war, I was most of the time in the care of a trained governess, a widow. She was with me for two years, up until we left for Canada. In any photograph of me during those two years I am with Gerta. My mother told me that the nurse treated me like her own child. When I asked mother what she did while Gerta was taking care of me, she said that because of father's good business she would be driven around by a chauffeur, shopping, enjoying the freedom."

The history of the early primary surrogate mothering the patient received and its sudden traumatic termination appeared to explain much of his feeling of alienation from his mother and his inability to commit himself deeply, intensely, in his relationships with others. The nature of the screening in his first memory became explicit. Presumably between the ages of two and three, he woke up one night in his crib to find his parents gone and a stranger replacing them. As a surrogate mother transference developed in the analysis, he would frequently become ill, remaining home from work during my absences. Periodically, his disturbed relationship with his mother preoccupied him. He felt guilty, saying, "You are not supposed to talk that way about your mother. But what can I do? Everything I do makes her unhappy!" His behavior in relation to her heart attack serves as a poignant demonstration of their alienation and, I believe, may shed more light on Freud's relationship with his mother.

The patient was out of town when he heard that his sixty-eight-year-old mother had been hospitalized in another city. He recalled that a friend had driven through the night to be with his own mother under similar circumstances; Mr. M did not think he would have done that unless he was certain his mother

was going to die. When he finally did fly to see her, he was responding primarily to a sense of obligation mingled with only a trace of desire to get closer to her. He surmised that he would have felt more emotional if his mother-in-law were ill. He took his toddler along, explaining, (1) "My wife needed a rest because I had been away from home on business," (2) "The plane fare was the same," and (3) "My mother might be happy to see the child."

On his return we discussed these reasons for taking his little girl along with him to visit his ailing mother. The first two reasons were readily exposed as rationalizations. Regarding the third, I suggested that he had taken the toddler with him as a representative, one who would comfort and console his mother without the uncertainty and confusion he experienced; i.e., he could not take the chance of going alone. The patient agreed, noting "It sure did work. When Catherine snuggled in beside her, my mother cried saying, 'Ah, this is the best medicine.'" Later he sat alone with his mother for three hours. He stated, "It was positive for me, such a relief not to wish, within ten or fifteen minutes, for someone to come and take the pressure off. Still, inside me was a feeling that it should have been a more emotional time for me. I looked at her, older, paler, her hair in some disarray. But I noticed a calmness about her rather than the usual nervousness and irritability that always developed when we were together." I explained to the patient that her calmness probably resulted from his being able to show his mother, with his little girl's help, some of the filial feeling they both yearned to experience.

Freud wrote twice about his daughter, Anna, functioning as his representative when he could not attend his mother's funeral. As a psychoanalyst who was also his assistant, Anna could appropriately represent him in Frankfurt where he was awarded the Goethe Prize. However, Anna's representing him in Vienna at his mother's funeral, one attended by all the family members, including Alexander, makes no manifest sense.

I believe Freud's perception of Anna as his substitute at the

funeral is in the nature of a parapraxis, understandable when it is considered in the light of Mr. M's behavior with his sick mother. The patient brought his little daughter as a representative because she could do what he felt unable to do—love his mother and comfort her. In addition, he gave his mother someone who was, in effect, a surrogate caretaker, just as she had, during his first two years, provided him with the governess. In Freud's case, Anna, as a mourner-by-proxy, could grieve without the constraints her father experienced because of his lifelong alienation from her grandmother. By the same token, latent in his parapraxis is the talion principle: Freud, in effect, had sent a surrogate son to his mother's funeral, just as his mother, during a significant period of his infancy, had given over a major part of his care to a surrogate—the *Kinderfrau*.

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A Modern “Solution” to the Oedipal Problem: A Fantasy of Surrogate Motherhood

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A MODERN "SOLUTION" TO THE OEDIPAL PROBLEM: A FANTASY OF SURROGATE MOTHERHOOD

BY LINDA A. WIMER BRAKEL, M.D.

The oedipal phase child cannot easily reconcile death-wishes toward his or her parents (based on intense rivalry, jealousy, and possessiveness) with concurrent loving and dependent feelings. For that reason children sometimes attempt to form fantasy compromises which afford agreeable "solutions" to their oedipal dilemmas. Little Hans constructed such a fantasy "solution" which Freud (1909) summarized this way:

Things were moving toward a satisfactory conclusion. The little Oedipus had found a happier solution than that prescribed by destiny. Instead of putting his father out of the way, he had granted him the same happiness he desired himself: he made him a grandfather and married *him* to his own mother too (p. 97).

Adult patients involved in intense oedipal phase transferences often have similar difficulties. A patient of mine in her sixth year of treatment, facing termination issues intertwined with those of a positive oedipal competitive transference, arrived at a uniquely modern "solution" to her dilemma. Ms. B's "solution," like Little Hans's, seemed to offer both rivals considerable advantage.

Background

For a number of months following our mutual agreement that we could begin to consider termination, Ms. B had been dealing with two sets of problems: (1) her feelings of dependence upon me; her love for me; her incredulity that we would

part and not be of central importance to one another; (2) her disinclination toward sexual intercourse (ranging from indifference to loathing) and a fear of being pregnant. This last had been especially perplexing in that she had just had "a lovely pregnancy" not one year before.

In the midst of this material, just before one hour Ms. B crossed paths with a man she believed to be my husband. She turned up at the same hour the next day, even though her appointment was not at that time. Following our elucidation of this parapraxis, she had several masturbation fantasies, all involving orgasmic intercourse: one was with a man who was her husband but was not like him; another was with a married man who was a stranger to her; a third took place with an old friend's husband. Previously in the treatment she had recalled girlhood desires to marry her father, but it was only with these latest fantasies that I could effectively interpret that her current longings for my husband, a forbidden, married stranger, interfered with pleasure in intercourse with her own husband. Ms. B acknowledged that she would like to win him from me, but mostly because that would prove that she was better than I: I would be defeated. Winning the competition with me was more important than the prize.

The Fantasy

Not long after understanding this, Ms. B, in a Friday hour, spoke of a notion she had had on and off for years—that I had no children. My office is in my house and she had not seen or heard evidence of children. At the same time she admitted feeling very glad that our work had helped her to overcome serious conflicts about getting pregnant, being pregnant, and mothering. What a shame, she felt, if I did not partake of these joys myself. She believed I was around her age (mid-thirties) and so time was running out. Why was I waiting? Maybe, she hypothesized, I could not have children.

Rapidly fending off hostile, victorious feelings of superiority

associated with this idea—she finally was the “better” woman, not a frumpy housewife my husband would not even look at—Ms. B told of a strange thought she had been having for two days. Though she *knew* it could not be true, she had what amounted to a belief that I could right now be eight months pregnant without her knowing, without showing! She linked this to her work the previous week regarding her own inability to lose weight, whereas other new mothers looked slender again, as slender as I. Ms. B felt that these women knew some secret she did not, and she thought my being pregnant without changing shape was the ultimate secret.

Ms. B remembered a science fiction book with a similar theme. People had “womb plants” where all the gestating was done. The plants would grow, swell, and bloom, while the women would remain slim. She joked that maybe I had one on my windowsill. Ms. B said she had also read about surrogate mothers, even that a woman could provide an egg and her husband the sperm, while the surrogate could just “lease her womb.” None of this seemed *really* possible to her. Surprisingly, her idea that I could be eight months pregnant did seem *real*.

I pointed out this transposition in her sense of reality. I wondered if something in the realm of the really possible made Ms. B anxious. She replied, “Come to think of it, when I was having trouble getting pregnant my sister offered to be a surrogate for us. We never talked much about it. Later I wondered myself what would motivate a woman to be a surrogate mother. I’d do it for a sister, or a very close friend. I’d be giving her a wonderful gift—she’d be so grateful. But pregnancy is so emotional and the attachment to the baby is so strong; I’d only do it where I could always stay close with the family.”

I told Ms. B that I thought she had unconsciously derived a fantasy “solution” through which she wished she could solve many of her remaining problems. I articulated it for her:

Since I can’t have a baby, I ask Ms. B to get inseminated (impregnated) by my husband. She agrees. She enjoys, guilt-free

(in fact at my behest), a pregnancy by my husband, and she *proves* she's the better, preferred woman, defeating me. Yet, far from Ms. B incurring my retaliatory rage, I thank her and welcome her as a family member. I love her and "our" baby; Ms. B will never have to leave.

Ms. B agreed this would accomplish many of her longed-for goals. She closed the hour exclaiming, "Wow, I certainly have a lot to think over!"

Ms. B's Response

In her next hour Ms. B said that over the weekend she had attempted to dismiss my interpretation of her fantasy as "text-book bullshit." She recognized, however, that this reaction might indicate that we were onto something. Then she reported a dream:

The first part is very vague. I'm in a hospital. But whose room? Then another part. A hotel room. I'm with Brian Keith and I'm very attracted to him. A snooty, dark-haired, slim male concierge gives me the wrong key. So I find a college-aged young man; and I tell him something about how he wouldn't want me for a roommate.

Her associations were sparse and divergent. She did comment that "Brian Keith is an actor and he played a nice guy on a TV show called 'Family. . . .' I can't remember the other word. Anyway I am *not* attracted to him. In that show the wife was missing, dead?"

Ms. B could readily appreciate themes similar to those in the surrogate motherhood fantasy once I pointed out:

1. The name of the show was "Family *Affair*."
2. In the dream and associations she asks two questions: "Whose room/womb?" and "Which man is for her?"
3. Emphatically she is *not* attracted to Brian Keith; she does *not* covet the other woman's man. And yet, the wife (Dr. Brakel) is missing—dead.

Ms. B responded by feeling the anxiety associated with her now conscious death-wish toward me.

Discussion

My patient's attempt to reconcile her oedipal dilemma (as experienced in the transference) by means of her surrogate motherhood fantasy could not result in a mature, postoeidipal resolution. Her modern "solution" was not even indicative that "things were moving toward a satisfactory conclusion." However, Ms. B's ingenious fantasy did offer her a particularly good opportunity to revisit again, in the transference (to work through), many of the key issues remaining. In this sense, her fantasy of a modern alternative outcome to the oedipal struggle indeed pointed her toward a "happier solution."

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BOOK REVIEWS

FREUD'S DISCOVERY OF PSYCHOANALYSIS. THE POLITICS OF HYSTERIA. By William J. McGrath. Ithaca/London: Cornell University Press, 1986. 336 pp.

Although their interest is more concentrated and sustained, psychoanalysts are probably the smallest group enduringly fascinated with the life of Freud. Bits of gossip, along with serious articles and books, still find wide appeal among various strata of the lay public, as well as in the ranks of mental health specialists and those in allied fields. It is no wonder, since Freud's immense impact on twentieth century thought has thrown a spotlight on his creative powers, their main derivatives, and the still broadening sweep of their influence.

Ernest Jones's pacesetter biography was the first; now historian Peter Gay's manuscript promises an updated version, perhaps with new material and novel accents. Carl E. Schorske, among others, sharpened his focus and attracted widespread interest with the appearance, in 1973, of his article, "Politics and Patricide in Freud's Interpretation of Dreams," first given as a Plenary Lecture before the American Psychoanalytic Association two years earlier.¹ Using a modified psychoanalytic method to explore portions of *The Interpretation of Dreams*, Schorske pioneered a historical study of Freud's life and work to establish the specific cultural milieu influencing them. The discovery of psychoanalysis, to Schorske, "was a counterpolitical triumph of the first magnitude. By reducing his own political past and present to an epiphenomenal status in relation to the primal conflict between father and son, Freud gave his fellow liberals an ahistorical theory of man and society that could make bearable a political world spun out of orbit and beyond control" (p. 203).

Schorske and McGrath, his student, acknowledge their mutual intellectual indebtedness. In this recently published book McGrath plumbs in greater depth their common conviction of the "signifi-

¹ Schorske, C. E. (1973): Politics and patricide in Freud's interpretation of dreams. In *Fin-de-Siècle Vienna: Politics and Culture*. New York: Vintage Books, 1981, pp. 181-207.

cance of Freud's dreams" in establishing "the relationship between Freud's thought and its historical context" (p. 9) While the backbone of the argument derives from a plausibly reasoned analysis of several of Freud's dreams, McGrath supplements this with well-documented source material, unfamiliar to most analytic readers, including some of Freud's unpublished letters, commentaries, and analyses by other historians. The book emerges as an impressive presentation of scholarly historical research and, at the same time, as a convincing psychobiography.

McGrath's central thesis is "the underlying role of political pressures in propelling [Freud] toward a discovery of the greatest significance to twentieth-century culture" (p. 5). There is clearly no effort in the book to suggest that the influences on Freud's creativity derived solely from political pressures. McGrath merely attempts to add another dimension to our understanding.

For example, in McGrath's description of Freud's university years (from age eighteen on), the magnitude and range of Freud's young intellect shines through. The "Hannibal phantasy" is mentioned to show "the unresolved tension between [Freud's] wish to play Hannibal, the bold oppositionist, and his desire to enjoy the security and comfort of Joseph, the paternal favorite, . . . one of the central dynamics of his creative activity" (p. 64). Citing the Silberstein correspondence, itself an intellectual cornucopia, McGrath engrossingly traces Freud's evolution "from religious defiance to political rebellion to psychological radicalism" (p. 119). The history of Freud's pedagogic and literary progenitors is woven into the text in fascinating detail. Friends like Heinrich Braun and teachers like Franz Brentano are colorfully portrayed, while works by Ludwig Philippson, Friedrich Schiller, and Ludwig Feuerbach stand out among many others of Freud's acquaintance.

Although the book is intended as psychobiography, it provides intriguing support for aspects of the process of sublimation in the evolution of Freud's creative thinking. Deriving major clues from his analysis of Freud's key dreams, and amply confirming his thesis from other evidence, McGrath traces Freud's emotional predilections from childhood into adolescence, early adulthood, and maturity. He describes "a shift from the optimistic, paternalistic, political inclinations of his Josephin youth toward the rebellious an-

tiauthoritarian politics represented by the brother band" (p. 73). Later he shows how Freud, the university student, "continued to be concerned with political questions, but gradually these interests were rechanneled in a way that transformed the political radical into a revolutionary scientist" (p. 94).

McGrath's respect for the complexities of his subject are shown, throughout his work, nowhere better than in his chapter entitled "The Collapse of the Seduction Theory." And an example of his scholarly objectivity and thoroughness is displayed in his lengthy footnote (pp. 197-198) detailing the "intense debate" in this area.

McGrath's literary style is absorbing and lively; in places, his book becomes a spellbinding detective novel. An example is the author's account of Mark Twain's reaction to an Austrian parliamentary squabble which reads like delicious theater. Moreover, McGrath's knowledge of German enables him to retranslate particular passages, providing new angles of understanding.

While the line between assiduous detail and literary redundancy is often a thin one, McGrath manages a nice balance most of the time. But occasionally he strays into prolixity, briefly losing his thread and the reader's attention. Though some of McGrath's main observations and arguments are repeated in various interesting forms, he overdoes it slightly, but nearly always regains his momentum fairly quickly. Inevitably, as in other psychobiographies, McGrath draws a number of conclusions and arrives at some explanations which will strain his credibility in some readers' minds. (p. 66, pp. 230-231).

Professional historians will review this book using their own special procedures and criteria; some may chafe at McGrath's methodology, his conclusions, or both. Perhaps ironically, most analysts will find it quite congenial, because McGrath's main focus is Freud's creative maturation, and his approach is explicitly psychoanalytic. But serious readers of any persuasion who are interested in a novel historical viewpoint about one of mankind's most influential thinkers will enjoy an expanded understanding of Freud's intellectual development and a fascinating example of sublimation *in statu nascendi*.

SAMUEL HOCH (SAN FRANCISCO)

FREUD. APPRAISALS AND REAPPRAISALS. CONTRIBUTIONS TO FREUD STUDIES, VOL. 1. Edited by Paul E. Stepansky. Hillsdale, NJ: The Analytic Press, 1986. 267 pp.

Paul Stepansky and The Analytic Press have launched a new series of Freud studies, variously informed by archival research, by fresh speculations, and by revisionist reinterpretations, "irrespective of the disciplinary affinities and personal *Weltanschauungen* of their authors—irrespective, that is, of whose feathers may be ruffled by their work" (p. xvi). The range and feather-ruffling potential of the series is represented by a first volume that opens with a lengthy article by Peter Swales and closes with a short one by John Gedo.

In "Freud: His Teacher and the Birth of Psychoanalysis," Swales sketches the life of Anna von Lieben, with much evidence that she was both the patient referred to as Cäcilie M. in the *Studies on Hysteria* and the patient Freud described in the autobiographical study as having led him to realize that a deep hypnotic trance was not necessary for catharsis. Swales's argument is convincing, though one is reminded that misidentification of Cäcilie M. began with Fliess ninety years ago.¹

Swales offers a less carefully drawn "scenario" of Anna von Lieben's three-year treatment as consisting of daily psychic catharsis, pressure, massage, and probably occasional morphine injections. Still more questionable is Swales's assessment of Anna von Lieben's impact on later psychoanalytic work. Certainly, she was a major source of the young Freud's experience in case management and in the cathartic method, but Swales claims much more for her: that she showed Freud the value of free association, the beginnings of dream interpretation, the role of unconscious sexual symbolism, the tendency of associations to move toward childhood events, conversion, counterwill, conflict, defense, and possibly the clue to the interpretation of wit and superstition. He says she presented Freud with the unconscious "on a silver platter." Finally, the available biographical sources describe her as obese and often indolent, spending much of her waking adult life on a chaise longue, from

¹ Masson, J. M., Editor and Translator (1985): *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904*. Cambridge, MA: Harvard Univ. Press, p. 229.

which Swales draws an inference about the origin of the analytic couch.

Swales, whose work on Freud began with the cocaine papers,² continues to apply to his subjects the harsh “no nonsense” skepticism of a drug counsellor confronting evasive addicts. In keeping with this orientation, assumptions about motivations are briefly yet harshly stated: von Lieben’s psychopathology is seen as a product of her unhealthy milieu, made worse by her having learned from her aunt how to suffer; some of her improvements may have been motivated by fears of institutionalization; Freud was motivated by greed and perhaps by a superstitious interest in dreams; Breuer was motivated by fear of Meynert. When Swales argues first that a number of Freud’s concepts were derived from this one case and then goes on to dismiss them as a product of a *folie à deux* which von Lieben developed with Freud, he again draws attention to the restrictions he imposes on himself by tendentiously rejecting a richer motivational view, along with most of the findings of psychoanalysis. It must be acknowledged, though, that the mass of material at his—and now thanks in part to him, at our—disposal is daunting in its quantity and nature. The surviving case account actually tells little about Cäcilie M.’s treatment, and the remaining documentary record lends itself to common sense or at most to social psychological explanation. Swales attempts to bolster his conclusion that von Lieben’s family regarded Freud as, at best, useless and so broke off the treatment, with quotations from the correspondence of her uncle, Theodor Gomperz, who several times expressed discouragement about Freud’s treatment of Theodor’s own wife, Elise. Oddly, Swales seems to overlook the well-known role of the Gomperz family in securing Freud’s appointment as *professor extraordinarius* and the correspondence indicating that Heinrich Gomperz, son of Elise and Theodor, sought treatment with Freud in 1899.³

Edwin Wallace is challenged by the diverse moral stands attrib-

² Byck, R., Editor (1974): *Cocaine Papers of Sigmund Freud*. New York: Stonehill.

³ Freud, E. L., Editor (1960): *Letters of Sigmund Freud*. New York: Basic Books, pp. 239-240, 241-244.

uted to Freud, and to his influence, ranging from antinomian or permissive views through a balance of remissions and interdicts to support for traditional Judaeo-Christian values. Wallace feels that Freud's importance for ethics lies in his project of applying a scientific approach to matters previously evaluated in moral terms.

Wallace deals thoughtfully with those aspects of Freud's work that seem subversive of morality and restraint, to argue that those who claim Freud as a sponsor for moral nihilism ignore the depth, complexity, realism, and ambiguity of his work. Wallace states, however, that Freud was at his "least objective" on the relation between religion and ethics and in fact did seek to subvert religion.

What ethics did Freud espouse? "Although Freud never exempted every aspect and manifestation of sexuality from the ethical sphere, for him the moral domain was primarily concerned with aggression and egoism" (p. 116). As he further notes, Freud described analysis as freeing men to be more moral, and elsewhere clearly considered sensuality divorced from affection to be degrading. Where Freud differed decisively from traditional Christian morality was in "his preeminent emphasis on deeds (including renunciations) rather than inner states" (p. 116).

There is also a brief summary of the issues of free will, determinism, and moral accountability which Wallace has treated more extensively in a recent article.⁴

In "Now Comes a 'Sad Story': Freud's Lost Metapsychological Papers," Barry Silverstein reviews the mystery of the papers Freud wrote in the wake of the extraordinary seven-week burst of activity in which he produced "Instincts and Their Vicissitudes," "Repression," "The Unconscious," "The Metapsychological Supplement to the Theory of Dreams," and "Mourning and Melancholia." When Ernest Jones first called the episode a "sad story," the only trace of the papers was a reference to them in a letter to Abraham. Subsequent publication of Freud's correspondence with Lou Andreas-Salomé, Binswanger, Ferenczi, Putnam, and others has revealed more references to these papers as they were being written and later when Freud apparently decided to withhold publication of

⁴ Wallace, E. (1984): Freud and religion. *Psychoanal. Study Society*, 10:113-161.

the last seven.⁵ Silverstein presents these references, which of themselves do little to resolve the mystery. He proceeds to speculate about Freud's reasons for withholding publication, in terms of the "personal, theoretical, and institutional needs occasioned by the defections of Adler and Jung" (p. 150).

When Jones spoke of a "sad story," he meant not only the disappearance of the seven papers but also his own failure to have asked Freud about their content and fate. Silverstein gives us a review of what is known and of what he can guess from the surviving sources, but he leaves the reader perhaps even sadder, as he makes us even more aware of the inability of our speculations to replace what has been lost.

A section of "Brief Contributions" begins with Patrick J. Mahony's "The Oral Tradition: Freud and Psychoanalytic Writing," a rich grab bag of insights and digressions that touch *inter alia* on (1) the contrast between written and oral cultures; (2) the shift from a more mechanical topographic model in psychoanalysis to the more organismic structural theory, with more vocal implications (e.g., Isakower's "On the Exceptional Position of the Auditory Sphere"); (3) the preference in some neighboring sciences for visual and kinetic imagery and data as a source of resistance to psychoanalysis, with its vocal emphasis; (4) psychoanalysis as the first genre in which referential, rhetorical, expressive, and aesthetic discourse have figured prominently; (5) the possible effects of pre- and perinatal auditory perception; (6) the lack of any index heading in the *Standard Edition* for "voice," "sound," and "audition"; (7) the increase in nonverbal sounds and noises allegedly made by patients as analysis progresses; (8) the lack of a psychoanalytic literature on patients who whisper; (9) the lack of an auditive counterpart of voyeurism and exhibitionism; (10) a lack of analytic attention to phatic communication (messages serving merely to initiate, prolong, or discontinue communication); (11) Freud's "antipathy" to

⁵ A draft of the twelfth paper, discovered in 1983, has since been published. (Freud, S.: *A Phylogenetic Fantasy: Overview of the Transference Neurosis*. Edited by Ilse Grubrich-Simitis. Translated by Axel Hoffer & Peter Hoffer. Cambridge, MA/London: Belknap Press of Harvard Univ. Press, 1987.) The unfinished state of this draft reminds us that Freud may have "finished" the missing papers only in the sense of drafts, without final revision.

music and apparent stunted tonal sensibility; (12) the inner vocalized language that was a familiar part of his life, at least when he wrote "On Aphasia," and the auditory hallucinations he described in "The Psychopathology of Everyday Life"; (13) his phonographic memory; (14) the special oral/aural cultures of late nineteenth century Vienna and its burgeoning Jewish population; (15) Freud's technical handling of the Rat Man's compulsion, which included coining aphorisms as immediate translations of compulsive acts; (16) the etymology of "Sigmund" (*sieg Mund*) as "victorious mouth"; (17) the marked oral qualities in Freud's style, including aphorisms, oracular statements, very quotable expressions, the use of a fictional interlocutor, a measure of inconsistency and redundancy, and his free reference to himself; (18) the remarkable speed of his handwriting; (19) the influence of the delivery manner of Charcot's lectures; and (20) the detached, deadly tone of contemporary North American writing as a function of medical and psychiatric backgrounds, of daily reliance on somewhat disconnected, one-sentence interventions, and, most surprisingly, the disappearance of courses on logic and rhetoric from English departments in North American universities, after a walk-out at the 1914 convention of the National Council of Teachers of English. These are only some of Mahony's points in his brief, delightfully provocative paper.

In an unusually framed exercise entitled "Feuerbach and Jung as Religious Critics with a Note on Freud's Psychology of Religion," Paul Stepansky reminds his readers that the influence of Ludwig Feuerbach on Freud's views of religion has been little explored though often mentioned. He compares some of Feuerbach's views on religion with those of Jung, as an indirect way to approach the differences between Freud and Jung and to underline Feuerbach's influence. Although the paper is a brief one, it opens some very broad issues, implicitly describing what Feuerbach, Freud, and Jung had in common as much as what divided the first two from the last, and reminding Freud scholars of evidence for Feuerbach's direct influence. This paper will doubtless encourage the more extensive treatment that the influence of Feuerbach and the Hegelian tradition in general on Freud deserve.

Finally, in "On the Origins of the Theban Plague: Assessments of Sigmund Freud's Character," John Gedo discusses anachronistic

tendencies in recent writing that distort Freud's character, whether these tendencies are shaped by contemporary views of nineteenth century intellectual history, by current views of preoedipal factors in development, by issues of late twentieth century as opposed to turn-of-the-century feminism, or by the current sexual morality. Gedo offers some acute observations on recent attacks on Freud's integrity by Jeffrey Masson and Peter Swales, and offers his own construction of the background of Freud's strong concern for integrity, a concern he relates to Freud's reaction to possible counterfeiting activities that involved not only the "yellow-bearded uncle" described in *The Interpretation of Dreams* as an imprisoned disgrace, but quite likely Freud's half-brother and his father as well. Much of this argument follows the recently translated *Freud and His Father* by Marianne Krüll.⁶

Gedo endorses and follows Moraites's proposal that biographers explicitly present the origins of their interest in their subjects.

Freud studies carried out by investigators who are often neither formally trained historians nor psychoanalysts command wide audiences. This volume offers yet another forum for such work, one that is tempered by professionally informed commentary and debate.

DAVID A. CARLSON (NEW HAVEN, CT)

HELENE DEUTSCH. A PSYCHOANALYST'S LIFE. By Paul Roazen. Garden City, N.Y.: Anchor Press/Doubleday, 1985 371 pp.

The admonitions against attempting biography are many and varied, yet the urge to recreate a life and to chronicle it remains intense. In fact, the appeal of the "life story" that is psychoanalysis at some level often leads psychoanalysts to succumb to the fascination of biography. Clearly, Freud, while properly recognizing the difference between analyst and biographer, entered into such an endeavor more than once, although not without trepidation. In his essay on Leonardo da Vinci, Freud warned that to gratify the wish to idealize the person under study, biographers tend to "obliterate

⁶ Krüll, M. (1979). *Freud and His Father*. Translated by A. J. Pomerans. New York: Norton, 1986.

the individual features of their subject's physiognomy," and he admonished would-be biographers that "they thereby sacrifice truth to an illusion" and "abandon the opportunity of penetrating the most fascinating secrets of human nature."¹ Psychoanalysts, of course, are subject to a similar inclination in their clinical work.

As Patricia Meyer Spacks points out in an article entitled "The Art of Life,"² recent awareness of special conditions governing the experience of women has resulted in a spate of current biographies of notable and gifted women, from before Helene Deutsch's time and after. It is perhaps fitting that a woman, April Bernard, a contemporary poet, has written a short and terse poem, "Against Biography," in which she pleads to save the interior of her life "in the bodies we trust will no longer hold us here."³

Having said all this, I can but admire Paul Roazen's dedicated and painstaking work to recreate the life of Helene Deutsch as "a psychoanalyst's life." He spent countless hours reading everything she has written, as well as her "lost" love letters from Herman Lieberman, whose discovery by Roazen is very much like the undoing of a repression. Roazen spoke with her friends of many years, former analysands, and colleagues in Boston and elsewhere. That he admires and esteems her is evident, yet his reliance on long passages of narrative and quotations from letters somehow partially obliterates some of the humanity of his subject. His detailing of fact is faultless, at least as far as the narration goes. Yet, when it is over, there is a blurring of the author's own view and the Helene Deutsch we glimpse in the quotations and letters. In his admiration and celebration of his subject, Roazen seems to struggle with the need to avoid direct criticism of her and to justify her mistakes, her shortcomings, and her occasional narcissistic responses to others in her life.

Roazen says in his epilogue that Helene Deutsch was "an unusual woman whose curiosity and imagination required her to push beyond the boundaries of stereotypes" (p. 335). Indeed she was. I knew her as an acquaintance and occasional teacher in sem-

¹ Freud, S. (1910): Leonardo da Vinci and a memory of his childhood. *S.E.* 11:130.

² Spacks, P. M. (1976). The art of life. *Hudson Review*, 29:283.

³ Bernard, A. (1985). Against biography. *New York Review of Books*, July 18.

inars and scientific meetings at the Boston Psychoanalytic Society and Institute and remember her even in late middle and old age as a woman of great presence, emanating energy and self-assurance, anything but a stereotype. Yet, in his biography Roazen obscures her complexity and multidimensionality. That Helene Deutsch suffered, very likely throughout her life, from failure to attain unambivalent and loving relationships with women seems clear. Painful distance from a cold and critical mother, as she reconstructs the family dynamics, was tempered by a mutually warm and idealizing attachment to her father. Roazen, early in the book, introduces the theme of myth when alluding to this family triangle: "Most people are apt to cherish certain myths about the past—and at different stages of life often emphasize some recollection more than others" (p. 12).

Roazen goes on to say that Helene Deutsch saw herself as a Cinderella and as her father's chosen child. The theme of myth might, from this, have become a fascinating and rich story of a woman sometimes caught in her own myth and perhaps living it out. The adolescent diary of her double, "Madi," an alter identity, leads the reader in that direction. Again and again, Roazen seems drawn back to this central version of the self-myth, but then he turns away and avoids full exploration and exposition. He states, "She sought to replace realistic troubles with the beauty of an imaginary world" (p. 27). This is a not uncommon defensive posture among adolescent women. Perhaps in this instance, however, it is not quite so straightforward an act as to be dismissed with a generalization. It is possible that her self-myth blends into and often emerges in creative form in the theories and writings that are an important part of her professional self. *The Psychology of Women* would seem to be worth examining in this regard.

Roazen is certainly not unaware that he allows us only to glimpse the currents of personal conflict and professional creativity, but he appears to feel safer with the professional analyst and theorist than with the woman carrying early disappointments and competitive strivings into new arenas. In his introduction, Roazen says that Deutsch's writings were "the authentic outgrowth of her most intense personal experiences" (p. vii). He seems to remain uncertain, throughout the book, about his subject as a woman of passion, ambition, and intelligence who erected a boundary of professional

identity around herself. Statements such as, "It is questionable whether Helene realized at the time the extent to which she was using her own life" (p. 267) (in reference to her paper on motherhood and sexuality), occur frequently, and they seem to reflect Roazen's own ambivalence. He also seems to equate her self-observation with an overly strict self-criticism. This dilutes the richness and complexity of the interweaving currents of conflict and resolution in his subject.

I have to assume that Roazen set out to present the early formation that underlay the woman of later years, to judge from the wealth of detail describing her early life, particularly her love affair, her marriage to Felix Deutsch, and her emergence as a psychoanalytic student and analysand with Freud. The material dealing with the controversial, tragic episode of Victor Tausk's suicide seems particularly difficult to handle. Roazen suggests that Helene Deutsch reacted less than sympathetically and failed to help Tausk. Perhaps no one could have helped him. Certainly, all psychoanalysts' lives contain experiences of agonizing inability to intervene successfully in powerful self-destructive activities on the part of their patients. Nonetheless, Roazen gives us a narration that omits any speculation about Helene Deutsch's anguish over her decision to obey Freud's instruction to dismiss Tausk. Could it have been so easily done? Roazen's explanation of the dynamic forces involved in the relations between Freud, Tausk, and Deutsch is one-sided and tendentious. He speculates that from it she learned the limitations of psychoanalytic treatment and came to appreciate human failings and insufficiencies. Was it, in fact, only psychoanalysis which she learned was imperfect, or could she have felt internal guilt and lingering doubt about her own role in what took place? Is it possible that Roazen has been overly protective of Helene Deutsch in a murky confusion of alliances and accusations?

It is hazardous for a biographer to be *too* close to a subject. I would suggest that Roazen may have contended with such a problem. The result is that he draws back into extensive descriptive narrative at points where he might instead have revealed more about a woman of emotional depth who struggled both with her personal mythology and with the actuality of her life. After all, the creative force which Roazen has convincingly depicted in Helene

Deutsch is as much a measure of her internal life as a human being as it is a reflection of her psychoanalytic persona. And creative energies are always bought dearly.

JO ANN B. FINEMAN (RANCHO PALOS VERDES, CA)

PRESENTATIONS OF GENDER. By Robert J. Stoller, M.D. New Haven/London: Yale University Press, 1985. 219 pp.

Robert Stoller has written a book that is significant both in its innovative content and its carefully wrought investigative method. Stoller has devoted some twenty-five years to the study of gender disorders. In this book, he provides detailed information and formulations concerning extremely feminine boys and other persons with gender disorders. He presents some noteworthy propositions that aim to modify traditional concepts of gender development.

Stoller gathered data about fifteen very feminine boys and their families by treating the mothers through analysis or intensive analytic psychotherapy while the boys were treated by other therapists. The fathers were available only for initial evaluation, since, without exception, they refused to enter a treatment program.

The children comprise a rare group at the extreme end of the continuum of femininity in boys. From the earliest age at which gender characteristics are discernible—about one year—these anatomically normal boys displayed feminine traits. As they developed, they became graceful and charming, dressed like girls, preferred to play with girls, and spoke, walked, and behaved like girls. In fact, they were often mistaken for girls.

Stoller found that these boys came from families with a particular psychodynamic configuration. Typically, the boy's mother had been rejected by her own mother because she was not a boy, and she had shared masculine interests and activities with her father. As an adult, without any hint of romance, she had married a man who was weak and passive and whom she could control. When the son was born, the mother regarded him as very beautiful. She bestowed unusual amounts of care on him and engaged in "unending" skin-to-skin contact and soulful gazing into his eyes. She established a remarkably intimate, harmonious, nontraumatic symbiotic relationship. As the boy grew and developed feminine traits and behavior, the mother continued to adore her offspring. The

father, passive and distant physically and emotionally, offered no objection to the feminization of his son and, furthermore, did not provide an adequate masculine model for identification.

The author emphasizes the importance of the blissful symbiosis between mother and infant in leading to the boy's developmental arrest as a very feminine person. He believes that the symbiotic condition is very gratifying to the little boy, who is therefore not in conflict about his feminine role and, indeed, may openly express the wish to be a girl. For the mother, the son represents the treasured, longed-for phallus that she had desired in childhood in order to please her own mother as well as herself.

Stoller reasons that when maternal and paternal influences vary from those in the family constellation he has described, the children will show divergences from the prototype of the very feminine boy. He demonstrates this point with four case histories—for example, a boy who was feminine but less so than in the most extreme cases and a boy who developed a fetish at two and a half years of age. By way of contrast, he refers to his study of fourteen very masculine females—transsexuals—in whom he found the opposite family dynamics from those observed in the very feminine males. That is, each of the transsexual females suffered a severe disruption of the mother-daughter bond during infancy and formed an excessively close, “buddy” type of relationship with her father.

Stoller's theory modifies the original Freudian view of psychosexual development, which considered maleness (biological) and masculinity (psychological) to be the primary and natural states of both sexes. It held that both males and females regard femaleness and femininity to be less valuable than maleness and masculinity. Boys were thought to have a decided advantage over girls since, unlike girls, they do not have to change their zone of primary genital arousal or the object of their sexual drives.

On the other hand, Stoller, extrapolating from his findings on feminine boys, postulates that everyone—whether female or male—goes through a very early phase of protofemininity, in which the infant is merged with the mother and develops a “sense of femininity,” a feminine “identification.” Girls would thus appear to have the advantage, since they need only to continue to develop along feminine lines. Boys, however, have to erect a barrier to

fusing with the mother, submerge their initial feminine "identification," and augment masculine attributes. Subsequently, many develop defensive reactions, which are partly socially determined, against their early femininity, such as disdain for things feminine and manifestations of a macho attitude. Although Stoller presents data supporting these modifications of early Freudian theory pertaining to very early development, he does acknowledge the importance of the oedipus complex, castration anxiety, and penis envy in producing later changes.

The author engages the reader with a lively, free-flowing style. He eschews unnecessary technical language; and when he employs specialized terms, he defines them carefully. He presents his data (including extensive portions of transcribed interviews) clearly, sets forth his hypotheses explicitly, and demonstrates effectively the thought processes that have led him to his conclusions. He discusses candidly the possible pitfalls in his approach, differentiates between what he regards as certain and what is speculation, and examines the arguments of other authors who have expressed conflicting views.

Despite these virtues, he modestly declares that he is only a "naturalistic observer" who has conducted "studies" rather than research that qualifies as science. He is very much concerned about the subjective nature of psychoanalytic work and the numerous difficulties involved in presenting data and conclusions objectively. He seems to be unduly pessimistic about the possibility of analytic investigation meeting the criteria of science. Actually, Stoller's own research is an admirable step in that direction, for his data and some of his hypotheses are presented in a manner that enables the latter to be confirmed or disproven.

Indeed, in a recently published work, Richard Green¹ reports on his attempt to test Stoller's hypotheses. Green conducted a longitudinal study of sixty-five feminine boys and a control group of fifty-six conventionally masculine boys, beginning at ages four to twelve years. In brief, he found that the amount of time the mothers of the feminine boys spent with them in the first year of life was less than that spent with their sons by the mothers of the masculine

¹ Green, R. (1987): *The "Sissy Boy Syndrome" and the Development of Homosexuality*. New Haven/London: Yale Univ. Press.

boys. Furthermore, the amount of time the mothers spent holding their infants was the same for both groups. These reports seem to contradict Stoller's findings. Differences in sampling and methods of research may account for the discrepancies in the results. Also, Green's study does not explore the quality of the mothering as deeply as does Stoller's.

Green does, however, confirm three other observations presented by Stoller: the infant boys who turned out to be feminine were regarded as beautiful by their parents; their fathers spent less time with them than the fathers of the masculine boys spent with their sons; and their mothers reported a more distant relationship with their own mothers than did the mothers of the boys in the control group.

Although these issues require further study, it is clear that Stoller has made an outstanding contribution to the movement to explore, expand, and modify the theories concerning the development of gender identity.² Moreover, with his systematic approach and elegant presentation, he sets an exemplary standard for future psychoanalytic investigators.

ROBERT S. GRAYSON (NEW YORK)

VITAL INVOLVEMENT IN OLD AGE. By Erik H. Erikson, Joan M. Erikson, and Helen Q. Kivnick. New York/London: W. W. Norton & Co., Inc., 1986. 352 pp.

This book discusses the reworkings and resolutions in old age of those earlier conflicts which arise throughout the life cycle. The elderly subjects described by the authors were involved in the Guidance Study, an investigation of families begun in Berkeley sixty years ago. Erik Erikson participated in the study in the 1940's. He prepared summaries of the first decade of life and of the family milieus of fifty children. The surviving parents of the fifty children seen then were selected for the present study. They now range in age from their seventies through their nineties.

² See, for example, the comprehensive review article: Kleeman, J. A. (1976): Freud's views on early female sexuality in the light of direct child observation. *J. Amer. Psychoanal. Assn.*, Suppl., 24:3-27.

Erik and Joan Erikson are both in their eighties, and Helen Kivnick is in her thirties. They review the stages of the life cycle, and detail the balance of forces operating in each phase. They note that earlier conflicts must be continually re-resolved during later periods, in relation to the current level of development.

The book then offers distillations of taped interviews with the informants. Although the style is rather rambling, a good deal of the subjects' "wisdom" does emerge, as when they speak of the necessity of accepting the inevitability of death. The presence of grandchildren, who are viewed as ongoing extensions of the self beyond the boundaries of one's own life, are seen by the subjects as helping to counteract the inevitable feelings of despair encountered in old age. A turning to religious beliefs is also seen as providing solace in this regard.

One striking observation is that the informants generally expressed current satisfaction with the people they had married or with the manner in which they had raised their children, despite historical data to the contrary. The authors speculate about whether this represents a pseudointegration of the past by means of denial of what was found to be unacceptable, or a reintegration and recasting of events once conceived of as painful in the context of the overall perspective of the life cycle.

In old age, a kind of "grand-generativity" may occur, in which one performs the roles of aging parent, grandparent, old friend, advisor, and mentor. This can result in an integration of outward-looking care for others with inward-looking care for one's self.

Another finding of considerable interest, which may be a function of the sociocultural background of the subjects selected for the study, is that for most of the individuals questioned, parenthood seems to have been the primary focus of their adult responsibility. The subjects found it important to view themselves as having been good parents. Thus their children's earlier problems came to be seen retrospectively as highlighting strengths or growth, which by implication was taken to validate their effectiveness as parents. The authors thus note that for their subjects and for many of their subjects' age-mates, "procreativity has overridden productivity and creativity as the major lifelong expression of generativity" (p. 81). Whether this is a universal finding among older people can be validated only by future studies among other elderly populations from

different cultures and socioeconomic classes. My guess is that the authors have paid too little attention to the effects of socioeconomic and cultural factors on the value systems and the consequent lifelong and old-age adaptations of the individuals in this study.

The tendency of widows to modify their perceptions of the histories of their marriages, in the direction of making them seem happier than they actually were in reality, was a uniformly consistent finding. The authors suggest that this may provide the surviving spouses with a sense of intimacy and reassurance that helps to combat their present-day loneliness.

Widows themselves noted that the best determinant of success in dealing with widowhood was the extent to which they had taken care of themselves before the death of the spouse. My own work with older widows and widowers is in line with this observation. Widows who had had long-term, intimate marriages never seemed to finish the re-experiencing of the loved one that is a part of the mourning process. They did, however, reach a point where these feelings no longer dominated every minute of every day.

In the minds of remarried subjects, earlier and later marriages differed with respect to intimacy. Marriages undertaken in one's youth implied the fusion of individual identities and were viewed as permanent unions, with little thought being given to the possibility of death or remarriage. Later marriages were seen more in terms of companionship.

The need to reconcile the tension between identity and identity confusion, the authors indicate, is an adolescent problem that is re-experienced in old age. One aspect of this in older subjects is their struggle to feel like their former selves at a time when they must accept that they are often no longer capable of enjoying long-cherished activities which in the past had helped to define their sense of self. I, too, have observed such phenomena in older individuals who, for example, have lost athletic abilities that had been important to their sense of self-esteem and had been formed in the context of important object relationships. The authors note the difficulty older people have in maintaining a sense of their own competence. In the men, this often was related in the past to successes in work. In the women in this group, it was related largely to their successes in child rearing.

Physical limitations also lead to a restriction of personal autonomy and contribute to feelings of uncertainty, shame, doubt, and helplessness. Living independently seemed to be a very important symbol of autonomy for the informants.

The authors turn to the film, *Wild Strawberries*, by Ingmar Bergman, in order to examine the revisitation of the life cycle as carried out by the aged male protagonist in the film. The book concludes with some observations about and suggestions for dealing with the problem of how to attain vital involvement in old age. The authors note that grandparenting was the most positive vital involvement for the subjects in their study.

Overall, the book is a valuable contribution to the growing body of literature on old age. One might have wished for a more systematic type of research design or for the kind of in-depth data which only the psychoanalytic method can offer, but the wise observations of the authors are recompense enough for reading this volume.

WAYNE A. MYERS (NEW YORK)

SELF PSYCHOLOGY AND THE HUMANITIES. REFLECTIONS ON A NEW PSYCHOANALYTIC APPROACH. By Heinz Kohut. Edited and with an Introduction by Charles B. Strozier. New York/London: W. W. Norton & Co., 1985. 290 pp.

Charles B. Strozier, professor of history at Sangamon State University and a friend and follower of Heinz Kohut, suggested to him in the spring of 1980 that he gather into a book his papers on issues related to the humanities. Kohut provided several unpublished manuscripts and agreed to participate in seven conversations with Strozier about related subjects. The last took place two and one half months before Kohut's death on October 8, 1981.

The resulting book is organized into three sections. The first presents Kohut's interpretation of modern historical events and of Hamlet's character according to the psychology of the self as applied to groups and to the understanding of art. The second section republishes four of Kohut's papers on narcissism, narcissistic rage, the self and history, and creativity. The third section consists of the conversations between Strozier and Kohut on history, civilization, culture, ethics, religion, and death.

For Kohut, the self is the key to understanding human experience and the mind. A child is born into a matrix of "selfobjects" whose developmentally appropriate empathy, through mirroring and idealization, facilitates the formation of a core or true self. Once this self has been formed in the first years of life it contains in its ambitions (derived from the age-appropriate grandiose self) and in its values and ideals (derived from the idealized selfobjects) an inner program for life that must be expressed and realized.

Serious failures of empathy on the selfobject's part bring about structural deficits in the self that make it prone to fragmentation, perversion, somatization, devitalization, narcissistic rage, and other disturbances. Such manifestations in the adult are indicators of the reawakening of earlier painful experiences of empathic failure. Age-appropriate empathy provides the child with needed admiration, mirroring, and acceptance of his/her idealizations. Limited failures in empathic response (microtraumata), however, provide occasions for microinternalization of self-sustaining psychic structures that contribute eventually to the development of a healthy core self.

Kohut's self psychology is teleological and programmatic: the future and the possibilities for the actualization of the self are just as important as the structure-forming developmental past. Self-objects are always necessary. Their empathic matrix, in individual and social life alike, is as indispensable for psychic life as "oxygen is for biological life." Pathology ensues not only from the deficits of the past but from failure to implement ambitions and values in the present or to find admiring and admired objects when they are needed.

Self psychology is essentially a structural theory. From beginning to end, the cause of pathology is seen as structural deficit due to empathic failure. Such failure causes by itself—*ex opere operato*—a structural consequence. Kohut leaves out of his theory a processing mind that acts as intermediary between trauma and its effects. Perceptual organization of phenomena, mediating fantasy, defensive maneuvers, and adaptational transformations, all these active modulators of psychic pain are not mentioned as interposed between selfobject failure and consequent deficiency of structure. Kohut's theory of pathogenesis has only one cause—empathic failure—that produces one effect—structural deficit.

Metapsychologically, Kohut attributes to the self, conceptualized as a mental content, the capacity to act, so as to cause many effects. This kind of anthropomorphizing of concepts is a common indulgence in psychoanalytic theorizing.

Kohut, who wanted to be a historian, applies his ideas to the understanding of historical groups and individuals, e.g., Nazi Germany and Hitler. Human behavior in groups, he believed, can be traced to needs stemming from remainders of childhood narcissism, healthy or pathological. Kohut attempts to demonstrate this in the lives of the people, the leaders, the criminals, and the martyrs of Nazi Germany.

Kohut believed that "history and psychoanalysis should be the most important sciences of the future" (p. 164) because historians and psychoanalysts "working on the same team" can together bring about a better understanding of the vicissitudes of societal processes in history. His thinking is analogical, inferring from the internal logic of his clinical reasoning about individual self psychology that social pathology is based on similar needs of the group self. Kohut's analogy expresses once again his view that the foundation of self pathology resides in structural deficits which are due, in the case of the group, to societal empathic failure. The individual or the group self of a nation, for example, may at times of narcissistic vulnerability revive a grandiose self or seize upon the apparent omnipotence of an idealized leader, be it a dictator like Hitler or a man of convincing strength like Churchill. In either case, the group dynamics revert to processes connected with early narcissistic traumata of the individuals in the group at a time when the group self cannot fulfill its ambitions and ideals.

Kohut applies the same notions to the understanding of great courage and martyrdom on the part of those whose selves are capable of defending and fulfilling their ideals even at the price of death. Such a death enhances the self, so that it can be approached, as it was by the German student, Sophie Scholl, with radiant serenity.

For individuals and nations alike, creativity, with its capacity for self-expression rooted in the energies provided by the early grandiose self, may modulate defects in the structure of the self and bring about narcissistic balance to the individual or group. Artists

and creative leaders in religion, philosophy, and science can provide a healing, empathic contact with the illness of the group self.

Kohut's interpretations are enticing and, at moments, seductively convincing. There is an elegant neatness to his presentations. Unlike Freud, Kohut does not try his hand at alternative explanations. There is a risk for anyone who attempts surveys of this nature: as Sir Herbert Butterfield points out in relation to universal history, he has "to do considerable abridging, selecting and interpreting . . . to choose and to interpret . . . facts according to a theory."¹ Kohut's approach is sober when he warns the psychohistorian to take into account many facts. His articles, however, do not attend enough to historical coincidences, unpredictable details, or new technologies, such as radio and the machinery of propaganda in Nazi Germany, etc. Kohut seems to believe that understanding the self can change historical events and that properly raising children will diminish human cruelty. There is here a paradoxical reappearance of the idea of creating a better race, this time of narcissistically balanced individuals.

Kohut's ideas deserve careful study and research. He offers theories, however, not facts. There would be no greater disservice to his creative efforts than to take his theories as facts and to apply his ideas to the humanities, in particular to history, without providing, through carefully documented research, the facts which are necessary to substantiate Kohut's analogical impressions. When that is done, the best of Kohut's work should survive, although trimmed down and polished. If the ideas of self psychology are applied to literature, religion, history, and art without respecting their complexities, however, we would emerge with a choice between two reductionistic interpretations of the best efforts of humankind: the oedipus complex explains it all (Jones's Hamlet)² or self psychology explains it all (Kohut's Hamlet).

ANA-MARIA RIZZUTO (BROOKLINE, MA)

¹ Butterfield, H. (1981): *The Origins of History*. New York: Basic Books, p. 211.

² Jones, E. (1949): *Hamlet and Oedipus*. New York: Norton.

TOWARDS A COMPREHENSIVE MODEL FOR SCHIZOPHRENIC DISORDERS. PSYCHOANALYTIC ESSAYS IN HONOR OF PING-NIE PAO, M.D. Edited by David B. Feinsilver. Hillsdale, NJ/London: The Analytic Press, 1986. 389 pp.

Even though Freud treated patients who would be considered borderline or even schizophrenic according to the DSM III diagnostic criteria of today, he felt strongly that psychoanalysis was not suitable for the narcissistic disorders. His early work was directed toward developing a theory of and treatment for the neuroses, as was the work of other early analysts. Many analysts have attempted to understand the pregenital disorders, using psychoanalytic theory, and a small number have been involved in clinical settings where they actually treat and study schizophrenic patients using methods based on these psychoanalytic theories. Outstanding in making careful observation and integrating clinical work with analytic principles was Ping-Nie Pao.

This collection of essays is a fitting and scholarly tribute to Pao, who was director of psychotherapy at Chestnut Lodge from 1967 until his death in 1981. Ping-Nie Pao's work with severely ill hospitalized patients was unique for a psychoanalyst, and he became concerned about all aspects of his patients' illnesses. He published *Elation, Hypomania and Mania* in 1971, which provided a formulation of the psychodynamics of manic-depressive illness and its relationship to normal development that is widely accepted today. During the latter part of Pao's clinical career, he turned his attention to schizophrenia. In 1979 he published *Schizophrenic Disorders*, in which he outlined a developmental model for understanding the onset and course of these disorders and the degree of recovery possible.

The essays in this new book in his honor, like Pao's own studies, address themselves to various aspects of the illness and represent many different reference points employed in an effort to provide a more comprehensive understanding of schizophrenia. The essays are organized into four main sections, excluding the Introduction and Conclusion. They cover Diagnosis, Theory, Developmental Research, and Treatment. There are three essays in the section on Diagnosis. The first, "Dr. Pao on Diagnosis" by Thomas McGlashan, gives a fine review of Pao's subtype criteria of type of

onset and treatment response and of Pao's ideas about subjecting them to formal testing, which has proved to be so difficult with other models. The second, by William Carpenter, is a short but important essay that outlines the difficulties with diagnosis inherent in the medical model. James Grotstein's essay is an overview of the multiple theories that attempt to define schizoid, schizotypic, and schizophrenic personality disorders. It contains a general yet interesting survey of the works of Gunderson, Tustin, Bion, Pao, and others who have attempted to study the origins of schizophrenia and to sharpen its definition. It includes discussions of infantile psychosis and neurosis and their psychosomatic origins, alexithymia, the skin boundary frontier, and the family interaction theory of schizophrenia.

The section on Theory contains four chapters, which I found very thought-provoking, in that they introduce some original concepts that may contribute to our understanding of schizophrenia. Joseph Lichtenberg's essay, "Pao's Theory: Origins and Future Directions," outlines and gives a general overview of Pao's theoretical constructs and describes how Pao arrived at his formulations. Lichtenberg also presents other information and viewpoints that might confirm or refute Pao's findings. He obviously admires Pao and gives a very clear discussion of his theory. In his review of the different viewpoints, he seems to treat in a rather cursory manner those who have objected to certain of Pao's theories. Robert Cancro's essay warns us of the dangers of reductionism, which has characterized studies centering upon the analytic viewpoint and which is now being observed in writings involving the biologic model. Joseph and Anne-Marie Sandler's essay, "Gyroscopic Function of Unconscious Fantasy," and Vamik D. Volkan's essay, "Suitable Targets of Externalization in Schizophrenia" are stimulating; they are the high points in the collection because of their lucidity and because of the excellent clinical material within them.

The section on Developmental Research includes Stanley Greenspan's essay on the development of psychopathology, which reviews clinical work with infants and young children and their families. It also includes an interesting review by Clarice Kestenbaum of the pertinent works of researchers exploring the precursors of cognitive and affective disturbances in schizophrenia. Both essays are directed toward a re-examination of research on

schizophrenic disorders. They attempt to integrate new information collected during recent longitudinal studies of children and their families, as well as in studies of specific symptoms. These are well-written essays that give an excellent overview of current research.

Treatment is the last major topic of the book. Included is an excellent description of Pao's views of treatment by David Feinsilver. In this essay, the reader is given an intimate exposure to Pao's style and technique, as well as a sense of the setting where he spent most of his clinical life. The clinical material that is included makes the essay very lively. The remaining essays are well written and practical, but they would have benefited from the inclusion of more clinical illustration.

Ping-Nie Pao maintained that neither disposition nor environment alone determines the course of development of any specific aspect of personality organization. Rather, the organismic state (i.e., the biologic-physiologic total) of the infant and the immediate environment interact with one another. The interactions can lead to "concrete experiences" which leave a given infant vulnerable. They are derived from an inability of mother and child to establish mutual cuing. Pao postulated that a lack of sufficient mutual cuing causes the potential schizophrenic to live in a chronic state of anxiety or chronic organismic distress. This distress makes the individual sensitive to all normally anxiety-provoking events. It leads to the experience of a state of panic which must be defended against, but by mechanisms that are unsuccessful, which in turn leads the ego to the formation of the symptoms of schizophrenia.

Pao included biological, genetic, and neurophysiological concepts, together with his own careful observations of patients, in his attempt to understand schizophrenic disorders. The authors contributing to this collection of essays to honor Pao have expanded and added to his observations. In doing so, they have made a significant contribution toward providing the foundation of a model for understanding and treating schizophrenic disorders that builds admirably upon Pao's model of the vulnerable self. Feinsilver's concluding chapter provides an excellent summary that integrates the contributions of analytic writings with those from the biological fields. Psychoanalysts and others who are interested in schizo-

phrenic disorders will find this stimulating, informative book a welcome addition to their libraries.

LARRIE W. ARNOLD (DALLAS)

DEPRESSIVE STATES AND THEIR TREATMENT. Edited by Vamik D. Volkan. Northvale, NJ/London: Jason Aronson, Inc., 1985. 456 pp.

This book is representative of a genre of publication that is appearing with increasing frequency in psychiatric bookstores. It is a compendium of essays which has been generated neither by the need to harvest an abundance of new scientific discoveries nor by an outpouring of creative energy by its contributors, but by the decision of a publisher that such a product is timely for the market. We learn in the "acknowledgments" that the publisher approached Volkan who then proceeded to solicit contributions from "colleagues I know well and whose work I admire." The Aronson/Volkan product does appear to this reviewer to address admirably the market defined by Volkan: "This volume can be read as a reference book by mental health professionals interested in a serious study of depression and related states and their treatment, and who wish to prepare themselves for closer cooperation between biology and psychiatry" (p. 14). Readers who fit this description would do well to invest in the volume. However, the psychoanalytic reader will find the essays of uneven interest and quality, and would do well to read selectively from the library copy.

Depressive States is a collection of twenty essays organized in five parts. Part I consists of three essays by D. Wilfred Abse and Gordon Kirschner on "Basic Concepts." Abse in his two chapters gives an excellent review and synthesis of the literature on depression, with an emphasis on the role of oral sadism. In his second chapter, "The Depressive Character," he makes a good case for the psychoanalytic treatment of depression: only a psychoanalytic treatment can provide a working-through process of sufficient intensity and duration to accomplish the "mourning" work necessary for relinquishment of the narcissistic omnipotence embedded in the depressive character structure. Kirschner provides an interesting definition of the creative process, and he examines how it is

that, by his definition of it, creative individuals are specifically vulnerable to depressive illness. Both these authors, as well as others throughout the volume, have a tendency at times to make sweeping generalizations about the depressiveness of our times. Perhaps such a tendency is an occupational hazard for authors invited to participate in wide-ranging anthologies.

Part II comprises five essays on "Mourning and Depression in the Life Cycle," in which phase-specific vulnerabilities and syndromes are comprehensively identified. Of particular excellence and interest for psychoanalysts is the essay, "The Last Half of Life," by Stanley H. Cath. For the middle-aged and older, evidences of physical and mental decline are quite real, and they impact variously on pre-existing character structures. "Depletion-depression" is frequent. Cath's clinical vignettes are convincing with regard to the value of psychoanalytic therapy for such patients. Psychoanalysts, themselves perhaps no longer youthful, should be alert to the possibilities of countertransference problems as they assess and work with patients in this stage of life.

Part III includes three essays on "Life Situations." Stephen B. Shanfield and Stuart Rosenthal describe depression in military and civilian organizations respectively, while John Buckman contributes a mostly sociological survey of suicide. The latter essay usefully emphasizes the hazards of countertransference reactions directed toward self-destructive patients.

Part IV will be of the most interest to the psychoanalyst, containing as it does five papers on "Psychotherapy." Harvey L. Rich presents the case of a woman who initially seemed to be extremely regressed but then achieved excellent results in traditional psychoanalysis. However, in discussing why he decided to accept such a sick patient for psychoanalysis, Rich becomes mystical. He believes, following Hans Loewald, that he tuned into the patient's "core," which is "transferred from the patient's unconscious to the analyst who, in the role of an early parental object, can in true neutrality perceive it both consciously and unconsciously" (p. 248). It would be far more satisfactory, though admittedly less thrilling, to believe that Rich simply used his psychoanalytic knowledge to make the diagnostic assessment that the patient was not as sick as she appeared to be.

In the next paper, "Depression Caused by Others," Sheldon

Heath relies heavily and perhaps unnecessarily on the imperfectly defined concept of projective identification as he describes in a series of vignettes the process whereby partners, be they spouses, parents, or therapists, can deny depression in themselves while inflicting it on others. Volkan contributes a fine chapter in which he delineates the process of mourning, its complications, and therapy. The latter, described as "regrief therapy," is an active, manipulative form of brief psychotherapy that aims at removing obstacles to normal mourning. Of interest is Volkan's concept of a "linking object," a concrete item or keepsake which is used "to maintain absolutely controlled contact with the image of the dead person, as well as to postpone mourning and keep it frozen" (p. 288). Volkan suggests, as a therapeutic maneuver, that the patient bring the object into the consulting room to be placed between therapist and patient, touched, and subjected to an associative process. While the analytic reader might demur at the possible transference complications, Volkan straightforwardly indicates that for the purposes of regrief therapy he "intercepts" the development of intense transference regressions by means of "premature interpretation."

Similar therapeutic manipulation is described in the next chapter, "Christmas Neurosis Reconsidered," in which L. Bryce Boyer supplies evidence that Yuletide depressions in gift-giving cultures are generated by unresolved sibling conflicts. To Boyer, this phenomenon is so convincingly frequent that he now decorates his office weeks in advance of Christmas. If the patient does not react, Boyer confronts him or her and induces the reaction. Less manipulative, and hence more convincing, is Charles W. Socarides in the final therapy chapter, in which he demonstrates the role of depression in the perversions: depression both generates and is relieved by the perverse sexual activity.

Part V, "Somatic Issues," provides four thorough, fundamentally informative review essays on the physiology and pharmacology of depression.

At the end, the psychoanalytic reader may be left with some nagging worries about the impression of psychotherapeutic technique imparted by this volume to its intended audience of mental health professionals. Will Boyer's early Yuletide festoons or Volkan's palpable linking objects tempt the psychopharmacologist to include psychotherapy along with measured doses of Nor-

pramin? But perhaps my worry is overstated. On balance, the volume offers solid arguments that depressive states are clinical entities treatable to advantage by both psychotherapy and drugs.

HERBERT M. WYMAN (NEW YORK)

BEYOND EGO PSYCHOLOGY. DEVELOPMENTAL OBJECT RELATIONS THEORY. By Rubin and Gertrude Blanck. New York: Columbia University Press, 1986. 212 pp.

Rubin and Gertrude Blanck have written this third book on ego psychology because of their belief that knowledge about human development and object relations theory have added a significant new dimension to psychoanalytic theory. The authors view theoretical and clinical issues through the developmental prism of separation and individuation, and they express them in the language of object relations. They attempt to apply the expanding field of experimental and theoretical child development to the understanding of patients with narcissistic and borderline difficulties, whom they call "understructured personalities."

The authors' view of ego psychology has changed from an emphasis on object relationships as simple mental representations of first experiences (the theory of parental blame) to an emphasis on the result of the interaction and negotiation between self and object that occurs in the entire course of the separation-individuation process. However, while they overtly espouse the second, more sophisticated model, they often revert to their first model. For example, they criticize Jocasta for being an inadequate "pre-oedipal" mother and for choosing a destructive father for Oedipus.

A central tenet of their book is the idea of a superordinate ego and superego. A superordinate ego implies a unifying or executive function of the ego (a "central steering organization") that promotes adaptation. The superordinate ego concept is used to explain how the ego simultaneously can be battleground, opponent, and ally of the superego, as well as mediator of the conflict. The ego of structure experiences anxiety, reduces it to a signal, and defends against it. It is left to the superordinate ego to maintain the integrity and stability of the entire structure. The competency of the superordinate ego is determined by a combination of innate capacities and early experience. The ego is no longer defined by its

functions, but by its *functioning*—an overall organizing process. The superordinate superego is conceived of as a structure that oversees the multiple functions of the superego. The agency oversees the entire ego state, which implies a structure beyond that posited by structural theory. The Blancks suggest doing away with the confusing terms of identification, incorporation, introjection, and internalization in favor of a simpler view that object representations are transferred to self representations.

Transference is viewed in terms of remnants of earlier structures which have not been organized by the superordinate ego into coherence and harmony with each other and with reality. Structured personalities transfer to new objects from whole object representations of the past. Understructured personalities transfer to new objects from remnants derived from disturbed self-object differentiation (failure of separation and individuation); therefore, their transference reactions tend to replicate early object experience or to fulfill unmet early object need.

The authors do not view the oedipus complex in triangular terms, but more in terms of a straight line, with a parent at either end; the self representation of the child stands in relation to the object representations of the parents. They disagree with the concept of a negative oedipal position, stating that a child cannot be in a passive position in relation to either parent (as though the wish to be loved is not part of childhood and as though the child does not love and wish to be loved by both parents).

Blanck and Blanck recommend special technical measures for “understructured” patients: (1) assessing the competence of the patient’s superordinate ego to deal with malformations in development; (2) taking into account not only defense, but also developmental considerations; (3) knowing developmental theory in order to be alert to the vicissitudes of development in a given individual; and (4) tracking the mutually cuing and interactive dialogue that allows the therapist to distinguish between defense (resistance), impulse, need for affirmation, need for empathy, and need for growth-promoting frustration.

The authors stress an approach to patients that fits clinical material into an intellectualized developmental understanding of separation and individuation. Psychotherapy is reduced to a mental jigsaw puzzle in which the patient’s productions are stretched onto a

developmental frame. This is reminiscent of the early mistakes Freud made in the Dora case. Instead of listening to and interpreting the transference, Freud was intent upon identifying unconscious sexual fantasies and meanings. Similarly, the Blancks' aim is to identify signs of developmental difficulties rather than patiently utilizing the transference to assess the patient's object relations. Although this book contains many interesting and sophisticated points regarding object relations, development, and intrapsychic processes, the overall tone is almost anti-analytic in that what the therapist says does not come from listening to and understanding the patient's transferences and resistances but from the therapist's ideas about the developmental process.

There is a discrepancy between the complicated, sophisticated, and at times densely written theory, and the overly simplified clinical examples which are provided. When the authors discuss a case, the clinical data is presented in terms of object relations and developmental implications. This is an approach that can avoid the transference, particularly with difficult patients. One longs to hear what the patient said to the therapist and what the therapist said to the patient. The authors refer repeatedly to "traditional analytic interpretations." This term is unclear and offensive and implies stereotypic responses from analysts.

Complex clinical material is often simply explained by direct reference to developmental events in separation and individuation. The art of putting into words and analyzing the meaning of a resistance is transformed into naming some developmental historical task. The authors, for instance, give an example of a man who feels greatly agitated because a friend has invited him to lunch. They interpret this in terms of a self-representation which is overwhelmed by an object representation. The complex meanings of the way the patient approaches other more or less powerful men, the structure of his superego, his relationships to friends, the compromise formations he sets up in accepting or rejecting demands—in other words, almost all of the development that a complicated symptomatic act may reflect is ignored, and the event is traced simply and directly to lack of resolution of a particular early developmental step.

The authors' conception of a superordinate ego and superego is analogous to the concept of a superordinate world government. It

could be assumed to exist because of the existence of a variety of nations getting into conflict and resolving conflict in the world, but there is in fact no such superordinate government. Blanck and Blanck argue that the concept of a superordinate ego does not deviate from the structural theory as proposed by Freud. This is not accurate, however; it changes the basic conception of the ego by adding an essential element of intention and purposefulness. It is also questionable what the concept of a superordinate ego and superego adds to the ego and superego concepts, except an unnecessary level of complexity and intentionality. The integrative function of the ego already occupies a central place in structural theory.

In summary, this book presents a theory of object relations, based in large part on the work of Margaret Mahler and on studies of infant development, that is applied to patients with the diagnosis of borderline or narcissistic character. Some of this is worth thinking about. The tone of the book and of the clinical examples, however, points to a very questionable approach that appears to replace painstaking, multidimensional analysis of transference and resistance with the offer of supportive, intellectualized, developmental understanding.

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PSYCHOANALYSIS: THE POSSIBLE PROFESSION. Edited by Herbert S. Strean, D.S.W. New York: The Haworth Press, 1986. 102 pp.

If a struggle with difficult prose, poor organization, bad grammar, and some questionable reasoning is rewarded by a new idea or a well-drawn argument, the gain is worth the effort. *Psychoanalysis: The Possible Profession*, unfortunately, is long on struggle and regrettably short on reward. This small volume of seven papers and one book review, whose strongest point may well be its brevity, takes its name in part in reaction to Janet Malcolm's study, *Psychoanalysis: The Impossible Profession*,¹ one target of an article by Reuben Fine, discussed below.

In the "Letter From The Editor" that introduces this book (also published as *Current Issues in Psychoanalytic Practice*, Volume 2,

¹Malcolm, J. (1981). *Psychoanalysis: The Impossible Profession*. New York: Knopf.

Number 2, Summer 1985), Strean worries that an "Anti-Freudian Crusade" keeps counterbalancing pace with the increasing number of individuals seeking psychoanalytic treatment. He hopes that "because of this volume the reader will be sensitized to more of the nuances of the Anti-Freudian Crusade and will help you dedicate yourself even more to Psychoanalysis" (p. 2). It is not likely that the former will be realized, but a single reading of these papers by a serious psychoanalyst will assure the latter.

The lead paper, Fine's "Envy of the Most Possible Profession," attempts to answer Grünbaum's "polemic," *The Foundations of Psychoanalysis*,² and Malcolm's "sarcastic mockery of the therapy" in the volume mentioned above. Fine reviews some historical assaults on psychoanalysis and counters with a condensation of other authors' rebuttals. He focuses on the challenge that psychoanalysis is unscientific, and, perhaps unaware of the unscientific and unsupportable nature of his own conclusions, dismisses Grünbaum as a weak critic on the basis of his belief that Grünbaum does not understand psychoanalytic theory. Additionally, Fine devalues Grünbaum with the argument that philosophers of science are not to be taken seriously as critics: since "the philosophy of science as currently pursued is such an abstract discipline, of interest only to other philosophers of science, a sense of deep frustration sets in, with a consequent release of hostility towards the analyst" (p. 11). Fine attempts to dispatch Malcolm on the basis of her presumed lack of a background in psychoanalysis, but then, having criticized her for not being sufficiently knowledgeable about her subject, he unwittingly undermines his own argument by acknowledging that he himself lacks the very data a psychoanalyst needs to formulate a supportable conclusion: a familiarity with his subject's mind. He substitutes wild analytic interpretation for substantive reasoning, declaring: "I would argue that there is in Malcolm's account (I know nothing about her personally), as well as in the attacks by the philosophers of science dealt with earlier in this paper, a deep envy of the analytic situation. They see it as a repetition of the mother-child situation, and they want the mother to be perfect. . . . The

² Grünbaum, A. (1984). *The Foundations of Psychoanalysis: A Philosophical Critique*. Berkeley: Univ. of Calif. Press.

notion of an impossible profession thus covers up the wish, present in everyone, for a perfect mother . . ." (p. 15).

The only other paper which could be read as addressing the "Anti-Freudian Crusade" is contributed by the editor, who makes neither a strong nor an imaginative effort in "The Psychoanalyst: An Agent of Social Change." Strean answers the challenge of social scientist colleagues that he demonstrate how his clinical work "helped better society." He concludes after describing successful work with four patients that "as a result of their therapy all of the patients discussed above made life a lot more pleasant for hundreds of individuals in their social orbits" (p. 33).

That being the substance of the counterattack, the Anti-Freudian Crusade, for the moment, seems to be safe. There is far from universal agreement among analysts that Grünbaum and Malcolm are representatives of a group of enemies of psychoanalysis, but if they are so experienced by Fine, he seriously underestimates and misunderstands his opponents. Both Grünbaum and Malcolm are scholarly; Grünbaum's concerns with and expressions about the scientific nature of psychoanalysis are deeply thoughtful, as is Malcolm's incisive critique both of psychoanalytic thinking and of the psychoanalytic establishment. Psychoanalysis is not advanced, nor are its critics sufficiently answered, by leveling the accusation that the critics are either ignorant or conflicted. Legitimate rebuttal must come from the continuing development of an internally consistent and understandable theory, a closer tie between points of theory and therapy, and clear, adequate, valid, and reliable demonstrations that psychoanalytic therapy produces worthwhile results.

Of the five remaining papers, only two are noteworthy: "On Teaching Psychoanalysis" by Robert Mollinger is a thoughtful essay addressing overidealization of the teaching analyst in the classroom. Mollinger considers this ubiquitous condition from the vantage points of the inner views of the teaching analyst and of the candidate, offering suggestions which have the potential to enrich the educational experience of both. He writes that "psychoanalytic education—whose aim is to produce psychoanalysts—might need to differ from traditional educational modes" (p. 42). Recognizing that observation of "process" itself is an indispensable element of clinical psychoanalysis, he focuses on the ambiance of the

teaching/learning format in the classroom and states: "... it is the psychoanalytic mode of inquiry, not psychoanalytic 'facts' which need to be stressed . . ." (p. 42). As well as drawing attention to the destructive consequences of the misuse of power in the classroom, Mollinger discusses the gratification the teacher derives from its restraint. His attention to the need to focus on "process" is accompanied, however, by minimization of the importance of learning "content." For the developing analyst, clearly, there is an extensive literature of psychoanalytic fundamentals to be mastered, including the knowledge of process, and Mollinger's point is weakened by his failure to specify that his paper deals with a special aspect of the attempt to teach the breadth of psychoanalysis. This omission can leave the reader with the impression that Mollinger is adopting an anti-intellectual position. Nonetheless, reading this very brief paper would benefit any reflective teacher.

Robert Lane extends his previous interest in the negative therapeutic reaction to psychoanalytic supervision in his paper, "The Recalcitrant Supervisee: The Negative Supervisory Reaction." Noting that certain supervisees behave in a way that "closely approximates the negative therapeutic reaction," Lane argues for the recognition of this supervisory constellation as a definable entity. He stops short of expressing the opinion that individuals in supervision who have a negative supervisory reaction are likely to produce a negative therapeutic reaction in analysis, but such an idea is to be inferred from his paper. While Lane's formulations, at times, go beyond his data, and while his suggestions for the handling of such situations can be questioned, he does make a contribution to the study of psychoanalytic supervision.

The remainder of the articles will not be reviewed. One paper begins with the grammatically shameful title: "Transference: A Universal Phenomena, a Clinical Entity." The title is the high point of the paper. Good ideas, poorly stated or incorrectly punctuated, are forgivable. This lapse in grammar is mentioned only because it possibly exemplifies what may be the worst about this volume: such an error's presence in the final form of the book raises the question of whether lack of discipline in preparation and expression reflects a concomitant lack of discipline in thinking. Presented as representing the voices of psychoanalysis, much of this collection would

be an embarrassment to many psychoanalysts. They would reject the notion that the viewpoints expressed in this volume reflect their own ideas and would seriously question the understanding of the fundamentals and goals of psychoanalysis that is presented. Furthermore, some of the material in the book will give reason to serious thinkers in other disciplines to wonder whether psychoanalysts are capable of serious thought.

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Psychoanalytic Study of the Child. XXXIX, 1984.

Frederick Meisel

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ABSTRACTS

Psychoanalytic Study of the Child. XXXIX, 1984.

Abstracted by Frederick Meisel.

Reflections on the Last Stage—and the First. Erik H. Erikson. Pp. 155-165

In this concise and brilliant essay, Erikson extends his earlier model of psychosocial and psychosexual stages into adulthood and old age. For each psychosocial crisis in his familiar formulation he adds a word which symbolizes the "basic strength" that evolves from the resolution of that crisis and the passage to the subsequent stage. For adulthood, the crisis is between generativity and stagnation and the strength involved is caring. This allows for entrance into old age, in which integrity and despair yield wisdom. Erikson emphasizes the dystonic or negative aspect of each crisis as prerequisite to the evolution of the phase-appropriate strength. Finally, he links aspects of the earlier stages, especially the first stage and the need for trust in the "maternal other," with the development of faith and the acceptance of the role of the elderly in human culture.

Shame: An Object-Relational Formulation. Moshe Halevi Spero. Pp. 259-282.

The relationship between the structure of the self and the emergence of shame is delineated from the point of view of primitive psychopathology, which is characterized by "shame-proneness and a variety of affective and object-relational disturbances." Guilt and shame are discussed, and the difficulties in separating them are outlined. Although one is related to the superego and the other to the ego ideal, the relationship of these two structures, and the mixture of loving and hateful introjects and positive and negative ideals, make intersystemic conflict inadequate to explain these two affects. Four essential characteristics of shame are outlined: (1) shock or suddenness; (2) painful isolation; (3) self-consciousness; and (4) exposure. The experience is related either to loss of pleasure—narcissistic or libidinal—or to loss of the parental or internalized object who is seen as watching and shaming. In childhood it stems from the negative reactions to the child's attempts at attention-getting, mastery, curiosity, and self-display, and leads to feelings of helplessness and vulnerability. A crucial point of Spero's article concerns the loss of privacy in the experience of shame and its relation to the loss of boundaries and/or failure of differentiation between self and other. Spero suggests "that shame occurs in the context of developmentally or traumatically induced self-other boundaries, as a reaction to the threat of intrusion and the disorganizing anxiety caused by unassimilable negative and devaluing self and object representations" that are, in fact, introjects, rather than identifications. The repair comes following separation from the objects, but when this is impossible, because of their fragmentary nature, it results in a "shame personality."

From Concretism to Metaphor: Thoughts on Some Theoretical and Technical Aspects of the Psychoanalytic Work with Children of Holocaust Survivors. Ilse Grubrich-Simitis. Pp. 301-319.

Grubrich-Simitis attributes the "concrete" thinking of many survivors of the Holocaust and their children to the extreme trauma of the Holocaust and to the failure

of its victims to be aware of time, to differentiate inner and outer reality, or to fantasize. All aggression seems dangerous, and other experiences and feelings come to seem so too. This is transmitted to the child by incorporation: the parent's reality is identified with the interior of the child's body. The child identifies with the parent's perception and lives in fear of cruel and sadistic images and impulses. Time stops for the child; ideas of future and past are too frightening. There is fear of loss, change, and affect, but the fears are acted out. Treatment is by psychoanalysis with regression to a loss of boundaries between patient and analyst and projection of frightening thoughts and intentions upon the analyst. At length, the child's denial lifts, the patient can deal with his or her experience, and can begin to fantasize.

The Handling of Overt Aggression in Child Analysis. Anna Maenchen. Pp. 393-405.

The subject is a nine-year-old-girl with overt aggression (rather than aggression liberated in the analysis). Her aggression and flamboyant acting out resulted from severe problems of self-esteem and had many pregenital aspects. The analyst attempted unsuccessfully to manage the aggression through interpretation and deflection, but it soon became clear that it had to be stopped or transformed if the analysis were to survive. Therefore, limits were set in the presence of a parent, the child's hitting and destructiveness changed to insults and screaming, and the analysis could proceed. Maenchen later became aware that she had been reluctant to set limits, believing that interpretation should be enough. But the aggressive acting out should have been stopped. Maenchen next describes a "borderline" girl whose psychoneurosis was superimposed on a disturbed ego structure. Although the analysis was stormy, it was the only treatment that would allow working through and modification of the archaic and disturbed aspects of her envy, separation problems, tyranny, victimization, exhibitionism, severe anxiety, and fear of losing control and disintegrating.

The Image and Uses of the Body in Psychic Conflict: With Special Reference to Eating Disorders in Adolescence. Samuel Ritvo. Pp. 449-469.

"The ego of an individual," as Anna Freud noted, "begins first and foremost as a body ego." This paper discusses the uses of the body image in the normal development of adolescence and in such abnormal conditions as anorexia nervosa. Ritvo notes that "the body ego lends itself to the plastic representation of ideation and unconscious fantasy." He ties this to the use of verbal language, symbolization, and figurative expression, which "provide the psyche with a rich storehouse of potential imagery." The earliest figures of speech use the body as metaphor. W. Hoffer suggested that the body is an early object of the instincts; it reflects the developmental aspects of the drives as they progress through the psychosocial stages. With these ideas in mind, Ritvo looks at normal development, both in early childhood and again in adolescence, when "the sexually mature body and its needs are a threat to the adolescent" and require various defensive forms of flight. At this time the adolescent relies on the metaphoric use of the body and its functions for defense and relief of tension. Finally, Ritvo focuses on the eating function, the earliest frustrating and gratifying experience with another person, its relation to incorporative

and eliminative modes, and its function as a modality for expressing wishes, conflicts, and aims. It is also well suited for the expression of specific conflicts over bisexuality and genitality, as well as the pregenital conflicts. Finally, he quotes from Schilder: "... the body will be projected onto the world, and the world introjected into the body."

The Annual of Psychoanalysis. XII/XIII, 1984/1985.

Abstracted by Michael L. Fleisher.

Transference: The Future of an Illusion. Robert D. Stolorow and Frank M. Lachmann. Pp. 19-37.

As part of their criticism of psychoanalytic drive theory, the authors link it with definitions of transference which they find inadequate because of the reliance on single ideas or processes. These include an archaeological uncovering of repressed material that relies on disadvantageous energy theories, regression to an exact replica of infantile thought, displacements which are seen as entirely removing a wish from the infantile past to the present, or projection which psychically shifts unwanted wishes and representations onto another object. The "organizing activity" of transference is stressed as "a microcosm of the patient's total psychological life" which also organizes the analytic relationship. The transference cannot be eliminated or renounced. It must instead be clarified and reintegrated into the patient's life as he or she becomes healthier. Crucial to this are the selfobject transferences whose analysis is essential for the repair of incomplete "structuralization," i.e., defects caused by object ties being "inappropriately ruptured during formative years." Although there is a tendency to refer to drive concepts as part of the archaic past of psychoanalytic thought, they make their reappearance in this paper as "conflicts over loving, hatred, desiring and competing." Selfobject and drive aspects of the transference are described as being in a "subtly shifting figure-ground relationship" where both must be analyzed.

On Selfobject Countertransferences. Lotte Köhler. Pp. 39-56.

Selfobject countertransferences are described as those in which analysts experience patients as part of themselves. This differentiates such countertransferences from "object-instinctual countertransferences" in which the analyst feels various forms of love and hate for the patient. Selfobject countertransferences share many features of the earliest mother-child relationship when the mother experiences her child as still being "a part of herself." This early relationship is examined in some detail. Throughout this paper a selfobject is defined as part of the self or as serving the self. Some typical selfobject countertransferences are described. In an idealizing selfobject countertransference the analyst feels "aggrandized" by having gifted or successful patients. An alter-ego countertransference is said to occur when the analyst assumes that the patient thinks the way the analyst does. In a mirror countertransference the analyst needs to have the patient improve and thereby verify that the analyst is competent. This last paradigm is given detailed exploration since it is a

common source of analytic stalemates, especially in patients with early histories of not wanting to please their mothers or who felt they could not please them. In the transference they feel misunderstood and induce in the analyst feelings of incompetence and ineffectiveness, thereby unconsciously recreating the injuries they sustained in the early mother-child matrix.

Self Psychology and the Neuroses. Ernst S. Wolf. Pp. 57-68.

Freud formulated drive theory and the oedipus complex to treat symptom neurotics. Kohut felt this was inadequate to help narcissistic character disorders. He developed empathy-centered self psychology to treat these patients who suffer from labile self-esteem resulting from a "weakened or defective self." The selfobject is his pivotal concept. Selfobjects are not objects but "self-evoking functions performed by the objects." They result from caretaking input to the "infant [that creates] the experience of selfhood." Memory traces of selfobject experiences combine to produce "the self." The self may be experienced on a continuum from whole to fragmented and empty. To Kohut, the various selves are "not-further-reducible psychological units." Castration anxiety and repression are not considered a normal outcome of oedipal resolution. They are "symptoms caused by the breakdown of the cohesive self." This can be prevented by appropriate mirroring and idealizing input from both parents that supports certain oedipal desires without being overly seductive, stimulating, or prohibitive. This is said to produce an oedipal resolution free of castration anxiety and repression. When this is not done, the consequent anxiety is defined as a disintegration anxiety, rather than castration anxiety, a result of a less cohesive self. Expressions of drives appear only as a consequence of damage to the self.

Self Preservation and the Preservation of the Self. Arnold H. Modell. Pp. 69-86.

The author explores the parallel relationship between the oedipus complex, with its eroticism, and the formation and preservation of the self. Both the oedipus complex and narcissistic problems are found in patients with narcissistic personality disorders. Oedipal pathology stems from conflict over erotic wishes primarily from within the person. Narcissistic pathology is caused by defects in the relationship between the child and its caretaker or "holding environment." These latter defects involve distorted communication and lack of validation of affects and ideas between the self and its caretakers. Emotionally absent or misleading parents, and those who deny or assault the child's sense of separateness and autonomy, interfere with separation and individuation and cause the child to have defects in selfobject differentiation. Eroticism forms an early bridge between the erotic object relatedness of the oedipus complex and the preservation of the self. This is seen in the eroticism of the infant at the breast. The eroticism is related both to the breast (object) and to self-preservation (food, nurturance). Later this erotic bridge will split. The eroticism attached to the object (breast) will eventually include the emotional nurturance of the holding environment that allows for the preservation of the self. Just as familial factors influence the formation of the self, cultural influences and their conflicts with the beliefs of the self may contribute to formation and deformation of the self.

The Self and the Oedipus Complex. David M. Terman. Pp. 87-104.

Oedipal resolution is presented as a later phase of self development, i.e., beyond the earlier issues of cohesion and fragmentation. In the case presentation a woman patient became irritable when guilt about positive oedipal longings for the father-analyst was spoken of. This negative affect persisted until the analyst told the patient that she wanted the mother-analyst to acknowledge support or at least not attack the patient for her desires about father. This was understood to be a transference repetition of the oedipal child's need to have the mother mirror (support, approve) the child's desires for father, i.e., a transference. Only after this was clarified could the oedipal transferences to father be effectively worked with in the analysis. The mirroring function of the parent as an oedipal selfobject supports the child, thereby allowing the relinquishing of infantile object ties and wishes, and the formation of identifications and superego structures. A harsh parent who cannot provide empathic mirroring can produce harsh identifications and ultimately a harsh superego in the child.

Affects and Selfobjects. Daphne D. Socarides and Robert D. Stolorow. Pp. 105-119.

The authors wish to establish a meaning of the selfobject that is neither too narrow and rigid nor overgeneralized. The self is organized self-experience, a structure. Affects play a central role in the organization of this structure. The caretaker, via its selfobject function, has a central importance in determining which affects are experienced by the self. Proper integration of these affects is crucial for self-esteem. Early merger with idealized and soothing selfobjects can be integrated into the self and provide later means of dealing with painful affective states, such as anxiety. Later, the oedipal child can be helped by a parent who can appreciate and even feel pleasure at his or her oedipal strivings. Integration of these parental attitudes into the self, greatly influenced by the affects they stir within the child, will have major bearing on self-esteem and on oedipal and post-oedipal functioning. The authors expand Kohut's concepts of early mirroring and selfobject idealization to a more general attunement of the caretaker's affective states with those of the child at any age. The selfobject function of the affectively attuned caretaker does several things for the child: (1) helps separate out affects from their undifferentiated state; (2) integrates contradictory affect states within the self; (3) tolerates affects so that they can be used as internal signals to the self; and (4) elevates affects from the initial state of being somatically expressed to being cognitively or psychologically experienced—an issue in warding off psychosomatic responses. Toleration of affect on the analyst's part and affective attunement with the patient help the patient to reintegrate isolated or warded-off affects.

Translation between Psychoanalytic Theories. Arnold Goldberg. Pp. 121-135.

Goldberg discusses ways of viewing the relationship between analytic theories: citing the similarities between them; citing the differences; and looking for compatibilities. To further the translation of meaning from one theory to another, three related terms from three different theoretical views are examined: the part-object of Freud; the transitional object of Winnicott; and the selfobject of Kohut. As terms

they differ in that the first is tied to the gratification of instinct, and the second to a material object in the external world; the third, Kohut's selfobject, shows aspects of the first two but is felt to differ in that it requires "the introspective assessment of the object" and does not depend upon any environmental or material factor as the first two do. From the differences in defining terms, Goldberg moves to the differences between entire theories. No theory explains everything, and theory formation will be influenced by the data base and vantage point of the theoretician. New data often require new theoretical constructs, "gestalt switches." A new theory must *not* be entirely translatable back into the prior theory, since if it can be, it offers nothing new. "Tinkering" with old theories to incorporate new findings can have limitations. Adherence to the old theory for the sake of parsimony is of questionable value. Growth will come from dissent and new theories, not from orthodoxy.

The Concept of Structure in Psychoanalysis. Mark Levey. Pp. 137-153.

This paper attempts to clarify the various meanings of "structure" and how they relate to each other. Levey reviews some of these meanings, starting with Rapaport's "enduring underlying determiners of behavior." He explores Freud's work from the topographic to the structural models. Hartmann's principles of primary and secondary autonomy were created when that author felt that conflict resolution alone "could not account for adaptive behavior." Levey cites a confusion between the internal representations formed by identification and other psychic systems, since "representations are doing the same conceptual work as id, ego and superego." To overcome this confusion, he takes the broader view that structure may be defined in different ways, depending on which theoretical viewpoint is being applied to a particular piece of behavior. For example, in an economic viewpoint, structure refers to those factors that limit or alter discharge. In a drive-defense model, structures are defenses. And in the tripartite model, "the structures are enduring motivations." Other viewpoints (adaptational, object relations) are cited. To bring reason to all this, Levey relies on the hierarchical model of Gedo and Goldberg. Here the behaviors ascend from the primitive reflex-arc model to the selfobject model. Once the self has been consolidated, structure "refers to enduring motives." This would include "cohesion *maintaining*" relationships followed by the motives of the tripartite model, in turn followed by structure seen as a "non-conflicted hierarchy of motives." Thus any behavior can be potentially understood as an expression of structures *best* seen from the vantage point of one or more of the above theoretical viewpoints. For example, a transference reaction can be viewed as a result of conflict within the tripartite structures, an expression of unconscious interactions between self- and object representations, or an instability of the self-representation expressed in a selfobject transference. The "structure versus deficit" debate is replaced by the question of what kind of structure is implied by the behavior being studied, i.e., what *kind* of structure versus whether a structure is present or absent.

Toward a Psychoanalytic Theory of the Charismatic Relationship. Jerome A. Winer; Thomas Jobe; Carlton Ferrono. Pp. 155-175.

The charismatic leader is experienced by his followers as having special powers. His charismatic behavior is said to stem from his turning a passive wish into an

active one. Classical, biblical, sociological, and psychoanalytic considerations of charisma are examined. Of the latter, Arlow's ideas about the group's shared unconscious fantasies and Anna Freud's concept of identification with the aggressor are touched on. More attention is given to Camic's use of Freud's structural theory and its insights into the charismatic personality. The authors criticize Camic for not clarifying his use of the term transference and not exploring closely enough the inner needs of the charismatic leader and his followers. For Camic, the leader's omnipotence gratifies the followers' dependency needs. Ego ideal needs are gratified by basking in the leader's presumed excellence. Leaders who embody the superego are experienced as having excellence; those who represent id aims are called uncanny. The authors see "charismatically susceptible" people as having weakly delineated psychic structures. As a result, they are drawn to leaders who gratify wishes that seem to strengthen the inner boundaries between the psychic agencies. In Freud's writing on group psychology, the group leader is seen as providing a libidinal focus that stems the regressive pull of the primitive group. Love for the leader enhances the sharing of common ideals and increases identification among group members. The followers' passivity, coupled with the leader's need to turn passive into active, increases the bond between leader and led.

Clinical Contributions to the Theory of the Fictive Personality. Jay Martin. Pp. 267-300.

Patients who make powerful, seemingly all-inclusive identifications with fictional characters are defined as "fictive personalities." The author cites as examples actors who seem consumed by the characters they play and people who identify with characters from literature. Theoretical understanding of this sort of personality is drawn from a combination of models and mechanisms including Helene Deutsch's "as if" personality, Harry Guntrip's schizoid emptiness, Anna Freud's "altruistic surrender," and Heinz Kohut's work on narcissism. The author gives several clinical examples. In one case the central issue was the patient's experiencing the real world as totally disappointing; all satisfactions were "confined to fantasy." She merely "played at" real world roles, such as being a mother. Emotionally, she drew her identity from heroines in favorite books. It is implied that this character style sprang from a rejecting family milieu which led her to prefer fantasy and books in order to ward off hurt and anger. Treatment required showing her repeatedly that she immersed herself in fantasy to ward off the fury provoked by the frustration of her requests for love. This seemed gradually to wean her from the total reliance on fictive fantasies for gratification and allowed her to seek love in the real world as well as to tolerate the narcissistic injury of real frustration.

Clinical Notes toward the Understanding and Intensive Psychotherapy of Adult Eating Disorders. Richard D. Chessick. Pp. 301-322.

Chessick reviews literature on the genesis and treatment of eating disorders—from anorexia to obesity. Eating and obesity can be means of dealing with and expressing affects stemming from conflicts within the system of selfobjects. Binge eating can be self-soothing and can provide orgiastic-like pleasures. It can also

evolve into drug use. Eating and starvation are used to redirect primitive aggression and to ward off self-fragmentation. The bodily changes of the anorectic can represent affects such as depression. The acts and fantasies that the anorectic is obsessed with have specific unconscious meanings, oral through oedipal, although earlier conflicts and pregenital selfobject problems are stressed in this paper. Effective treatment requires the judicious use of such resources as internists, self-help groups, and medication. Initially a "structure building" (Bruch), supportive, and reality-testing approach is used. This may be followed by work with projections and splitting (Kernberg), especially if strong negative transferences appear. The last phase stresses the more classical unconscious meanings of the disturbed eating behavior (Fenichel). These are long, difficult, although not impossible cases with much likelihood of countertransference problems.

Complicated Mourning. Vamik D. Volkan. Pp. 323-348.

Normal mourning is divided into two stages: the initial stage and the work of mourning. The initial stage is acutely painful and leads to the recognition that the death has occurred. The slower work of mourning allows the mourner to adjust his or her self and world view to the actuality of the loss. Strongly ambivalent feelings toward the dead person predispose to problems in the mourning work, such as reactive depression and pathological mourning. In normal mourning the mourner makes partial identifications with the lost loved one. In reactive depression the identifications are total, with much aggression directed against the self. In pathological mourning a walled-off, isolated introject forms within the self-representation. This allows the dead loved one to be experienced as still living, often as being alive within the mourner. Via this ego split the mourner can feel that the dead person is both alive and dead and can be hopeful about seeing the loved one again, while being aware of the absurdity of this. The use of certain mementos—"linking objects"—allows the blocked mourner to feel the loved one is present. Conversely, removal of the linking object can represent a killing of the dead person. This controlling mode of dealing with ambivalent feelings can protect against depression and suicide. "Regrief therapy" involves alerting the patient to the existence of the introject and the ambivalence toward it. Analysis of the ambivalent and controlling meanings of the linking object is crucial to allowing the mourning to resume.

Function of Play in the Process of Child Psychotherapy: A Contemporary Perspective. Anna Ornstein. Pp. 349-366.

The history of play as a means of therapy, of access to the child's thinking, and as a mode of expression for the child is reviewed. Two problems are cited: the child's disrupting the play because of an excess of painful affects provoked by the therapeutic intervention (Erikson's play disruption) and lack of direct therapeutic effect on the child's family milieu. This is dealt with via "child centered family therapy." Here the knowledge gained from individual play therapy with the child is fed back to the entire family in meetings with agendas the child has given prior agreement to. The theoretical model for this is the "self-selfobject." Here the therapist's empathic understanding of all family members allows him or her to clarify for the entire family (a) the meaning of the child's behavior to the parents and (b) the

meaning of the parents' behavior to the child. Each one is seen as having the ability to affect the self-esteem and vulnerability of the other. These clarifications produce a reduction of symptoms in the child, and repair narcissistic damage to both child and parents.

Narcissistic Injury and the Occurrence of Creativity: Freud's Irma Dream. Stanley M. Kaplan. Pp. 367-376.

Using Freud's discovery of dream interpretation in the Irma dream and the dream of the biological monograph, and certain similarities in the creative life of Strindberg, Kaplan explores the role of narcissistic injury and the cycles of creative and noncreative periods in people's lives. Freud, allegedly wounded by Otto's reproachful tone, set out to "justify himself" by writing a long case report on his patient. That night he had the famous dream and analyzed its narcissistically restorative content, thereby creatively discovering dream analysis. The biological monograph dream was Freud's attempt to undo his hurtful self-reproach for not pursuing his work on cocaine and getting credit for its discovery. Strindberg's first play was written after a severe narcissistic injury produced a crisis-state. Using Kohut's ideas of the cycles of productivity, these examples illustrate narcissistic injury and turmoil followed by frantic creativity, then quiet work in which the initial creativity is sorted through and ordered.

Originality and Creativity. Pinchas Noy. Pp. 421-448.

The author explores the urge or motivation to create something original, here viewed as separate from the talent to do it. This urge in creative people is seen as coming from a cognitive style that readily organizes data in new and creative ways. These people are seen as having greater numbers of organizing repertoires in the data-processing parts of their egos. People with reduced organizing repertoires are often inflexible and unanalyzable, allegedly because they cannot process the novel aspects of an interpretation. The creative genius is one who has an intense and problem-solving (aesthetic, scientific, etc.) sense of the "needs of society." The inner compulsion to create is an outcome of the child's early need to clarify the self as different, unique, and separate from that of the mother. By her enveloping over-involvement with the creative child, she can produce an environment in which the talent can be lost through the child's desire to please her, and all originality perishes. The creative person uses his or her talent to create novel works that help define the self as unique and different from the encouraging but controlling mother.

Psychoanalysis and Contemporary Thought. VIII, 1985.

Abstracted by Anita G. Schmukler.

Freud and the Father: Oedipus Myth and Oedipus Complex. Lowell Edmunds. Pp. 87-103.

Edmunds suggests using the Oedipus myth to enhance our understanding of fatherhood. Events in Oedipus' life are traced through standard mythology, as well as in Aeschylus' *Seven against Thebes*, Euripides' *Phoenician Women*, and Sophocles'

Oedipus at Colonus. The emphasis is upon aspects of paternal aggression toward sons, the sustained authority of Oedipus as father, and Oedipus' positive relationship with his daughters. The author observes that Freud's focus on the myth is from the perspective of sons. This view continues in Freud's notion of the primal horde, in which rivalrous sons overthrow the father and then employ a totem animal to represent the idealized father, toward whom ambivalent feelings are clear to the psychoanalytic observer. Edmunds points out that characterological weaknesses of the son in the Oedipus myth are simultaneously present in the father.

Conflict and Conciliation in James Joyce's *Ulysses*. David W. Hershey. Pp. 221-251.

Hershey explores the psychology of the character of Stephen Dedalus. His interactions with Buck Mulligan, a medical student, provide clues to Dedalus's conflicts; Hershey also explores his marked ambivalence toward women and his intense guilt following the death of his mother, to whom he had an ambivalent attachment. Buck Mulligan's persistent, chiding mockery and aloofness provide sharp contrast to Stephen's suffering and masochistic posture. Mulligan and Dedalus are contrasted further when Mulligan rescues a drowning man, whereas Dedalus was unable to save his own mother. Concurrently, he struggles over his ambivalent attitude toward the absent father whom he persistently seeks. The recurrent theme of Stephen's conflict over sexuality is addressed, as are the issues of condensation and dream reference. The relation between the essentially fatherless Stephen and Leopold Bloom, who has no son, is examined with respect to multiple levels of male conflict.

Culture Change, Symbolic Object Loss, and Restitutional Process. Howard F. Stein. Pp. 301-332.

Stein explores the manifestations and determinants of "culture shock" and "future shock," both of which he views as reparative efforts with respect to unconscious conflict. He refers to Erikson, Winnicott, and Volkan in explaining responses to cultural change. Stein observes that persons experiencing "culture shock" and "future shock" must engage in a mourning process to maintain a state of health. He perceptively notes that the frequent recommendation of "networking" and "support groups" to those suffering from symptoms aroused by culture change may be counterproductive, in that they ward off conflicts over separations, object loss, and identity rather than offer pathways to resolution.

The Social Dimensions of Heinz Kohut's Psychology of the Self. Robert Ehrlich. Pp. 333-354.

Ehrlich presents a careful, critical summary of Heinz Kohut's major contributions. A chief criticism of Kohut's work is his emphasis on the acknowledgment and transformation of "fundamental narcissistic needs," while giving insufficient attention to social and cultural factors. Ehrlich applauds Kohut's plea for an "empathic milieu."

Arthur Miller's Insights into Aggression. Henry Krystal. Pp. 355-374.

Arthur Miller deals with the destructive results of denying both hostile impulses and the identifications which occur between victim and aggressor. When denial of

aggression becomes an ideal, and hostile forces are driven to oblivion, one finds the release of destructive power which is both intense and distorted through the prism of myriad defensive and narcissistic constructs.

The Psychoanalytic Review. LXXII, 1985.

Abstracted by Jerome A. Hanowsky.

A Case That Throws Light on the Mechanism of Regression in Schizophrenia.

Helene Deutsch, with a Brief Introduction by Paul Roazen. Pp. 1-8.

This 1919 paper is one of the early psychoanalytic papers that attempted to understand the symptoms of psychosis and schizophrenia. It does not offer a comprehensive view but focuses on some symptoms in a particular patient, a thirty-four-year-old woman blind from the second or third year of life, whose psychotic illness was reported to have begun three years before her admission to the hospital. Deutsch examined her; their contact could be characterized as exploration of her symptoms rather than psychoanalytic treatment. After a period of withdrawal, the patient became delusional, excitable, and after a time incontinent of urine and feces. Following Tausk's lead, Deutsch ascribed her symptoms (such as the delusion that if she ate others could not, or that the influence of outside omnipotent forces caused her incontinence) to the loss of ego boundaries and the projection of one aspect of ambivalent impulses. Deutsch notes that the patient's delusion represents her wish to be turned into a small child, but she does not develop this idea. She elaborates on a series of dreams in which the patient reported that she could see. Deutsch interprets this as a "loss of the consciousness of being blind." It is unclear whether Deutsch is looking for motives of this wish, such as denial, a wish to see, or to regress, or whether she considers this as possible "regression in a physical sense" to memories prior to the patient's loss of sight.

Second Generation Effects of Historical Trauma. Robert M. Prince. Pp. 9-29.

Prince provides a sketchy review of the literature on children of survivors of the Holocaust. He next describes interviews with twenty volunteers. The interviews were done to determine what effect the Holocaust or similar phenomena have had on the psychology of the second generation, particularly its ego organization and adaptive defense mechanisms. Prince favors interviews based on a modification of Lipton's "psychohistorical interview," which takes into account the subjective data of the patient, the historical context, and an examination of the meaning of the context for the subject. The headings considered were: (1) variations in communication about the past from the survivors to the children; (2) variations in response of the children to the parental communications; (3) the relation between the survivor parents and their children; (4) characterological themes in the children of survivors; (5) types of conscious identifications in children of survivors; and (6) the imagery of the past as a central unconscious organizing principle of identity. Interestingly, under the last heading are included six brief case descriptions to illustrate how unconscious fantasies define the individual character by earlier identifications, partial identifications, and defensive operations on the identifications. In one example

a college student suffering from isolation and pervasive depression abandoned a musical career which was meaningful to him as an identification with his father who lost his only possession, a violin, upon arriving in Auschwitz. The student was not consciously aware of being affected by his parent's past. The author ends by stressing that psychoanalysis, by assuming the primacy of unconscious fantasy in determining a person's sense of reality (as opposed to reality determining unconscious fantasy) may not be valid in such traumatic historical circumstances. Yet Prince's statement must be questioned if one looks at the nature of unconscious fantasy, reality, and psychoanalysis.

Early Object-Relations Conflicts in Marital Interaction. Roy C. Calogeras. Pp. 31-54.

This paper describes the marriages of two patients in analysis, with emphasis on their object relations. Calogeras considers the neurotic conflicts in the two cases to be predominantly preoedipal in nature, specifically involving the rapprochement subphase of the separation-individuation phase. The dyadic conflicts of that period were relived in the marital dyad in the hope of gaining mastery over them. The conflicts were over engulfment, separation anxiety, addictive behavior, inability to say "no," and primitive somatization. These patients were able to fall in love but they were unable to remain in love in their marriages. It is interesting that one of the partners in each case continued a neurotic relationship with a living parent to the near exclusion of the partner. No reference is made to the paternal contribution in these relationships.

On Feeling Hopeless. Irving Solomon. Pp. 55-70.

Despair or hopelessness is a pervasively felt inability to control life or alter destiny. In a brief review of the literature, Solomon connects hopelessness with depressive affect and helplessness, but the concept of hopelessness is little clarified beyond the definition. He offers the example of a woman with a traumatic history, including an erratic, hysterical mother and a depressed father. The case is elaborated under the headings of false self, emptiness, fear of neediness, self-envy, self-representation, transference, archaic superego, working alliance, and inner imprisonment. Although this elaboration is confusing in its concepts, it does show how the patient improved when her erotic fantasies connected to the despair were sufficiently analyzed. Solomon recommends a hopeful attitude in dealing with the countertransference feelings; he implies the need for the therapist to resolve once more his own depressive affects and despair.

Antony and Cleopatra: The Empire of the Self. M. D. Faber. Pp. 71-104.

In this intricate analysis of Shakespeare's *Antony and Cleopatra* Faber proposes that the ambivalence toward the maternal object is a primitive defensive maneuver, the intensity of which varies with the ambivalence expressed toward the subject by the mother. He considers that the deepest urge of the Western hero is to resolve the mystery of maternal ambivalence. He sees Antony and Cleopatra as tragically flawed in their ability to love (although Cleopatra transcends this in a few brief instances) because they have no self with which they can love. Symbolically, as Rome

and Egypt remained in opposition, so also the characters remain under the sway of primitive conflicting wishes and are unable to secure their adult love.

Narcissism as a Defense against Object Loss: Stendhal and Proust. Steven Sands. Pp. 105-128.

Proust's and Stendhal's psychopathology has usually been considered narcissistic. Loss of self-esteem and sense of self follows loss of the idealized object. Yet Sands feels that this does not explain the apparent richness of the inner attachments, with the external semblance of narcissism. Counterpoising Kernberg's description of narcissism, in which relationships are shallow and glib, he suggests that Proust's twenty-year withdrawal from society into his literary work after the death of his mother (it was the same with Stendhal) was the mark of profound devotion and richness. Sands likens the phenomenon to the mechanisms described in Freud's *Mourning and Melancholia*. In melancholia the withdrawal of libido from the loved person is followed by cathecting an identification within the ego. For both Proust and Stendhal unresolved grief and inadequate separation are followed by a retreat into nostalgic involvement which preserves the lost object and a sense of self. It is a regressed form of relating which is archaic and involves an idealized parent with a mixture of oedipal and narcissistic elements. Sands believes that certain narcissistic personalities are able to assume commitment and a sense of obligation.

Beethoven: Modern Analytic Views of the Man and His Music. Jean A. Ciar-diello. Pp. 129-148.

The author enlarges on the psychoanalytic attempts to understand this genius and his enigmatic and troubled life. Kernberg and Kohut are frequently quoted. Beethoven's ability to create a masterpiece after becoming deaf fascinates Ciar-diello, who concludes that Beethoven became psychotic (or a fragmented self) because he was so narcissistically fragmented, fragile, and invested in his music that the only way open to him to re-establish his "self" was to compose.

Mexican Machismo: The Flight from Femininity. Marvin Goldberg. Pp. 161-170.

Goldberg presents an interesting discussion of Mexican machismo from a historical and a sociopsychological perspective. He believes the roots of this phenomenon lie in the intense mother-son relationship in the boy's first year of life which is abruptly ruptured at the birth of the next child. A superficial father-son relationship follows. The result is a fearful distancing and devaluing of femininity and identification with an idealized father.

Meeting of the Psychoanalytic Institute of New England, East

James W. Barron

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NOTES

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

June 2, 1986. FURTHER REFLECTIONS ON A "A TURTLE'S PROGRESS" FROM *Psychoanalysis and Its Discontents*. John E. Gedo, M.D.

Dr. Gedo laid the groundwork for this open forum by elaborating on the case described in "A Turtle's Progress," from his book, *Psychoanalysis and Its Discontents*. He stated that the case is representative of analyses with severely disturbed patients who require early, frequent, and active intervention on the part of the analyst in order to get beyond the character armor and paranoia. Dr. Gedo emphasized that he has accumulated sufficient experience to feel confident that such an approach is necessary with these patients and that it does not diminish subsequent opportunities to interpret the developing transference in all its customary manifestations. Referring to "A Turtle's Progress" as an illustrative example, he described the patient's extreme narcissistic fragility, limited communication skills, intense feelings of humiliation, paranoid reactions, and peculiar cognitive deficit. The patient was symbiotically dependent upon his wife to interpret many social realities, even the essential meaning of a narrative or the story lines and motivations of characters in motion pictures they would see together. In extra-analytic situations, the patient was reasonably successful at hiding this cognitive deficit from others, including supervisors. Nevertheless, his occupational and social relationships were hindered, and he was constantly afraid of being discovered and revealed as a fraud.

For the first two years of treatment, he would become acutely anxious and rageful whenever the analyst made any comments that touched upon his deficits. During this time, the patient clung to his wife's view of the world. Gradually, he became able to acknowledge his deficits, and to depend less upon his wife, more upon the analyst, and eventually more upon himself as he acquired some of the cognitive tools he had been missing. Only after the patient's symbiotic needs became invested in the treatment situation did he begin to become more stable. Somatic symptoms and paranoid reactions began to diminish. The analysis continued five times per week for a total of nine years, and a mutually agreed upon termination was reached.

Dr. Gedo acknowledged that such patients can have structural deficits caused by noxious early developmental experiences, which can lead to problems in self/other differentiation, along with secondary pathology. The prognosis for such patients would be more limited. In a substantial number of cases of severely disturbed patients, however, the problem is not lack of structuralization, but rather structuralization based in large measure on identification with one or both parents who are also very impaired. This results in peculiar dysfunctional configurations. It is a critical analytic task to arrive at a differential diagnosis as to whether there is really insufficient structuralization or whether there is a maladaptive structural configuration.

DISCUSSION: Dr. Arthur Valenstein felt that the tumult of the early years of the analysis, during which the patient was quite paranoid, was unavoidable. Patient and analyst had to travel the road together in that mutually dystonic way until the patient gradually achieved a more exact sense of self and correspondingly greater autonomy. Referring to Winnicott's work, Dr. Ana-Maria Rizzuto spoke of the patient's continued testing of the analyst, subjecting him to repeated attacks to see if he survived and eventually becoming convinced that the analyst was there as a real object. Only through that process could the patient develop the capacity to make use of the analyst as a new object to be internalized. Dr. Rizzuto took issue with the description of the patient as suffering from a cognitive deficit. Instead, she spoke of his difficulties in separating from the early representation of the object. She suggested that he had two levels of perception: an internal representation of mother as nurturing, and another of her as murderous, with only the former admitted to consciousness. He could not let himself know about the other level; this resulted in a variety of mechanisms that impaired his cognitive functioning. Dr. Evelyne Schwaber felt that there was a close connection between cognitive disturbances and paranoid moments in the analysis. She added that it was critically important to observe within the analytic hour the transference elements that trigger the cognitive deficit and those that tend to relieve it. Dr. Sheldon Roth also commented on the transference, with special reference to the patient's increasing identification with his father. Dr. Roth felt that this paralleled his decreasing cognitive impairment. Dr. Robert Kenerson and Dr. Jerome Sashin spoke of the considerable amount of "pre-analytic" work necessary with this type of patient, in order to prepare him to make effective use of the analytic situation with its emphasis on interpretation. Dr. James Barron discussed the problem of anxiety as a critical element in the patient's cognitive functioning. A variety of stimuli would quickly become threatening and would trigger an intense, global affective response that appeared to impair the patient's ability to take in and process new information. Given the patient's level of anxiety, Dr. Barron wondered about the advantages and disadvantages of face-to-face psychotherapy versus psychoanalysis. Dr. M. Robert Gardner addressed what he considered to be the central challenge in treating such a patient, i.e., getting to a point where the patient is sufficiently curious about his functioning to join in the psychoanalytic inquiry.

In his final comments, Dr. Gedo repeated his conviction that psychoanalysis was the treatment of choice for this patient precisely because of his cognitive deficit and his character armor. He agreed that considerable work within the analysis had to take place before the patient became less paranoid and less cognitively impaired, and before he was able to listen to anything the analyst had to say without immediately feeling humiliated. Dr. Gedo emphasized, however, that this early phase of the analysis was as important as any other and was not simply preparation for the "main event" which relied more heavily on interpretation. He pointed out that, in working with such patients, the analyst should expect to encounter strong symbiotic needs which result from the cognitive and related deficits. Dr. Gedo concluded that the analyst must actively address those deficits early in the analysis and that such an approach does not interfere with the later opportunity to analyze the transference.

JAMES W. BARRON

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 13 1986 TRANSFERENCE RELATIONSHIPS, THE RELATIONSHIPS BETWEEN TRANSFERENCES AND RECONSTRUCTION. Theodore J. Jacobs, M.D.

Dr. Jacobs discussed the relationship between the multiple and shifting transferences that occur in every analysis and demonstrated ways in which this might be investigated to provide clues to the process of reconstruction. In his case examples, exploration of the relationship between the various transferences resulted in insight into forgotten pieces of history, as well as into the defenses against remembering and working through of particular traumatic events. Dr. Jacobs cautioned that his focus on aspects of transference that relate to object relationships was meant only to simplify the presentation, as was his discussing sequences as if they represented a smooth progression. He also pointed out that many other factors are involved in the ultimate timing and sequence of the emergence of transferences, so that they do not necessarily reflect a corresponding developmental sequence or exact reliving of past events.

The first example presented was from the analysis of a young woman who, while obviously capable and trustworthy, regarded herself as an impostor and avoided intimate relationships out of fear that her false and disingenuous character would be revealed. Initially, there was little revealed in the way of early family relationships, historical events, unconscious fantasies, or guilt that might have provided an explanation for these feelings (except perhaps for intense masturbatory conflict).

The patient was born into a family in which social position was of overriding importance. The initial transference related to her mother, whose social schedule was the child's primary competitor. In the analytic situation, she imagined that Dr. Jacobs had a very active social life and gave greater attention to other patients. She behaved toward him as she imagined her mother might have wanted: she was well behaved, obedient, and reliable. Gradually, the defensive aspect of her behavior emerged. At that point her behavior in analysis abruptly changed. Still attempting to please, she now behaved as a seductive little girl does toward her father. The negative feelings toward her father began to emerge rapidly. At one point she saw Dr. Jacobs getting into a taxi, imagined that he wished to avoid her, and responded with angry accusations and feelings of depression. Now the mother-transference returned, but this time the patient was much more formal, distant, and wary, revealing for the first time qualities that characterized her later relationships. Dr. Jacobs's attention was drawn to the rapid shifts that had occurred in the predominant transference paradigms. Lacking an explanation, he drew the patient's attention to the phenomenon. Intrigued but unable to provide further information, she began to question her mother about her childhood. Her mother revealed that she and the patient's father had been divorced soon after her birth: her real father quickly disappeared and ended contact with the family. Her mother remarried within a year, and the patient was adopted by the man she knew as her father. The secret had been revealed to the patient in early childhood on the insistence of the family doctor. It was mentioned again on only one other occasion, a few months later, when her mother saw her former husband in a crowd and pointed him out to

the child. Before she could get close enough to get a good look, he hailed a taxi and was gone. After she had been told the truth, her behavior abruptly changed from seeking her mother's attention to seductive efforts to win over her stepfather. When he did not respond to her advances, she became angry and disappointed. On one occasion he drove off on an urgent business matter after having promised to take her to a puppet show. She ultimately turned away from him and back to her mother, only this time she was more distant and wary. Thus she revealed, in form as well as in content, reactions not only to her stepfather but to her natural father as well. Both men had disappointed her and had contributed to her distrust (and wariness) of all men. Memories of these disappointments were revived when, many years later, she spotted Dr. Jacobs driving off in a cab. The patient's view of herself as an impostor could now also be clarified. She was not the person she thought she was; nor was her father the man she believed him to be. In addition, she identified with her mother, who had deceived her; she too must be equally untrustworthy, especially since she had participated in the deception.

Dr. Jacobs presented two other case examples involving shifting transferences and reconstruction. In his discussion, he questioned why, in these cases, repetition of the past included significant elements of form as well as content. Since trauma played a major role in each case, he suggested that part of the reliving of the traumatizing experiences included repetition of form and sequence. He likened it to anniversary reactions, in which traumatic experiences are linked to the unconscious sense of time.

DISCUSSION: Dr. Howard K. Welsh noted Freud's analogy of the analyst as archaeologist, whose job it is to piece together not just individual pieces of pottery, but the layers in which they were found and their relationship to one another, as well as the relationship of one hidden mound to another, in order to gain insight into the workings of the entire community. Similarly, Dr. Jacobs has taken a broad perspective in his analysis of transference phenomena and their interrelationships. Dr. Welsh described a case of his own, which served to illustrate Dr. Jacobs's thesis that patients who reproduce these kinds of transference shifts are attempting to master early traumas in relation to original objects. His patient would for several days speak easily, with a positive transference and working alliance. Then, toward the end of the week, she would have terrifying dreams of a zombie-like creature and would view Dr. Welsh as a ghoulish figure whom she feared and distrusted. The meaning of this behavior did not become clear until they were able to reconstruct a recurrent traumatic experience of her childhood. Her father was a week-end alcoholic who would terrorize the family and beat his wife when he was drunk. Afterward, her mother would pretend that nothing had happened, and the patient would feel that it had all been a bad dream. The patient dealt with the terrifying reality and her intense frightened feelings with a defensive blurring of reality and dream, both in the analysis and in her work. In another of Dr. Welsh's patients abrupt termination after nine months of analysis occurred in spite of the realization that the nine months symbolized his mother's pregnancies, and that he was attempting to master his early feelings of abandonment. Sudden transference shifts may also occur in a patient who as a child was shifted back and forth between divorced parents. Dr.

Welsh suggested that Freud's idea of the unconscious as timeless might have resulted in analysts not attending adequately to sequential phenomena.

Dr. Jerome M. Levine stated that, as Dr. Jacobs is aware, in most cases it is not possible to make a direct correspondence between the timing and sequencing of transference shifts and specific psychological experiences of childhood and adolescence. Dr. Jacobs wisely asked us to accept his use of the terms transference and transference neurosis without definition, but he also asked us to accept his focus, which was primarily on those aspects of transference that relate to self- and object representations. Dr. Levine accepted this, but wondered how the choice was determined and specifically whether an interest in object relations might have influenced Dr. Jacobs's interpretive activity and thus the nature of the transference. He felt that Dr. Jacobs was most successful in illustrating his thesis in the first case, but he wondered what would have happened if the patient's mother had not been available to provide this information. Could it have been reconstructed from analysis alone? And why did he discount the primacy of the masturbation conflict? Dr. Levine wondered if Dr. Jacobs meant to imply that the period of time involving the mother transference reflected the same span of years in the patient's early life, or the memory of the age she had been when the trauma occurred. If so, this needs to be examined alongside Arlow and Brenner's view that the very young child has little or no sense of time. Dr. Levine assumed also that the analysis ended with the patient no longer needing to see herself as a sham. His last point concerned Dr. Jacobs's thesis that there may be early trauma underlying this type of transference shift. This may be a necessary but not sufficient condition, inasmuch as similar traumatic experiences in many people do not lead to this constellation.

Dr. Jacobs responded to most of the points raised. Dr. Welsh's interesting examples reinforced Dr. Jacobs's belief that the denial of secrets exerts tremendous pressure which shows up in the transference and seems inexplicable. With regard to Dr. Levine's points, Dr. Jacobs emphasized that this was a preliminary work dealing with a very complex subject. He denied a special interest in object relations, but noted that this aspect presented itself most clearly in the analyses of the cases he described. The masturbation conflict was not ignored, but rather the pervasiveness of the patient's distorted self-image, its extension over time, and the resistance it showed to interpretation made him feel that there was more to it than could be explained by this conflict alone. Perhaps Freud could have uncovered the secret without the help of the patient's mother, but it is unlikely that many others could have. Revelation of the secret in the patient's early childhood acted as an acute trauma, but it also had wide reverberations involving many aspects of the relationship between parent and child, and became an ongoing stress. Working through involved reviewing and understanding complex family relationships, and helping the patient to understand her defensive use of early identifications. It led gradually to her overcoming her sense of herself as a sham.

ALICE MAHER

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 4-8, 1988, at the Queen Elizabeth Hotel, Montreal, Canada.

The 17th Annual MAHLER SYMPOSIUM will be held on May 21, 1988, in Philadelphia. For further information, contact: Selma Kramer, M.D., Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Ave., Philadelphia, PA 19129.

A SYMPOSIUM ON ART AND THE BRAIN will be held May 12-14, 1988, at the Art Institute of Chicago. The Symposium and an art exhibit will be sponsored by the Neurology Department of Michael Reese Hospital and the Department of Art Education and Therapy of the School of the Art Institute of Chicago, with the assistance of The Brain Education Center of California State University, Long Beach. For further information, contact: Andrea Gellin Shindler, M.A., Symposium Director, Department of Neurology, Michael Reese Hospital, Lake Shore Drive at 31st St., Chicago, IL 60616; telephone, (312) 791-4481.

The 4th Conference of the SIGMUND FREUD CENTER of the Hebrew University of Jerusalem will be held at the University May 24-26, 1988. The language of the Conference will be English, and the theme will be "The Meaning of the Nazi Holocaust to Those Not Directly Affected—A Psychoanalytic View." For further information, contact: Sigmund Freud Center, Hebrew University of Jerusalem, Mount Scopus, Jerusalem 91905 Israel.