

Freud and Fetishism: Previously Unpublished Minutes of the Vienna Psychoanalytic Society

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FREUD AND FETISHISM: PREVIOUSLY UNPUBLISHED MINUTES OF THE VIENNA PSYCHOANALYTIC SOCIETY

EDITED AND TRANSLATED BY LOUIS ROSE

INTRODUCTION

The Vienna Psychoanalytic Society was the first organization for teaching psychoanalysis and expanding its following. The minutes published here record the meeting of the society on February 24, 1909. Dating from the earliest period of the movement, they have unique importance. At this meeting, Freud presented his first paper on the phenomenon of fetishism.

In 1902, Sigmund Freud and four physicians—Alfred Adler, Max Kahane, Rudolf Reitler, and Wilhelm Stekel—began meeting once a week at Freud's home to discuss psychoanalysis. As the circle slowly increased its number and expanded its agenda, it drew on both non-medical and medical professions. Members presented papers on the theory of psychoanalysis, on its application to cultural sciences, and, as their therapeutic experience grew, on case findings. In 1908, the group took the name "Psychoanalytic Society." Before the First World War, its official membership reached just over forty, but throughout the period from its founding to the war, fewer than half this number became active members. The society experienced its

I would like to thank Dr. E. James Lieberman for bringing the existence of these minutes to my attention and for his assistance with their publication; Dr. Ernst Federn and Mr. Kenneth Lohf for their permission to publish this document; and Manfred Boemeke for assistance with its transcription and translation. These minutes are part of the Otto Rank Collection in the Rare Book and Manuscript Library, Columbia University.

greatest unity before 1910. In that year it was shaken by conflict with the International Psycho-Analytical Association. A year later, it was torn by the schism between Freud and Adler. Like Freud, the committed few who faithfully attended meetings and published psychoanalytic works conceived of the new science as "the cause." Freud and his closest followers regarded the society as the vanguard of a new consciousness in Vienna.

In October 1906, twenty-two-year-old Otto Rank became a member of the society. For the period before the First World War, Rank is best known for his psychoanalytic interpretations of art and mythology, and for his work with Freud and Hanns Sachs as a founding editor of the journal *Imago*. When he joined the Vienna Society in 1906, he became its first recording secretary. Rank kept minutes of the group's weekly meetings until November 1918.

These minutes remained part of the library of the Vienna Society until the emigration of 1938, when Freud turned them over to Paul Federn, the society's acting president. The minutes and membership lists in Federn's possession were published in four volumes under the editorship of Herman Nunberg and Ernst Federn in *Minutes of the Vienna Psychoanalytic Society, 1906-1918* (Nunberg and Federn, 1962-1975).¹ As Nunberg and Federn pointed out, however, Rank's attendance book, in which he entered the participants at each meeting and the title of each presentation, showed that some minutes of the society had disappeared.

The original, hand-written minutes of the February 24, 1909, meeting, believed to have been lost, were recently discovered among Otto Rank's notes and letters in the Rank Collection at

¹ Minutes of the Society taken down by other members in the years 1923 and 1924 have been preserved and published. See "Discussions on Therapeutic Technique in the Vienna Psychoanalytic Society," edited by H. Lobner (1978). See also Lou Andreas-Salomé (1964), who recorded in her journal the discussions of the Vienna Society which she attended in 1912 and 1913.

Columbia University.² They provide the only record of Freud's paper, "On the Genesis of Fetishism."

MINUTES FROM THE VIENNA PSYCHOANALYTIC SOCIETY

17 [*Minutes*: 70]

Scientific Meeting on February 24, 1909

On the Genesis of Fetishism, Prof. Freud

[Present: Prof. Freud, Adler, Bass, [A.] Deutsch, Federn, Heller, Hitschmann, Hollerung, Joachim, Rank, Sadger, Schwerdtner, Steiner, Stekel.]³

² Box VIII, "Period II," Otto Rank Collection, Rare Book and Manuscript Library, Columbia University. With the document was a typescript of the minutes of the March 11, 1914, meeting, at which Freud gave a presentation on foot fetishism (Nunberg and Federn, Vol. 4, pp. 243-246). Apparently, Rank had begun research into the phenomenon of fetishism and had borrowed the original minutes from 1909.

³ See Nunberg and Federn, Vol. 2, p. 163. At the time of this meeting, Alfred Adler (1870-1937) had developed his theories of the psychic superstructure, organ inferiority, and aggression. In the following year, he published his first articles tracing neurosis to the feeling of inferiority and the "masculine protest." After the schism with Freud in 1911, Adler and his followers founded the Society for Individual Psychology (originally the Society for Free Psychoanalytic Research). Before the First World War, Wilhelm Stekel (1868-1940) contributed extensive studies on anxiety and dream language. He remained a member of the Vienna Society until 1912, when conflicts with Freud and other members over his editorship of the *Zentralblatt* led to his resignation. With Adler and Stekel, Paul Federn (1872-1950), Eduard Hitschmann (1871-1958), Isidor Sadger (1867-?), and Maxim Steiner (1874-1942) became the first practicing analysts in Vienna. Sadger helped pioneer the field of psychobiography. In 1922, Hitschmann founded and became director of the first psychoanalytic clinic in Vienna. Hugo Heller (1870-1923) owned the book company which published the first two volumes of *Papers on Applied Psychoanalysis*, *Imago*, and the *Internationale Zeitschrift für Psychoanalyse*. Alfred Bass, Adolf Deutsch, Edwin Hollerung, and Hugo Schwerdtner ceased attending meetings in 1909; Albert Joachim no longer attended after 1910. Although absent from this meeting, the music critic Max Graf (1875-1958), Rudolf Reitler (1865-1917), and the writer Fritz Wittels (1880-1950) should also be included among Freud's closest followers at this time.

Departing from his principle not to formulate theory before it can be supported by observations, the speaker would like to communicate, by way of exception, a theory of fetishism which is based only on a small number of observations. For that reason, this solution should not be put to general use until other analysts support—or refute—it on the basis of their observations. Because he is not thinking of publication for the near future, the pertinent literature (especially Binet) is not reviewed in full. For quick orientation on the points of view on this question, however, three authors suffice: Krafft-Ebing (1), Forel (2) and Iwan Bloch (3).⁴

⁴ French experimental psychologist Alfred Binet (1857-1911) wrote "Le fétichisme dans l'amour," first published in *Revue philosophique* in 1887 (Vol. 24, July-December, pp. 143-167, 252-274) and republished with minor revisions in his *Études de psychologie expérimentale* in 1888 (Paris: O. Doin). Binet argued that fetishism originated in an observation or event which occurred during a moment of sexual excitation, usually during sexual awakening in childhood. In later life the association between the impression and excitation reasserted itself. Freud (1905) commented on Binet's theory in the 1920 edition of *Three Essays on the Theory of Sexuality*: "Deeper-going psycho-analytic research has raised a just criticism of Binet's assertion. All the observations dealing with this point have recorded a first meeting with the fetish at which it already aroused sexual interest without there being anything in the accompanying circumstances to explain the fact. Moreover, all of these 'early' sexual impressions relate to a time after the age of five or six, whereas psycho-analysis makes it doubtful whether fresh pathological fixations can occur so late as this. The true explanation is that behind the first recollection of the fetish's appearance there lies a submerged and forgotten phase of sexual development. The fetish, like a 'screen-memory', represents this phase and is thus a remnant and precipitate of it. The fact that this early infantile phase turns in the direction of fetishism, as well as the choice of the fetish itself, are constitutionally determined" (pp. 154-155, n.). In 1886, Richard von Krafft-Ebing (1840-1902), professor of psychiatry at the University of Vienna and director of the psychiatric clinic of Vienna's *Allgemeines Krankenhaus*, published *Psychopathia Sexualis*, the first systematic psychiatric description and definition of sexual pathologies (for translation, see Wedeck [1965]). Against Binet's theory of association, Krafft-Ebing argued that sexual pathology formed part of an inherited psychopathic constitution. He agreed with Binet that fetishism was acquired, not congenital, but maintained that a general psychopathic predisposition created susceptibility to the illness. For a comparison of Binet's and Krafft-Ebing's theories, see Sulloway (1979, pp. 279-289). Swiss psychiatrist, Auguste Forel (1848-1931), was director of the Burghölzli Asylum near Zürich from 1879 to 1898. He became one of the first advocates of hypnotism in mental therapy. Forel's (1905) *Die sexuelle Frage* (for translation, see Marshall [1908]) adopted Krafft-Ebing's explanation of fetishism. Iwan Bloch (1872-1922), German psychiatrist and sexologist, wrote *Beiträge zur Aetiologie der Psychopathia Sexualis* (Bloch, 1902-1903), an early attempt by a psychiatrist at cross-cultural examination of sexual practices and pathologies.

In 1 [Krafft-Ebing], one finds, at least to a greater extent than elsewhere, everything essential in clear and honest descriptions.

2 [Forel] offers nothing exceptional; 3 [Bloch], again, something more, but in unclear and confused fashion. 1 [Krafft-Ebing] describes as fetishism the joining of sexual pleasure to single parts of a woman's body or pieces of her clothing. The name fetishism⁵ originates with Ebing, who also stresses, absolutely correctly, that just here the transition from the normal to the pathological is very fluid.⁶ According to him, the abnormal quality consists in the fact that a person's partial impression unites within itself all sexual interests, so that next to it everything else becomes a matter of indifference. Binet['s] distinction between major and minor fetishes, depending on whether or not the fetish has become completely independent, is useful.⁷

A few examples suffice to remind us of the facts: clothes play a special role, hair, underclothing, ultimately anything possible, can become a fetish, even those things whose connection with the person is not very obvious. What Krafft-Ebing brings forward as clarification of the phenomenon is clear and honest. He states that this disturbance distinguishes itself from others in that its acquired character stands out clearly; in that the fetish originates in an emotional experience. He thinks that all these fetishistic predilections originate in childhood impressions, which generally are forgotten (!), while their effect remains. It is

⁵ "F." in the original. Wherever Rank used an abbreviation, the translation has given the word in full.

⁶ In *Psychopathia Sexualis* (Wedeck, 1965, p. 195), Krafft-Ebing wrote, "This preference for certain particular physical characteristics in persons of the opposite sex —by the side of which, likewise, a marked preference for certain psychical characteristics may be demonstrated—following Binet ('Du [sic] fétichisme dans l'amour,' *Revue philosophique*, 1887) and Lombroso (Introduction to the Italian edition of the Second Edition of this work), I have called 'fetishism'; because this enthusiasm for certain portions of the body (or even articles of attire) and the worship of them, in obedience to sexual impulses, frequently call to mind the reverence for relics, holy objects, etc., in religious cults."

⁷ According to Binet, "major fetishism" (*grand fétichisme*) clearly dominated sexual interest, whereas "minor fetishism" (*petit fétichisme*) acted as a hidden component among the causes of sexual attraction.

not maintained, however, that with the explanation of this memory the fetish has played out its role. However, even where it is done, absolutely nothing changed in the person in question.

In fetishism, therefore, we find mention of two mechanisms: 1) the infantile factor, and 2) the factor of reminiscence. Concerning the mechanism of its origin, Ebing believes it is to be assumed that the fetish achieves its great significance from a simultaneous association, since the fetish coincides with the first sexual excitation. Consequently, he accepts a temporal, chance connection, not one in content. One had to accept this, because one could not explain certain types of fetishes. But it remained puzzling that this chance simultaneity should win such power over a person. Therefore one had to suppose further that this person was of a pathological disposition. Here, however, we strike against the rocks upon which the entire "*psychopathia sexualis*" is built: upon the puzzling sexual constitution, thus upon the riddle of nervousness in general.

Ebing's comment that psychic impotence frequently originates in such fetishism is interesting; the individual in question does not need to be cognizant of his fetish, but in all cases when it is not present, his potency fails. If he later determines on the prerequisite of his potency, he is a fetishist.

It must be mentioned that Ebing also speaks of negative fetishism, a somewhat artificial concept which is applied, for example, when a man is only capable of having sexual feelings for a girl who must have only one leg or who must be cross-eyed, etc. The reason for this was that his first love went out to a girl with defects of this kind.

Foot- or shoe-fetishism, for which he has never been able to find a clarification, has always appeared especially interesting to the speaker. Ebing believes that this fetishism is of a masochistic nature, in that the individual in question attributes to the foot or shoe of the woman, under whose control he is ready to place himself, this symbolic significance.

As stated, Bloch (3) offers only confused notions. He describes all of the woman's stimuli, breasts, hair, etc.—thus ex-

actly the genuine feminine stimuli—as fetishes, which contradicts the conception of fetishism.

As this overview indicates, many obscure points, which we must draw out, inhere in this subject. Above all, in Ebing as much so as in others, diverse phenomena are understood by the concept of fetishism. 1) Things which we can grasp and distinguish exactly, and 2) something puzzling; it is suggested that the name “fetish” be reserved for the latter, the puzzling, and that the others be called by their appropriate names. A large number of cases prove to be reminiscences, along the model of the mechanism of hysteria. Reminiscences of earlier, perhaps normal affects of love. The difference from the hysterical is only that, here, it does not have to be unknown to him that it is so and that it does him no good if his attention is drawn to how it is so. For these stimuli we must suggest another term which will cover a great number of cases. Also, in other persons it makes good sense to speak of their *prerequisites for love*. There are completely innocent people who suddenly fall in love because one of their prerequisites for love, of which they are unaware, has been fulfilled. The prerequisites for love can be simply a relation (for example, the prerequisite included in the “maternal etiology,” concerning whether the woman is free or belongs to another, etc., belongs in this category); or they can also be specific characteristics.⁸ These prerequisites for love, then, flow entirely into what is normal. As “fetishes,” they are either direct reminiscences of beloved persons, or when repression comes into play, the opposite.

It is otherwise in cases that genuinely deserve the name fetishism. We cannot suppose that they are reminiscences; neither can we account for them as a prerequisite for love. The speaker would like now to attempt a clarification of these puzzling cases.

⁸ Freud's presentation, “On a Specific Type of Male Object-Choice,” given to the Society on May 19, 1909, discussed both the origins of prerequisites for love and the complete structure of the maternal etiology (see Nunberg and Federn, Vol. 2, pp. 237-258; Freud, 1910).

The weak side of this attempt is that it rests entirely on the observation of three instances divided among two persons. On the other side, however, this explanation is of so fundamental a nature, one can assume that other cases will behave similarly.

The first explanation had to do with clothes fetishism and showed something that we could have known long ago. From the first moment, the patient showed himself to be a clothes fetishist in that he conspicuously adjusted the creases of his trousers, an operation which he later repeated regularly each time. He was physically impotent, and despite his numerous affairs, had never successfully completed coitus. In him all interest in women is displaced onto clothes. Once, for example, he awaited a rendezvous with the lady who was his sweetheart; but his feelings of love immediately vanished when she appeared in poor clothes which had been thrown on hurriedly. It also turned out that his sudden fallings-out during later love affairs always originated in the fact that he objected to a piece of her clothing. Some parallels to this interest in clothes occur in other of his characteristics. The patient became a speculative philosopher, and names play for him an especially great role. In this patient something similar to what took place in the erotic domain occurred in the intellectual domain: he turned his interest away from things onto words, which are, so to speak, the clothes of ideas; this accounts for his interest in philosophy. Clothes, however, also grew into a fetish for him out of something completely opposite. He was a regular spectator during the act of undressing of a loved one who was very close to him: his mother. At the very beginning, she fell in love with her son and lived with him in an atmosphere of physical intimacy, but without there having taken place anything with which one could reproach her. She did not put up with any "shame" on his part or on hers during the act of undressing, and so without any scruples they undressed completely in front of each other. In this way he became a voyeur. There followed the period of repression of this inclination, as well as the inclination toward his mother, and when he emerged from repression he became a

clothes fetishist. But it was the unclothed state that interested him. Always the most interesting moment for him was when the pants fell, and these became for him the most important piece of clothing.

The mechanism of the case is as follows: it is a question of the drive to look, which likes to gaze and which is gratified by the act of undressing. If this drive is repressed, there suddenly emerges on the other side high esteem for what was concerned in a specific way with the scenes of undressing. He now no longer wants to look or to be reminded of it; but he now worships clothes. He now worships that which formerly prevented him from seeing: *he becomes a clothes fetishist out of the repression of the desire to look*. The theoretically important fact in this explanation is that it shows us that this case of fetishism does not derive from a reminiscence, but that a repression of instinct occurred. And we are aware that here a repression of instinct which is already known to us from other cases has happened. A type of repression which is instituted by the splitting of the complex. A portion is genuinely repressed, while the other portion is idealized, what in our case is specifically raised to a fetish. This means of repression was already known to us from other examples before it became the explanation for fetishism. One needs only to remember an instance of such repression in world history. As the Middle Ages began to repress sensuality and to degrade women, it was only possible to do so with the simultaneous idealization of the mother as the Virgin Mary.⁹

This explanation of clothes fetishism is actually no novelty. In

⁹ Freud (1915) returned to this explanation of the creation of ideals, and to the example of fetishism, in his essay, "Repression": "Repression acts, therefore, in a *highly individual* manner. Each single derivative of the repressed may have its own special vicissitude; a little more or a little less distortion alters the whole outcome. In this connection we can understand how it is that the objects to which men give most preference, their ideals, proceed from the same perceptions and experiences as the objects which they most abhor, and that they were originally only distinguished from one another through slight modifications. Indeed, as we found in tracing the origin of the fetish, it is possible for the original instinctual representative to be split in two, one part undergoing repression, while the remainder, precisely on account of this intimate connection, undergoes idealization" (p. 150).

the world of everyday experience, we can observe that half of humanity must be classed among the clothes fetishists. All women, that is, are clothes fetishists. Dress plays a puzzling role in them. It is a question again of the repression of the same drive, this time, however, in the passive form of allowing oneself to be seen, which is repressed by clothes, and on account of which, clothes are raised to a fetish. Only now we understand why even the most intelligent women behave defenselessly against the demands of fashion. For them, clothes take the place of parts of the body, and to wear the same clothes means only to be able to show what the others can show, means only that one can find in her everything that one can expect from women, an assurance which the woman can give only in this form. Otherwise it would be incomprehensible why many women, following the demands of fashion, also want to wear, and do wear, pieces of clothing which do not show them to their best advantage, which do not suit them.

The same patient exhibited yet a second perversion, and after the explanation of the clothes fetishism, it suddenly became clear why the man also had become a boot fetishist.

Let us try to apply the same schema—that of repression which holds a middle position between complete repression and sublimation—and let us ask ourselves which drive it would likely concern here. There resulted the following: the patient had been in the habit of digging between his toes, where they emit a strong-smelling secretion, which evidently must be an object of pleasure for man, i.e., the pleasure from smells, which lasts until disgust enters in and puts an end to it. A portion of anal erotism consists also in this, i.e., in the custom on the part of the individual of working his finger into his anus and then smelling it. Similarly, many get enjoyment from the vagina's odor, which to others is unbearable (or from the secretion of the armpit, etc.). The "perverse" impulses play a great role in the child and are important sources of pleasure. This pleasure from smells belongs among those impulses which are for the most part repressed. Persons who once got enjoyment from foul-

smelling foot secretions, and in whom this partial repression of impulse occurred, become foot fetishists, in that the pleasure from odors is suppressed, while the odorless foot is idealized. In the ideal, odor is no longer an issue, it is not even emphasized negatively.¹⁰ Thus we find here the same mechanism, only coming into play in a much more surprising and much clearer manner. Here we find again a lost instinctual pleasure, but here the *direct object* of its complex is separated from the instinct and rises to a fetish.

This is, in essence, the novelty.

It must be mentioned further that various peculiarities of our love life are to be brought into connection with the capacity for suppression. One could certainly place it with anal erotism, but it would be better to place it with *nose erotism*. Indeed, this is also no novelty. Thus Bloch observed that the attraction to odors is originally at the bottom of hair fetishism.

As an analogue to an unexplained case, one has an observation by Krafft-Ebing which contains this explanation of fetishism. It concerns [the case of] a thirty-year-old young man, a hand fetishist (women's hands), the course of which we already would have known from our schema. And in fact our theoretical assumptions are proven correct. The youth of the man is filled with immoderate mutual masturbation. At the age of twenty-one and a half he conceives a horror of masturbation, and from this time on he becomes a fetishist for female hands (partial repression and displacement from men onto women). The wish to have a woman stroke his penis was probably already present during the period of mutual masturbation. This case contains the solution to hand fetishism in its essentials.

After what has been said, it is probable that it is actually the solution to fetishism, insofar as it expresses itself in the pathological form to which we have called special attention: suppression of instinct, partial repression, and elevation of a portion of

¹⁰ Freud included this interpretation of the relationship between fetishism and the coprophilic instinct in "Notes upon a Case of Obsessional Neurosis" (1909, p. 247, n. 2), and in a footnote added in 1910 to *Three Essays* (1905, p. 155, n. 2).

the repressed complex to an ideal. Naturally one must then distinguish among various types of this form of repression according to whether the portion raised to an ideal is a direct component of the complex or something opposite, or whether it stands in an indifferent relation to the drive.

The chief confirmation of the description which has been given lies in the positive aspect of fetishism, in the perversions. Thus, for example, it [has been] long known from perverse foot fetishists that they prefer to single out for themselves a young prostitute with quite dirty feet, which they then lick. Here the suppressed drive of disgust is striking.

If five or six more similar observations of fetishism, reducible to infantile impulses in the way indicated, are brought forward, then we will have solved the riddle of fetishism.

Discussion

HOLLERUNG can say nothing on the subject, because of lack of direct, personal experience. He remembers only one female patient, who had practiced mutual masturbation for a long time and then conceived a great interest in the hand of an acquaintance, caressed it, and pressed it like a child to her breast, etc.

STEKEL, after he expressed his gratitude for the wealth of suggestions, reports on a foot fetishist now in treatment with him (seven months of analysis), who has a strong preference for the feet of men (sailors, gunners), especially if they appear barefooted in the street and their feet are therefore unclean. Sweaty feet disgust him. His first childhood governess had sweaty feet, and her lover, a gunner, used to drop his foul-smelling, ragged boots in the kitchen. He [the patient] stuck his foot in the vagina of his governess, who was a model of depravity, and licked her feet. His chief fantasy as a child was to stroll along the *Ringstrasse* barefoot, having a giant toe with a long nail. He also had the idea of sticking someone else's penis

between his two toes as he actually did with his finger. The story of the feet got lost in the course of analysis and has now become entirely clear in the exposition we heard from the Professor.¹¹ It is otherwise with a second peculiarity of the patient, with his urine fetishism, which almost brought him into conflict with the law, since he yields to his desire in isolated sections of the city, but always in public, and which resisted until now every explanation. Along with licking a woman's urine, watching as she urinates also gives him satisfaction. During analysis he said about this: *inter urines et faeces nascimur*, what naturally referred to his mother complex; and we can almost certainly assume that he had seen his mother urinating. His predilection for drinking urine, however, is not explained by this. His chief fantasy consists in his supposing that he is a toilet, which "drinks" urine, all of which reduces itself to: his mother is a toilet and he is inside his mother (*inter urines*, etc.). To this are attached incestuous thoughts about his sister, etc. The patient suffered from severe attacks that were treated by authorities as epileptic; they consisted in dizziness, collapsing, screams; awakening with bites on his tongue and a swollen body. Then he lay awhile almost flat on the floor and passed a great deal of wind. This lying (squatting) on the floor corresponds to the position in which he observes micturation and in which he licks. He always feared an attack when incestuous thoughts broke through into consciousness. With regard to the attacks, the therapeutic result was splendid. It produced as an infantile experience a scene in which he and his brother grabbed hold of their little sister and squirted soda water into her anus until this could not be continued any longer, at which point the child passed wind, thus explaining the patient's swollen body and flatulence. The urine

¹¹ At the meeting on December 22, 1909, Stekel added to his account of fetishism in what may have been a reference to the same case, "Often the desire refers to the foot of a gunner (*Kanonier*) . . . the interpretation of which is simple enough. In these cases the struggle against foot-fetishism coincided with the struggle against masturbation; 'Kanonier' means 'ka onanie' [Viennese dialect for 'no masturbation'] . . ." (Nunberg and Federn, Vol. 2, p. 370).

is further determined as a means of masochistic punishment. It is the substitute for the idea, extremely disgusting to the patient, that another man is taking liberties with his sister.

HITSCHMANN describes himself as a "shoe fetishist," commenting that his "case" fits the proposed theory excellently. His first childhood memory concerns his nurse, who was his relative. One of the childhood visions: that he sees how his nurse washes him and that while she is doing so he gets an erection. Nearby stand his new boots, whose leather odor also produces an erection. The second vision concerns a female cousin, whose shoe he finds standing alone and against which he places his erect member; in doing so he has an eruption of urine (infantile ejaculation). Also he remembers having crawled under the dress of this cousin and pressing his erect member against her shoe. This cousin was teased by him and his siblings, and reproached for constantly "stinking galoshes" (rubber shoes). Also, in *Gymnasium*, where he was somewhat homosexual, those of his fellow students who had beautiful shoes or well-formed feet attracted him; and also now this plays a certain role, although by far no longer the exclusive or chief one. Also foul-smelling things play a certain role in him; thus he has a great aversion to sweaty feet and is generally very fastidious about odors.

It has frequently struck him that neurotic women often wear very damaged and dirty shoes (women who are in love and repress it).

Recently he came to know a two or three-year-old boy who exhibited a striking interest in shoes. As physical objects, shoes also seem more natural to children than do other things.

The only thing that struck him as surprising in the Professor's statements was why woman should be more of an exhibitionist than man. With animals it is really the male that displays himself, etc.

STEINER, like Hitschmann, can provide confirmation out of his own similar experiences: the sensitive sense of smell, the predilection in youth, the aversion today, etc.

He knows a lady with a fetishistic predilection for ruffs around the neck. She detects smells in things which for other people have a marked absence of any odors, etc.

[A.] DEUTSCH reports on a communication which was made to him years ago by a friend; at the time, however, he neglected to go into the matter any deeper. It concerned a withdrawn young man, who had never shared a bed with a girl. His mother died when he was two and a half years old, at which time an aunt, around twenty years old, came to live in his house. This aunt always seated herself in such a way that she touched his member with the tip of her foot. This shy young man fell in love suddenly with a student corps brother's wife, with whom he then one day had sexual intercourse. It is probable that in his love for this girl, fulfillment of a certain fetishistic prerequisite (foot) was active.

Recently he received a report of a four-year-old boy who had to rub his governess under her pigtail, upon which she fell into a state of great excitement and violently pressed the boy against her. Perhaps here could lie the beginning of a hair fetish.

FEDERN would like to point out that in all cases of fetishism, it [fetishism] is not the only symptom; rather the individual in question always shows along with it the always complex psychoneurotic symptoms of repression.

Because in the cases we have heard there were always severe disturbances of potency, the question is appropriate whether such people can have complete sexual intercourse. (PROF. FREUD: Of course, if the fetish is present.) Does not repression belong to impotence, and is there also fetishism without repression? Or if the instinct to smell had not been directed toward an object which later was to be repressed, would there have been no precondition for a fetish?

He treated a case of clothes fetishism and impotence; however, he did not cure it. The etiology rested here in an exhibitionistic relationship to the sister.

JOACHIM remembers, at the mention of the splitting of the complex, two histories reported by Krafft-Ebing which con-

cerned perverts who had an extraordinary liking for nostrils and ears, and, in addition, used them in sexual intercourse, or at least made the attempt. Perhaps it is possible to reduce these cases to the libidinal process, frequent among children, which concerns licking off and eating secretions from the nose and ear. He recalls a woman who always licked her husband's ear clean. Kissing on the nose occurs. Sucking on the ear lobes is frequent, and Napoleon is said to have had this habit.

SADGER brings up a case of glove fetishism, which he already mentioned in his presentation at Salzburg.¹² The patient wore only kid gloves of brown, yellow, or red color, which were an exquisite reminder to him of excrement. This glove fetishism was apparently a substitute for anal erotism.

(Federn thinks that the patient might have been an excrement smearer; the gloves, then, would have prevented his smearing, just as they otherwise reminded him of it.)

The pigtail could perhaps have served as a penis symbol, as with the fingers on gloves.

ADLER finds the Professor's statements noteworthy less for the explanations of fetishism, although they certainly point out that this also belongs in the range of our considerations, than for the deep connections with all the problems of neurosis which occupy us and which in part stand as securely as repression [and] in part are as controversial as the erogenous zones.

The most important of these problems is certainly that of the approximation to anal erotism, and it will soon be possible to show that there are no neuroses at all without indications of anal erotism. He has already been investigating these traces for a long time and has already referred to them repeatedly.

Also, fetishism can be shown somewhere in every analysis (especially frequent is shoe fetishism). He has not yet seen a case of hysteria that has not displayed it, without, of course, the patient having explicitly suffered from it.

He also pointed out in his work on the aggressive drive that

¹² Sadger is referring to the first international congress of psychoanalysts, which met in Salzburg in April 1908.

the significant character trait of the transformation of drives can be noted in every neurosis;¹³ one always finds side by side the most different phases of the drive (raw and naked, inhibited, sublimated, etc.). Not long ago he also brought to our attention the point of greatest importance for the neuroses, the immediate motive for the outbreak of the neurosis. One must not presuppose such a motive in the case of fetishism, but this would be a phenomenon which already arose from the infantile inclination to neurosis and intimated it. The origin of this tendency need not be uniform. According to his experience, with shoe fetishism it regularly concerns reminiscences of sweaty feet (not only of one's own, but also of the father's, brother's, etc.). In all of these patients, the organ of smell is peculiarly developed, which probably is reducible to intense preoccupation with all kinds of odors. The summation of these traits which produce the neurotic picture can be expressed as a unity. What lies at the bottom of phenomena of repression is in all cases *the fear of degradation*, which arose originally out of the fear of being dirtied.¹⁴ This produces in the patient an emotional disposition which must be termed *sensitivity*. This sensitivity, out of which arise the acute attack, the symptom, etc., forms the core of unity of neuroses.¹⁵ The inclination for filth is sometimes so strongly pronounced that one could take it for an original one: however, it is already a reaction which is characterized by the fact that it is always linked to aggression against the parents, so that one can already discover in it the strong aggressive drive, which then in neurosis opens the way to partial inhibition which can spread to all manifestations of life.

He believes that he might add his position, by way of precision, to the presentation, which guided us so deeply into the

¹³ See Adler (1908).

¹⁴ At the meeting of December 23, 1908, Adler first discussed the psychological importance of the "fear of degradation" (Nunberg and Federn, Vol. 2, pp. 97-98).

¹⁵ This explanation contained Adler's first statement to the society that the ego's sensitivity constituted the unifying cause of neurosis, a theory which he later developed in "Über neurotische Disposition" (Adler, 1909).

structure of the neurosis, and he hopes at some time to arrive at further expositions of the subject.

BASS confirms that his mild hair fetishism is associated with strong perceptions of odors. A delicate nose was passed down in his father's family. Then, he also has a liking for beautiful feet; but in this regard his childhood memories are, as is their rule, of a visual nature (slightly voyeuristic), and in his form of foot fetishism appearance plays a much greater part than odor: especially the further construction of the whole body, moving upward from the well-formed foot.

The predilection for ears probably goes back to the habit of simultaneous tugging of the ear lobes while sucking.

PROF. FREUD, in conclusion, first expresses his gratitude for the comments, which were stimulating and filled in gaps, and afterwards gives some supplemental thoughts, information, and replies.

He says that he called too little attention to the connection between foot fetishism and masochism, as Krafft-Ebing and many others with him represent it. He believes that this link is of a secondary nature. Stekel's case involves certain undeniable difficulties, but complication of neurosis and perversion should carry less weight. The urine perversion, however, is not so puzzling (here also odor in the chief role), but in any case it is not to be designated as fetishism, since it is not a question of idealization.

Hitschmann brought the most interesting confirmation.

In response to Joachim's conjecture about the predilection for noses and ears, it is to be remarked that here one needs less speculation and more analysis. [With] speculation, one could even establish a connection between handkerchief fetishism and wiping with the hand, which is given up reluctantly. In any case, the discrimination of the sense of smell of all these people is important.

Adler's comment that it could also be a question of the odors of other persons, who are important to the individual, is interesting and naturally not to be overlooked. Adler's remaining

comments are suggestive, although he cannot agree with Adler's formulation.

After that, Prof. Freud remarks that there dawns on him a solution which he believes coincides in many respects with Adler's views, although Adler's terminology (degradation, sensitivity, etc.) belongs more to philosophy and academic psychology. In our language we would express what he conjectures somewhat as follows: repression of libidinal drives proceeds from the ego drive, the drive for self-preservation. It is therefore a question of the struggle between two drives: the one which tries to preserve the *individual* and the one which tries to sacrifice it to the aims of the species. Assuming the correctness of this hypothesis, it would replace Adler's formulations and summarize them in a general formula.¹⁶

It astounds him that Adler would first have to seek the oneness of the neuroses and that he would find it there. We find it in the fact that they concern the vicissitudes of libido, that they are all without exception substitute formations for the normal expressions of eroticism.

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¹⁶ At the meeting of June 2, 1909, Freud gave a full response to the ideas expressed by Adler in his answer to Adler's paper on the oneness of the neuroses (Nunberg and Federn, Vol. 2, pp. 259-274).

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THE FUTURE OF PSYCHOANALYSIS

BY ROBERT MICHELS, M.D.

Many years ago Freud (1923) told us that psychoanalysis was three different but related things: a form of psychotherapy, a method of psychological inquiry, and a theory of the mind. A decade ago Cooper and I (1978) added two others: an organized profession and a powerful movement within society. Today, in considering the critical issues that will shape the future of psychoanalysis, I would only add that the interrelations among these five, such as the effect of the structure of the profession on the method and the theory, or the effect of broad social attitudes on the utilization of the therapy, may have even greater impact than any of the five alone.

I

THE THERAPY

Most psychoanalysts spend most of their professional lives treating patients. Although the average American psychoanalyst may spend somewhat less time doing psychoanalysis than was true a few decades ago, there are many more psychoanalysts, and therefore the total number of analysands or hours of analysis in the United States seem to be steadily increasing (Panel, 1978). From all accounts the international trend is even more strongly upward. Of course, there has been a proportionally far greater growth in the use of other treatments in psychiatry, so that the increase in the number of individuals in psy-

EDITOR'S NOTE: This the second in a series of invited papers on this subject.

choanalysis is dwarfed by the much larger increase in the number of individuals receiving other forms of psychiatric treatment, both biological and psychological in nature. Many of these other therapies are informed by psychoanalytic theories and principles, but an increasing number are not.

Viewing the practice of psychoanalysis as an industry, we get a superficially confusing but actually quite simple picture. Psychoanalytic practice has continued to grow, although the rate of growth has slowed and the number of practitioners may have grown more rapidly than the number of patients. Viewed as one component of the larger mental health system, it is diminishing in prominence, growing less rapidly than other aspects of contemporary psychiatric practice, and exerting a less powerful influence on the rest of psychiatry (Michels, 1981a). Individual psychoanalysts, like many other health practitioners, are beginning to be concerned about some practical consequences of maldistribution and oversupply. Although some communities that are attractive to psychoanalysts may be saturated, there is no shortage of need and, with rising sophistication of the public, there promises to be a steady growth in demand.

However, few psychoanalysts think of the practice of psychoanalysis as an industry. They are more concerned with the clinical process, the patient, the analyst, their experiences, and what transpires between them. The clinical method of psychoanalytic treatment changes only slowly, and a contemporary psychoanalysis is more similar to one of twenty-five or even fifty years ago than is true of almost any other form of treatment in psychiatry or medicine. Yet even so, there are differences. It was never common for patients with major psychiatric disorders to have psychoanalysis as their primary mode of treatment, but there were once psychoanalysts who attempted to treat patients who had schizophrenia or major affective disorders, including bipolar disease. Today, although the psychotherapy employed with schizophrenic patients might be influenced by psychoanalytic ideas, it would be extraordinarily unusual to find a schizophrenic patient in psychoanalysis. In contrast, patients with af-

fective disorders might be in analysis, but the treatment would probably have been prescribed because of their character pathology, with the accompanying major affective disorder viewed as a relative, although tolerable contraindication to analysis, rather than a condition for which psychoanalysis is prescribed as a primary treatment.

There has also been a growing interest in treating the affective disorder psychopharmacologically, while treating the character disorder psychoanalytically, just as one might treat diabetes or hypertension medically while a patient is in analysis (Cooper, 1985). I believe that this is one reflection of the more general trend to see analysis as a method for influencing character, with certain psychiatric disorders, like physical diseases, seen as simultaneous conditions that can (and should) be treated in the usual fashion when they occur in a patient who is in analysis. Certainly character pathology is linked to other psychiatric disorders, influences their course and expression, is influenced by them, and may be important in their origin and development. However, by the time major psychiatric disorders, such as schizophrenia, major affective disorders, and perhaps some panic disorders or even obsessive compulsive disorders reach diagnostic threshold in adult patients, psychoanalysis is often more valuable as a method of understanding them and as a strategy for treating the characterologic pathology associated with them than as a primary treatment for the non-characterologic disorders themselves.

This is, of course, a far cry from Freud's original interest in character as an obstacle in the psychoanalytic treatment of symptoms, and it raises questions about the several ways in which psychoanalysis is both similar to and different from medical treatments, about the appropriate professional background of its practitioners, and about its educational and optimizing or potential fulfilling goals as contrasted with its therapeutic, meliorative, or pain-relieving ones (Auchincloss and Michels, 1983). However, setting these questions aside for the moment, the fact remains that fewer psychoanalysts today see psycho-

analysis as the treatment, or even a treatment, for major psychiatric disorders. This change reflects the success and popularity of other treatments, particularly pharmacologic treatments for anxiety and depression, as much as it does changes in clinical theory itself.

If psychoanalysts are less likely to treat major psychiatric disorders, they have led the way in broadening the definition of character pathology, in sensitizing the clinical community to its prevalence and its manifestations, and in experimenting with the clinical use of psychoanalysis with patients who previously would not have seemed suitable for it. These include some who would not have been seen as having any disorder, but rather as simply being unpleasant people (few modern psychoanalysts would reject a potential patient because he was a "scoundrel," as Freud [1922] did), as well as others whose character pathology once might have been seen as too severe to permit a psychoanalytic approach.

Shifting our attention from who the patients are to what happens in the course of analyses, one feature that has remained constant is that it is very difficult to know, as there simply are not reliable data. There are periodic attempts (and concerns about attempts), to make analyses briefer or less frequent, but there has been no systematic evaluation of alterations of either duration or frequency, and little reason to believe that there has been any consistent change in practice. One might expect the apparent growth in theoretical pluralism in psychoanalytic dialogue to be associated with a growing diversity in clinical styles, but it is not clear that this has in fact occurred. Clinicians tend to be more cautious than theoreticians, and the theories discussed publicly by psychoanalysts reflect the sociology and politics of the profession as much as they do clinical practice. Several popular new theoretical approaches seem to support "warmer" or more responsive clinical styles, and there has been a reaction against an overly "strict," "rigid," or sterile technique, along with the recognition that this was far from the original prototypic psychoanalytic style (Lipton, 1977).

However, these changes may be more apparent in the psychoanalytic literature than in the offices of psychoanalysts, as it is likely that most psychoanalysts' styles have always been determined as much by their characters as by the current theoretical trends.

In summary, psychoanalysis as a treatment grows, albeit slowly, and changes even more slowly. Patients with major psychiatric illnesses are likely to seek help elsewhere, but psychoanalysis has a steadily increasing role in the treatment of those whose lives are limited by character pathology. The conduct of the treatment is superficially similar to what it has been for decades, with slow evolutionary change in the method itself, little systematic collection of data regarding it, and no generally accepted procedures for reviewing, accepting, or, most important, rejecting new ideas.

II

THE METHOD

The core method of psychoanalytic inquiry is, of course, the process of psychoanalytic treatment. As we have just noted, this seems to have changed only slowly. Some psychoanalysts have become interested in a variety of new theories: concepts of self and object representations, personality development in the first months and years of life, or motivational systems other than instinctual drives and their derivatives are examples. Such theories are supposed to have some impact on clinical practice, although they probably influence the content of the analyst's interpretations more than the general structure of the psychoanalytic process. Analysts also have differences of view in matters regarding psychoanalytic technique, such as the relative importance of the study of genetic determinants or of the "here and now," the merits of focusing interpretations on the transference or on the patient's contemporary life, the status of the non-interpretive activity of the analyst, or the management of the so-

called "alliance" aspects of the positive transference; these are, in essence, differing emphases, with the variation among analysts at any one time probably being greater than the changes in the profession over time. On closer scrutiny, the differences that do exist often reflect disagreements concerning the appropriate definition of the term "psychoanalysis" as distinguished from "psychoanalytic psychotherapy," rather than differences in clinical strategy and technique.

In recent years there has been a lively debate as to whether there are also other appropriate methods of psychoanalytic inquiry, and, if so, what they are. Studies of infant development, of language, of artistic creativity, of primate behavior, of cultural anthropology, of group dynamics, and of neurobiology are all of interest to some psychoanalysts and all generate data potentially relevant to psychoanalytic thinking, but other analysts view some or even all of these as outside of the appropriate boundaries of the method of psychoanalytic inquiry. Closer to clinical psychoanalysis, the systematic study of the clinical process with methods foreign to the therapy itself, such as transcripts, recordings, questionnaires, rating scales, structured interviews, and the pooling of data from several patients or several analysts have also all been employed, and again all have been criticized. There is both a desire for and a fear of expanding the methods of inquiry that contribute to psychoanalysis. The source of the desire seems clear; new understanding and more effective treatments may result from new methods and the new knowledge they provide. The source of the fear also seems clear. The history of psychoanalysis is marked by repeated flights from its core discoveries and attempts to reformulate them so as to deny the essentials of its unique and potentially disturbing fundamental discoveries by diluting them with other sciences and other knowledge. If broadening the methods of psychoanalysis will lead to a strengthening of the field, all psychoanalysts should applaud it. If broadening them will endanger the core clinical method, then the existing boundaries should be maintained. At present there is considerable dialogue but certainly no consensus on this issue.

III

THE THEORY AND THE SCIENCE

Psychoanalysts like theories (Michels, 1988). They have constructed them, discussed them, reformulated them, and used them in a variety of ways. They have also been forced to defend them from criticism by scientists and, particularly, by philosophers of science. In the beginning, theories, often borrowed from biology, provided a major inspiration for the development of the new field. Later, there were largely unsuccessful attempts to formulate theories within psychoanalysis itself that would function like scientific theories in other disciplines and would make it possible to derive the principles of psychoanalytic practice from theory. In addition, there have been attempts to collect and systematize the clinical discoveries of psychoanalysis, leading to new psychological theories that were successful in describing and organizing the knowledge that had been accumulated, but were less successful in stimulating new discoveries or generating new knowledge.

Recently there have again been immensely productive uses of scientific theories from other disciplines, of which developmental psychology is the prime example, to generate ideas and clinical insights in psychoanalysis. The result has been that psychoanalysis has borrowed ideas from many disciplines and has developed a lively and fascinating dialogue among these ideas. Thoughtful and gifted practitioners try new approaches that are based upon those ideas and share their experiences and impressions with their colleagues. For some, this is the nature of psychoanalysis and the scientific method appropriate to it. For others, this is only a preliminary stage. They argue that we have progressed as far as possible relying on it. The next step requires a psychoanalytic science that involves a scientific method as well as scientific theories, a method that would systematically test ideas in the psychoanalytic situation, evaluate the results, and lead to conclusions that would be supported by more than the status and authority of those who reached them. Above all,

it would mean a set of tests and standards that were widely accepted and that allowed us to reject concepts or theories that failed the test.

Psychoanalysis does not lack new ideas; it lacks a systematic strategy for evaluating them. The result is that disputes are often interminable, contradictory observations or explanations develop followers who challenge each other's views but are unable to resolve their differences, and the field is marked by more activity than progress. A systematic strategy for resolving differences would mean that future psychoanalysts would be certain concerning issues about which we are now in doubt. Psychoanalysis has not yet developed that kind of scientific method, and while some believe that it is not possible, others suggest that it has not happened because the social organization of the profession has not fostered it.

I have argued elsewhere (Michels, 1983) that psychoanalytic theories have practical consequences in the clinical setting often more important than their scientific functions, such as shaping the attitudes and behaviors of psychoanalysts, influencing their interpretations, and serving as the mark of belonging to their profession. From this perspective, their content and their scientific status may have been less important than their acceptance by the discipline. However, that leaves an unresolved question that should be central to the intellectual life of psychoanalysis in the next few decades. Are theories possible that are both truly scientific, in the sense of allowing critical tests, and truly psychoanalytic, in the sense of influencing practice? That is, are there theories that will lead to systematic inquiry within the psychoanalytic situation, to methods and strategies for developing new psychoanalytic ideas, for testing them, and, when appropriate, for discarding them? Such theories will be relevant to practice, of interest to practitioners, and will lead to change in the profession. The current somewhat circular debate as to whether such theories are possible would be resolved if someone were to produce one and demonstrate its value. One important new theme in psychoanalysis will be serious attempts in this direction.

Perhaps most surprising is the minimal interest that practicing psychoanalysts have shown in systematic clinical research in the psychoanalytic process (Michels, 1985a). They are interested in ideas that will help them in their work with patients, as Freud's biologic speculations long promised and as most believe that developmental psychologic models have actually fulfilled. The clinical science of psychoanalysis may eventually provide much valuable knowledge to practitioners, but only after extensive and elaborate researches that have barely begun. At present, it seems as useful to practicing clinicians as the physical theories of magnetic resonance imaging are to the family practitioner. What is interesting to psychoanalysts is largely not scientific, and what is scientific is not yet interesting.

There have been sermons addressed to the profession, admonishing it that it must become more scientific if it is to save its soul (Holzman, 1985). This might be true, but I suspect that the relative disinterest in science to date has been quite rational, as ours has been a profession composed of practitioners for whom the currently available science had little to offer. I think that this will change only if the very structure of the profession is altered, so that some of its members have interests other than current practice, while at the same time its systematic inquiry is designed to be relevant to future practice. An exciting possibility is that the next era of psychoanalysis will be one in which new methods emerge that allow us to progress beyond our current knowledge, which is almost totally based on the personal experiences and impressions of talented practitioners.

IV

THE PROFESSION

Most psychoanalysts are professionals; that is, they belong to a group recognized by society as having some special knowledge relevant to their work, as having a special ethic and social obligation, including assuring the quality of their own work and that of others in the profession, and as having certain rights and

privileges (Michels, 1976). Medicine is the prototype profession; and many psychoanalysts, starting with Freud himself, have been physicians and have thought of psychoanalysis as a specialty of medicine, or perhaps a subspecialty of the specialty psychiatry. Other psychoanalysts have been members of other mental health professions, such as psychology or social work. Some would like to see psychoanalysis itself as an independent profession, while others believe that psychoanalytic training, usually pursued on a part-time basis while the student is primarily involved in other activities, does not provide the intensity of experience essential for the initial process of socialization necessary to create a professional. Finally, some individuals who are not members of any profession study psychoanalytic theory, perhaps arrange supervision and take courses, either independently or in institutes, and then treat patients and consider themselves psychoanalysts without any formal ties to a profession.

Some recognized psychoanalytic institutes, which usually train physicians or other professionals, occasionally train individuals such as scholars in the arts or others without a professional identity. This training is sometimes with the explicit purpose of enhancing their scholarly creativity, at other times in order to prepare them as clinical practitioners. The result of this array of patterns is that psychoanalysis does not have the clear accepted professional boundaries of medicine or law, and there have been continuing controversies regarding the ideal, the appropriate, and the minimal acceptable standards for the professional background of future psychoanalysts (Panel, 1982).

I believe there are two separate although related questions involved. The one that has led to the most heated dispute is which profession or professions provide acceptable preparation for future psychoanalysts? The much more fundamental question that has had almost no attention is whether it is ever acceptable to train and recognize psychoanalysts who belong to no profession other than psychoanalysis itself. Psychoanalysts are

once again concerned with these issues as they were sixty years ago when Freud wrote "The Question of Lay Analysis" (1926). However, the problem has not been of great concern to the general public, which I suspect reflects the public's view that psychoanalysis is not a major treatment, or one of public health significance. If the public were more convinced that the competence and ethical standards of psychoanalysts were of social importance, it would be concerned with the criteria and standards with which they are selected and trained. I believe that psychoanalysis will be more and more widely accepted and practiced, with a corollary that the growing public interest in participating in the regulation of the professions in general will eventually extend to psychoanalysis as well. At some point the decisions concerning prerequisites for training now being made by psychoanalysts themselves will be reviewed in a wider arena. The primary importance of character, intelligence, and innate ability will be recognized; but in addition, the question of the optimal relationship of psychoanalysis to other professions and to aspiring non-professionals will be considered from a new perspective. The question of what will provide the greatest assurance of quality to the public will replace the more familiar concerns with equity among the several professions, opportunity for gifted applicants, and adequate numbers of students for institute educational programs.

Professions are charged by society not only with assuring quality and ethics, and selecting and training new members, but also with preserving and developing the knowledge on which they are based (Michels, 1981b). Psychoanalysis is unusual in that it has placed far greater emphasis on preserving knowledge and training practitioners than on developing new knowledge, particularly when contrasted with other clinical or health professions. This is related to the unusual social structure of psychoanalysis, which consists of several loosely affiliated networks of mostly free-standing institutes with members who are primarily self-employed practitioners outside of the institute, and who are only secondarily part-time members of the institute it-

self. These institutes' primary function is training, and most of them have only minimal relations with other educational or research institutions or with other scientists or scholars. Systematic encouragement of research and ongoing inquiry is decidedly secondary to their mission of training and clinical practice. A small number of institutes are affiliated with universities, but even these have essentially the same structure as the free-standing ones, and have few or no members whose primary identity is their university-institute role rather than clinician-supervisor.

This structure produces the almost unique separation of training from research and the immense emphasis on training peculiar to psychoanalysis. For some, the careful reporting of clinical experience and thoughtful reflection about it is psychoanalytic research; for others, as discussed before, the profession must make an essential developmental step. However, the current pattern of institute structure ensures that there is no smaller community within the larger profession that has a primary interest in developing new ideas, testing them, and improving future patterns of practice rather than preserving and teaching traditional modes. It also means that there has been only minimal scrutiny of the profession's thinking and work from outside, and little challenge by those at the forefront of related disciplines.

Psychoanalysis has preserved itself, but it has not created a place for itself in the community of scholars and scientific inquiry. All professions have boundaries that are more or less permeable, and the optimal level of permeability varies at different times in the development of each profession. Early in the history of psychoanalysis, Freud (1919) was adamant that psychoanalysis had more to lose than to gain from participating in the life of the university. In retrospect, he may well have been right. The protection of unpopular ideas may require that they be shielded from biased criticism. The question of the optimal participation of scholars from other disciplines in the intellectual life of psychoanalysis, and of psychoanalysts in other scholarly

disciplines, must now be reassessed with recognition of how psychoanalysis has changed since Freud's time. Scrutiny from without can make life difficult; it may require the review of what we know and the reconsideration of issues we have long regarded as resolved. However, the absence of scrutiny from without may lead to intellectual stagnation. Perhaps most vital and most controversial, the involvement of psychoanalysis in the life of the university would inevitably mean that psychoanalysts would participate in setting the goals and selecting the leaders of closely related disciplines, and of the broader community of scholarship, and that they in turn would share in these tasks for psychoanalysis. This prospect is most frightening to some, most exciting to others. It offers to exchange the risk of inbreeding and sterility for the possibility of contamination and assimilation (Michels, 1985b). Contemporary psychoanalysis is far sturdier and less vulnerable than the young discipline that Freud shielded. It would be unfortunate if it underestimated its own maturity and its capacity for participation in the world of ideas.

These issues will be topics of lively dispute in the profession's internal dialogue about its optimal social structure in the next decades. I would predict a healthy pluralism, with some psychoanalytic programs developing as full participants of university communities, and competing with more traditional free-standing institutes. Further, I would predict that, as in most such situations, very few analysts will change their minds, but that the competition will occur through the relative appeal of the different organizational structures to the next generation of analysts, and the relative vigor and excitement of the intellectual communities they develop.

There is an interesting paradox concealed in this issue. Many would like to see psychoanalysis emerge as a more independent and autonomous profession. However, this is not possible as long as it does not provide better opportunity for true professional socialization for young students entering the field. This is in turn impossible with the current institute structure, and in

the modern world seems to be possible only if professional schools are established in university contexts. Thus the only route to autonomous professional status (or, perhaps more desirable, quasi-autonomy with close ties to related professions) requires relinquishing the apparent autonomy of individual institutes. The parallels to this dilemma in developmental psychodynamics are obvious, as are the possibilities for maladaptive compromise strategies that would diminish anxiety at the cost of limiting potential growth.

V

PSYCHOANALYSIS AND SOCIETY

A decade ago Cooper and I (1978) wrote:

As long as man maintains an interest in understanding his own nature, psychoanalysis will have a future. No other theory or investigative method provides as much depth or richness to our understanding of the mind. No other theory speaks to the special human concerns which psychoanalysis addresses—the logic of and the reasons for both our extraordinary and our ordinary behaviors. Advances in the neurosciences will add new dimensions, refinements, and limiting circumstances to psychoanalytic explanations, but they can never replace understanding in terms of human intention, meaning, and relationship. Human existence will always be experienced in terms of desire, feeling, and personal history—the stuff out of which we create the meaning of our lives—and psychoanalysis is the path to understanding those meanings.

This kind of inquiry is invaluable, not only for individual self-knowledge, but also because knowledge in depth of human behavior is essential for the understanding of ourselves in society. We must know better how to rear our children, punish or rehabilitate criminals, and prepare for uncertain futures. The disappointment engendered by the excessive optimism and naive misuse of psychoanalytic theory in the sphere of social action from the thirties through the fifties should not discourage the continued exploration of psychoan-

alytic contributions to the solution of social problems. Such engineering is an aspect of every advanced culture, and the more it is informed by an understanding of human experience, the more humanistic its effects. The construction of a new housing development, the recommendation that women join the work force and place their children in nurseries, community plans to combat crime, the increase in leisure time, the greater longevity past retirement age—all of these represent changes in the psycho-social web which have consequences that cannot be fully understood without a psychoanalytic point of view. There is no longer any doubt that man is one of the socially cooperative species, definable only through his social interactions. Psychoanalysis has only recently shifted its emphasis from the study of the individual in conflict with society to the study of the individual within society. Societies are increasingly concerned with planning for the proper relation of the individual and the group. Psychoanalysts can make a contribution to such planning, particularly if they recognize the nature of psychoanalytic knowledge and prediction. The subject is so complex that conclusions are often suggestive but rarely definitive.

Society will never and should never relinquish to psychoanalysis the task of defining the kind of human being it wishes to foster. Psychoanalysis is not value-free and psychoanalysts should be aware that the human being they favor—loving, questioning, peaceful—may not always be the human being society wishes. Patriotism, group cohesion, self-sacrifice for the good of the state, may be higher social goods at some points in history. Psychoanalysis can, however, contribute to an understanding of the expectable behaviors of people who have had differing developmental experiences and who live under conditions of different demand and anticipation. It can help to make a good society better! (pp. 206-207).

It is clear today, as it was then, that psychoanalytic ideas have much to offer society at large, and will have even more to contribute as our resources increase and our social goals are transformed from safety and survival to the enrichment of personal experience.

Of course this all refers to the impact of psychoanalytic ideas

on society. What of psychoanalytic treatment and, closely related, of the profession of psychoanalysis? The greatest social impact of the treatment has been through its influence on other treatments in psychiatry and mental health. This has been immense, notwithstanding its own relatively declining popularity as a treatment. As for psychoanalysis itself as a treatment, a very generous estimate would be that perhaps one in ten thousand Americans is an analysand, and there are many geographic communities, social and ethnic groups for which the figure is zero. Although the direct therapeutic impact is on relatively few individuals, they are a highly selected group marked by education, affluence, and a very high percentage of health and mental health professionals and their families (Panel, 1978). This does not correspond with the epidemiology of any known mental disorder, but it does help to account for the impact of psychoanalysis on a broad range of mental health practice. It has also made the practice of psychoanalysis vulnerable to criticisms of social elitism and has highlighted some of its differences from most other medical practice.

Psychoanalysts were relatively comfortable with this pattern until recent years. However, the social context of psychoanalytic practice has been changing, and things have become less comfortable. There are two related dimensions to this change, ethical and economic. From an ethical perspective, both the professions and the public are increasingly likely to regard health care in general as a right, and to assume that the government, or widely available and partially subsidized insurance, should and eventually will pay for its cost. It no longer seems acceptable for a legitimate component of health care to be available only to an elite few. This has, of course, led to an increased demand and, particularly since cost is no longer limited by the consumer's personal resources, a huge increase in cost. The growing supply, and even oversupply of physicians has removed one barrier to meeting the demand. Controlling costs has been more difficult, leading to the economic dimension of the changing context. One strategy has been to examine and

attempt to limit the boundaries of the definition of health care, and psychoanalysis is located close to those boundaries. It is likely that the profession will have to defend its position as a valuable form of treatment for a significant group of patients and present evidence for the efficacy and efficiency of its clinical practices. Other strategies of cost control introduced by third parties include the regulation of individual practitioner decisions regarding resource allocation. This would mean that psychoanalysts would find that their clinical decisions regarding whom to treat, how to treat them, and when to stop would be subject to scrutiny by outsiders. The profession itself might be allowed to play a major role in that scrutiny, but only if it in turn accepted scrutiny by the public, and could reassure the community that it was aware of and responsive to concerns regarding both cost and distributive justice.

The social context in which psychoanalysis developed limited the availability of health services to those who could afford them. For psychoanalysis this was primarily the affluent. The social context that is now emerging is a very different one. If psychoanalysis adapts to it, its clinical activity and influence will continue to grow, and it will share in the resources allocated to health care. If psychoanalysis chooses to preserve its traditional mode of operation and to ignore this new context, it will find that it must become increasingly elitist as it moves further away from other health services, and that the resources available for it will be severely restricted. The way in which the profession approaches this problem will determine whether clinical psychoanalysis becomes an increasingly important treatment for individuals whose adaptation is impaired by character pathology, and thus a major component of health services, or whether it becomes a small, highly specialized activity available as a social luxury and having minimal impact as a therapy, although still considerable impact as a body of knowledge and a set of attitudes and values. It will also determine whether the most gifted and most caring students find it an appropriate career choice.

VI

CONCLUSION

Psychoanalysis is alive and vigorous. It also has important unsolved problems, is beset by conflict, and is facing major decisions. The future may bring a reorganization of its professional institute structure, a strengthening of its scientific base and research tradition, and a shift toward recognizing and integrating the public responsibilities of an organized profession with its traditional primary concern with the value of the individual analyst-patient relationship. Alternatively, the future could bring a withdrawal from these problems and the persistence of a social structure and pattern of practice that was once highly adaptive, but that will not support the next stage of its development. There has probably never been a profession whose knowledge and understanding provided a better basis for recognizing and coping with its problems. If it pays attention to its own discoveries, its future is bright indeed.

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Reflections on Lacan: His Origins in Descartes and Freud

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REFLECTIONS ON LACAN: HIS ORIGINS IN DESCARTES AND FREUD

BY HUMPHREY MORRIS, M.D.

Appreciation of Descartes' importance to Lacan's reading of Freud is a point of entry into Lacan's seemingly hermetic theoretical system. Lacan's analysis of Descartes' search for ontological certainty draws him, in Freud, to the ontological implications of castration anxiety, disavowal, and splitting of the ego. Lacan's theory both derives from and develops Freud's late work on the narcissistic origins of conflict within the ego.

While Jacques Lacan's writing is renowned for its obscurity, his challenge to our prevailing notions is clear enough: "In any case, man cannot aim at being whole. . . ." (Lacan, 1966, p. 287).¹ With ego psychology as *bête noire*, Lacan has constructed a neo-Freudian edifice as impressive for the magnitude and diversity of the debts it accrues to linguistics, philosophy, and anthropology as it is daunting for seeming to be, even to the psychoanalytically informed, a building with no door. What is one to make of cryptic epigrams like "The unconscious is the discourse of the Other," or "The unconscious is structured like a language"?

My purpose is to indicate some points of entry into Lacan's work that seem to have gone largely unnoticed, and that are opened up by an examination of Descartes' influence on Lacan's reading of Freud. My approach will be to try to demon-

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¹ All page references to books originally published in French are to English language editions, unless I note otherwise.

strate the derivation of the principles I take to be at the center of Lacan's project, as much as to describe systematically his major theoretical propositions. I take this path for two reasons. First, although Lacan explicitly devoted himself to a disjunctive model of exposition intended to call into question the capacity of conventional psychoanalytic writing to reveal the truth of the unconscious, he has been the subject of a number of very readable attempts at systematic summary (Bär, 1974; Benvenuto and Kennedy, 1986; Evans, 1979; Leavy, 1977; Mitchell and Rose, 1982; Muller and Richardson, 1982; Smith and Kerrigan, 1983). Second, Lacan's epigrammatic style demands translation; summaries of his work on its own terms run the risk of empty sloganizing.

I begin with a kind of clinical demonstration of Lacan's linguistic principles, through the analysis of a text. I then take up Lacan's relation to Descartes, as it is mediated by these linguistic principles. I go on to discuss Lacan's relation to Freud, as it is mediated by Descartes, and I point out the particular importance of Descartes in determining Lacan's reading of Freud's later work. Finally, I consider why it might be that Descartes' influence in determining the methodology of Lacan's reading of Freud has been largely overlooked, and why Lacan's commentators seem to take at face value his remark at the beginning of the "mirror stage" paper that he opposes "any philosophy directly issuing from the *Cogito*" (Lacan, 1966, p. 1). I conclude that Lacan's theory importantly derives from, and importantly draws attention to, aspects of Freud's late work that have to do with defenses against external reality, and with related conflicts within the ego.

LACAN'S LINGUISTIC PRINCIPLES²

Lacan dedicates himself to the study of Freud. I can think of no better epigraph to introduce his work, and through which to get

² For a comprehensive examination of the use to which Lacan puts various linguistic concepts, see Bär (1974).

a glimpse of the complexity of this gesture of dedication, than the dedication made to Freud by another man, James Strachey. It is inscribed at the beginning of the *Standard Edition*:

To the Thoughts and Words of
SIGMUND FREUD
This their Blurred Reflection
Is Dedicated by its Contriver

The manifest message of Strachey's words seems straightforward and conventional: I, Strachey, dedicate this imperfect translation to Freud, the author of the more perfect original. Lacan too starts from such a gesture of obeisance; his teaching and writing continually call for a return to Freud, to an original Freud untouched by the distorting effects of poor translation and ego psychology. Let us return here to Strachey, and in the spirit of Lacan give closer attention to his linguistic gesture. We notice immediately that the *Standard Edition* is not in fact dedicated to Freud, but to his "thoughts and words," and that the scene Strachey sets is, in the jargon of contemporary literary criticism, intertextual: one text, the translation, is being dedicated to another, the original. To put it more precisely, a kind of allusion to the translation, the words "blurred reflection," is being dedicated to a kind of allusion to the original, the words "thoughts and words of Sigmund Freud." Classical rhetoric provides us with terms to characterize these two allusions, terms that Lacan places at the center of his reading of Freud. As an allusion to the *Standard Edition*, the expression "blurred reflection" is a metaphor for Strachey's English translation of Freud's German text, that is, it is a substitution effected on the basis of comparison and similarity: Freud's German text is to a reflected object as Strachey's English text is to its blurred reflection. As an allusion to the *Gesammelte Werke*, the expression "thoughts and words of Sigmund Freud" is a metonymy, that is, a substitution effected on the basis of contiguity: the original German text is not itself the "thoughts and words of Sigmund Freud,"

but rather a contiguous material representation thereof, ink on paper.

At the inception of his project for a linguistic psychoanalysis, Lacan (1966) locates originals for these rhetorical terms in *The Interpretation of Dreams*, metaphor as condensation, metonymy as displacement (pp. 160, ff.). He goes on to elaborate an entire rhetoric of psychical defenses, or distortions, as he writes of the dreamer: "Ellipsis and pleonasm, hyperbaton or syllepsis, regression, repetition, apposition—these are the syntactical displacements; metaphor, catachresis, autonomasis, allegory, metonymy, and synecdoche—these are the semantic condensations in which Freud teaches us to read the intention—ostentatious or demonstrative, dissimulating or persuasive, retaliatory or seductive—out of which the subject modulates his oneiric discourse" (p. 58).³

Strachey's dedication, a scene of homage, is structured as what Lacan would call a specular relation, that is, a relation based on mirroring. This mirroring relation is established between two figures of rhetoric, a metaphor and a metonymy, representing, roughly speaking, two people. In that sense, the dedication is a derivative linguistic enactment of Lacan's fundamental scene of all object relations, the mirror stage. Lacan summarizes the principle of such linguistic enactments in a hermetic epigram, itself structured as a mirroring relation: "The signifier . . . represents a subject for another signifier" (Lacan, 1964, p. 157). "Signifier" is a term Lacan borrows from linguist Ferdinand de Saussure (1915), who used it to designate the word that represents a concept, or "signified"; the words "tree," "*arbre*," and "*Baum*" are all signifiers designating the same signified. Saussure taught that signifiers are related to their signifieds not by natural ties, but by social convention, and that the functioning of a given language therefore depends on relations between signifiers, rather than on relations between signifiers and their signifieds. Lacan, putting this idea together with his

³ See Muller and Richardson (1982) for definitions of these terms.

reading of Hegel's ontology of subjecthood, chooses to emphasize to what extent our relations with one another are mediated by language, that is, by the signifiers we must use to represent ourselves, as signified subjects, to other signified subjects, who must also represent themselves as signifiers. The binomial expansion of the two-term epigram, "The signifier represents a subject for another signifier," would thus be: a signifier, or self-representation in language, is that which represents a person for another person, who is also present only as a signifier.

Turning back to Strachey's dedication, we find another element in the linguistic scene. Strachey represents himself not only with his text, the "blurred reflection," but also with a kind of signature by metaphor, the word "contriver." In this context, the verb "to contrive" would mean, to quote *Webster's Third International Dictionary* (1981): "to fabricate as a work of art or ingenuity: design, invent: <from stone, wood, shell, and bone the Indians contrived . . . household items—Amer. Guide Series, Tenn.>" The root of "contrive" is given as the Latin *tropus*: metaphor, trope, figure of speech. Translating "contriver," the metaphor Strachey uses to inscribe himself in this epigraph to his translation, we arrive at "metaphorist." Whether or not Strachey was conscious of this connection, the point is a Lacanian one: we are all contrivers, who, like the Indians, use whatever is lying around, namely language, to shape representations of ourselves.

Now what is it that Strachey is signing with the metaphor "contriver"? To put it differently, what is the referent of the possessive pronoun "its" in the phrase "its contriver"? To be sure, "its" refers to the entire *Standard Edition*, which Strachey, the translator, signs. At the same time, within the logic of the dedication itself, "its" refers to the metaphorical phrase "this their blurred reflection," which its contriver, the metaphorist Strachey, is dedicating to "the thoughts and words of Sigmund Freud." The pronoun "its" functions as a kind of linguistic pivot, and the dedication, turning on this pivot, refers to, or reflects, not only something outside itself, but also itself only.

Read in this second way, the dedication is a self-contained linguistic act, which enacts an interpersonal scene, between Strachey and Freud, in intralinguistic terms.⁴

Before turning back to Lacan, or perhaps as a way of turning back to Lacan, I must make good one omission in this very selective reading of Strachey's dedication. The scene the dedication enacts is after all, among other things, oedipal. We might wonder at Strachey's deprecating allusion to his own thought processes, in the pun "blurred reflection," or at his self-directed implication of mere ingenuity, in the word "contriver." Is he not bowing a bit too low? Is there not some intimation of rivalrous feeling implied in the ambiguous—or is it ambivalent?—way in which Strachey designates himself here both as translator and as author; author, at the very least, of this ingenious dedication? At the level of what I have called the linguistic act, the act with which Strachey inscribes himself onto, or into, Freud's work, the ambiguity, like oedipal conflict, is irresolvable. This does bring us back to Lacan, for his point of departure is the contention that inter- and intrapersonal ambiguities and conflicts are not separable from intralinguistic ones. He writes that we are structured as subjects by language, and I think I am staying within his view if I say that our lives are a series of dedications, linguistic acts in which we try to find ourselves in the other. The mediating principles of such acts and interactions are, in Lacan's vocabulary, desire and the name-of-the-father. What we desire, says Lacan, borrowing from Hegel, is not the other, but the desire of the other; we desire to be desired. The name-of-the-father or *nom-du-père*, which, via the homonymic pun *nom/non*, also means the "no" of the father, is the oedipal principle structuring such pursuits. Note that Lacan did not deprive him-

⁴ This kind of distinction was first given prominence by the British philosopher, J. L. Austin (1962), as the distinction between "constative" and "performative" language. Austin indirectly influenced Lacan, through the French linguist Benveniste (1966). See Felman (1980) for an extended discussion of Austin's, Benveniste's, and Lacan's respective versions of speech-act theory. See Shapiro (1979) for discussion of the clinical implications of Austin's work.

self here of the pleasure of a further pun, which allows him to poke fun at his favorite enemies, the ego psychologists: *les non-dupes errent* (non-dupes wander). Only the dupes, that is, think they know where they are going.

LACAN AND DESCARTES

What is the context, in the history of ideas, for these Lacanian principles? I will only note in passing the rich and much commented on heritage that comes to Lacan from Hegel, Heidegger, Saussure, Jakobson, and Lévi-Strauss,⁵ and move on to Descartes. Descartes' influence on Lacan is remarkable for the scant attention it has received,⁶ especially since he is, along with Freud, the intellectual ancestor in regard to whom Lacan most overtly declares his indebtedness. Although Lacan represents his work as anti-Cartesian, he repeatedly and explicitly addresses Descartes. His one translated book of seminars, *The Four Fundamental Concepts of Psycho-Analysis* (1964), devotes, or we might say dedicates, itself as much to Descartes as to Freud. Turkle (1978, pp. 34, ff.), in *Psychoanalytic Politics*, has developed the point that deep allegiance in France to a rationalist Cartesian tradition played a part in keeping psychoanalysis out. Lacan's tour de force in *The Four Fundamental Concepts* is not just to introduce Freud as a friend, but to bring him in through the Cartesian door: "Freud's method is Cartesian—in the sense that he sets out from the basis of the subject of certainty. The question is—of what can he be certain?" (1964, p. 35). "In order to understand the Freudian concepts, one must set out on the basis that it is the subject who is called—the subject of Cartesian origin" (p. 47).

Starting from these premises, Lacan engages Descartes and

⁵ Muller and Richardson's (1982) introduction to *Lacan and Language* gives a clear account of these influences; see also Bär (1974), Juranville (1984), Smith and Kerrigan (1983).

⁶ A notable exception is Juranville (1984), who discusses in detail the way in which Lacan both uses and modifies Descartes' *cogito* to found the certitude of the psychoanalytic "subject." See pp. 140-151, French edition.

Freud with one another in an intertextual exchange centered on the conflict between ontological doubt and ontological assertion. A brief return here to Descartes himself will help set the terms of this exchange. Descartes starts out by challenging his own grounds for knowledge, and tells the reader how this led him to embark on a project of self-exploration, which, like Lacan's project, conceptualizes itself as a return to basics: "This is why, as soon as age permitted me to emerge from the control of my tutors, I entirely quitted the study of letters. And resolving to seek no other science than that which could be found in myself, or at least in the great book of the world, I employed the rest of my youth in travel . . ." (Descartes, 1637, p. 86). Descartes then faces the challenge of the skeptics. As he sets the scene in the *Meditations*, how can he know, sitting in his dressing gown by his fire, that he can trust the evidence of his senses? How can he know that he is not insane, or else dreaming? In his final step on this path of hyperbolic doubt, he declares: "I shall then suppose, not that God who is supremely good and the fountain of truth, but some evil genius not less powerful than deceitful, has employed his whole energies in deceiving me; I shall consider that the heavens, the earth, colours, figures, sound, and all other external things are nought but the illusions and dreams of which this genius has availed himself in order to lay traps for my credulity; I shall consider myself as having no hands, no eyes, no flesh, no blood, nor any senses, yet falsely believing myself to possess all these things . . ." (Descartes, 1641, p. 148).

The debate between Foucault (1972) and Derrida (1967) over Descartes' treatment of madness in this passage has served to emphasize that what is, broadly speaking, at stake here is the relation of the rational and the irrational in what would become, following Descartes, the traditional Western discourse of self-description and self-discovery.⁷ Descartes finds the resolution of his epistemological quandary in the ontological assertion of the *cogito*: "I think, therefore I am" (1637, p. 101). He finds it

⁷ Foucault's discussion of Descartes and his reply to Derrida's critique are published only in the French edition of *Histoire de la folie* (Foucault, 1972).

necessary, however, to add a qualifier; there are no sufficient grounds for dispelling doubt, unless one presupposes the existence of a perfect God: "But if we did not know that all that is in us of reality and truth proceeds from a perfect and infinite Being, however clear and distinct were our ideas, we should not have any reason to assure ourselves that they had the perfection of being true" (1637, p. 105). Now I have just passed over an important ambiguity, for in the paragraphs preceding the sentence I have quoted from the *Discourse*, Descartes claims not to presuppose the existence of God, but to prove it, *starting* from the *cogito*. At the end of the *Discourse*, Descartes comments on this kind of problem in his reasoning: "For it appears to me that the reasonings are so mutually interwoven, that as the later ones are demonstrated by the earlier, which are their causes, the earlier are reciprocally demonstrated by the later which are their effects. And it must not be imagined that in this I commit the fallacy which logicians name arguing in a circle . . ." (1637, pp. 128-129).

This is Lacan's point of entry into Descartes. It is precisely as a circular, or mirroring fallacy that Lacan reads the *cogito*. He takes, one might say, an object relations point of view and recognizes that for Descartes to say "I think, therefore I am" is to set an interpersonal scene: "[T]his *I think*, for us, certainly cannot be detached from the fact that he [Descartes] can formulate it only by *saying* it to us, implicitly—a fact that he forgets. . . . I can do no more than suggest the extraordinary consequences that have stemmed from this handing back of truth into the hands of the Other, in this instance the perfect God . . ." (1964, p. 36, Lacan's italics). God, in Lacan's terms, becomes the capital "O" Other, in whom the speaking subject tries to find himself: "When I introduced you to the subject of Cartesian certainty as the necessary starting-point of all our speculations as to what the unconscious reveals, I pointed out the role of essential balancer played in Descartes by the Other which, it is said, must on no account be deceptive" (p. 133). In the sentence that follows, Lacan performs a mirror reversal of

Descartes' terms: "In analysis, the danger is that this Other will be deceived." Descartes' concern about a deceiving God has become, "in analysis," a concern about a deceived analyst. The analysand, says Lacan, experiencing a sense of danger at the idea that the analyst will not perfectly understand, seeks refuge in the defensive self-deception of transference idealization. Pointing in this way to what he takes to be Descartes' self-deceiving idealization of God, Lacan unbalances the *cogito*. The reopened Cartesian concern about deception, as it is expressed by Descartes to God, by the analysand to the analyst, by the speaking subject to the Other, constitutes in all its intricacies the ontological drama that for Lacan is at the center of psychoanalysis. It is a drama in which the subject is constituted, evanescently and retroactively, in his linguistic gesture toward the Other. It is a drama Lacan the author returns to again and again, in an enactment of his own theory, in which the subject is forever returning to the scene of desire and frustration in which his only possibility of being lies hidden.

Reopening Descartes' skeptical question, Lacan brings psychoanalysis to bear on the workings of desire, starting with the desire of Descartes himself. In a passage Lacan quotes from *Discourse on Method*, Descartes writes: "I have an extreme desire to learn to distinguish the true from the false . . ." (Lacan, 1964, p. 222; Descartes, 1637, p. 87). Again, Lacan's point is that in order to convince himself of the possibility of making this distinction, Descartes must make his statement *to* someone: the perfect Other his desire leads him to postulate. In Lacan's view, this Cartesian maneuver is paradigmatic for the situation of the Freudian subject, in that it amounts to having recourse to a self-deceiving idealization in order to try to skirt one's fear that one is deceiving oneself. "*Desidero*," Lacan writes ironically, "is the Freudian *cogito*" (1964, p. 154). The desire for the Other is the desire to be.

Lacan makes his argument concerning the dependence of the subject of Descartes' *cogito* on the Other by analyzing the *cogito* as a linguistic gesture, and that analysis leads him to his most

basic structural principle: that a split in the subject retroactively constitutes that subject. In making his way to this conclusion, Lacan depends heavily on the theories of linguist Emile Benveniste concerning the shifting linguistic role of personal pronouns. Benveniste's general position on language and subjectivity is that: "It is in and through language that man constitutes himself as a *subject*, because language alone establishes the concept of 'ego' in reality, in *its* reality which is that of being" (Benveniste, 1966, p. 224, Benveniste's italics). But it is Benveniste's application of this view to an analysis of the status of personal pronouns in language that is crucial to Lacan's revision of the *cogito*. Benveniste makes the point that the first person singular pronoun "I" has no stable extralinguistic referent: "*I* signifies the person who is uttering the present instance of discourse containing *I*" (p. 218). Benveniste's conclusion to his complex development of this point (pp. 218-220) is that the personal pronouns make it possible to set the machinery of language going for purposes of intersubjective communication: "Their role is to provide the instrument of a conversion that one could call the conversion of language into discourse. It is by identifying himself as a unique person pronouncing *I* that each speaker sets himself up in turn as the 'subject' " (p. 220). The reality of this subject is a linguistic reality: "Then, what does *I* refer to? To something very peculiar which is exclusively linguistic: *I* refers to the act of individual discourse in which it is pronounced, and by this it designates the speaker" (p. 226). A speaker's use of the first person pronoun thus produces a doubly reflexive structure, which pivots on the double function of the "I." As signifier, "I" refers to the speaker who uses it; as signified, "I" is referred to by the instance of discourse that contains it.

Benveniste's analysis of the function of the first person pronoun implies a doubling or split in the subject. Starting from Descartes' *cogito*, Lacan develops this implication. *I think, therefore I am*, like Strachey's dedication, enacts what it describes. Within this linguistic gesture, the signifier "I" designates Des-

cartes, the way the signifier "contriver" designated Strachey. Yet "I," unlike "contriver," does not designate a signified, other than the signified it temporarily designates when Descartes, or anyone else, uses it within a linguistic act. As speaking subject trying to dispel ontological doubt, Descartes, in Lacan's analysis, comes into existence only via the linguistic gesture of using the pronoun "I" in the presence of God, the desired Other. The speaking "I," by making the statement to some imagined Other, slides toward the intralinguistic position of that Other. From this alienated position the "I" constitutes itself, albeit fleetingly and retroactively, as it hears itself make its ontological assertion: *I think, therefore I am*.

Tracing out the vicissitudes of the first person pronoun in the *cogito*, Lacan has traced out the fundamental structure of his ontology of the split subject. As he puts it in a passage that explicitly derives the split subject from the *cogito*: "Thus is marked the first split that makes the subject as such distinguish himself from the sign in relation to which, at first, he has been able to constitute himself as subject" (1964, p. 141). Descartes' fundamental dualism *res cogitans/res extensa* is now subordinated to the dualism self/Other, and any possibility of self-knowledge becomes paradoxically dependent on the recognition that the self constitutes itself only in splitting itself, or, as Lacan puts it "[T]he subject is born divided" (1964, p. 199).

LACAN AND FREUD

Let us turn to a consideration of the way in which Lacan brings these linguistic and philosophical notions into his revisionist interpretation of two fundamental Freudian hypotheses: primary narcissism and the castration complex. My choice of these particular topics reflects my sense that the way in which Lacan's relation to Descartes sets the bias for Lacan as a reader of Freud is to steer him toward the ontologically loaded concept of narcissism, and away from ontogenetic, developmental thinking.

Lacan is dismissive of biologically based theories of the succession of psychosexual stages: "The description of the stages, *which go to form the libido*, must not be referred to some natural process of pseudomaturation, which remains opaque. The stages are organized around the fear of castration" (1964, p. 64, Lacan's italics; see also Lacan, 1966, p. 54; 1964, p. 180). Lacan is equally scornful of ego psychology's emphasis on adaptation to the environment. For him, the adaptation that matters is the subject's adaptation to its alienation, its lack, and what he designates, borrowing Ernest Jones's (1927, p. 440) term, as its *aphanisis*, or fading. Lacan's conceptualization of this adaptation, or adaptation *manqué*, depends on two mythical structuring moments, one prelinguistic, the other linguistic. The prelinguistic moment is the mirror phase, in which Lacan locates primary narcissism. The linguistic moment is the castration complex, mediated by the phallus as signifier. Mitchell and Rose's introductory essays in *Feminine Sexuality* (1982) give admirably clear and comprehensive discussions of Lacan's conceptualizations of the mirror phase and the castration complex. Here I shall take a narrower focus on Lacan as revisionist contriver, and ask what in Freud is the occasion for these theoretical inventions. I shall work in particular from the 1949 paper, "The Mirror Stage" (Lacan, 1966); the 1953 paper "Some Reflections on the Ego" (Lacan, 1953), which has the historical interest of having been published in the *International Journal of Psycho-Analysis* the year Lacan was expelled from the International Psycho-Analytical Association; and the 1958 paper, "The Signification of the Phallus" (Lacan, 1967).

These papers show to what extent Lacan, who is usually thought of as a kind of pre-1910 id psychologist, was influenced by post-1914 Freud. Narcissism is at the core of Lacanian anti-ego psychology, and to my reading the Lacanian split subject finds its psychoanalytic origin in Freud's splitting of the ego (*Ichspaltung*), first described at length in the 1927 "Fetishism" paper. The significance of these connections emerges when one considers the history of the concept of splitting of the ego in

Freud (Lustman, 1977; Pruyser, 1975). Splitting of *consciousness* had been one of Freud's earliest formulations, going back to the 1894 paper, "The Neuro-Psychoses of Defence," in which it was used in a descriptive sense. Freud reintroduced the idea of splitting in a series of papers in 1923 and 1924 ("The Infantile Genital Organization," 1923; "Neurosis and Psychosis," 1924a; "The Dissolution of the Oedipus Complex," 1924b), but he used it now in a dynamic sense, to mean a cleavage or division of the *ego*. In a theoretical move that was to have a formative effect on Lacan, Freud associated such splits specifically with the child's use of the defense of disavowal (*Verleugnung*),⁸ during the phase of phallic primacy, to maintain the belief that women have penises and thus to deal with the threat of castration.

Freud's formative effect on Lacan hinges on the concept of *Verleugnung*. Splitting of the ego in attempted defense against the threat of narcissistic injury is the pivot of Lacan's destabilizing psychology of the linguistic subject. It is prepared for by the primary and constitutive split of the prelinguistic subject of the mirror phase. Lacan begins his exposition of these dialectical moments by alluding to Freud's "two apparently contradictory formulations on the ego" (Lacan, 1953, p. 11), namely that the ego "takes sides against the object in the theory of narcissism," but "with the object in the topographic theory . . ." (p. 11). He then asks: "What relation does the 'libidinal subject' whose relationships to reality are in the form of an opposition between an *Innenwelt* and an *Umwelt* have to the ego?" (p. 11). He goes on to ground this relationship between the "libidinal subject" and the ego in the specular moment of the mirror phase, when the child of eight to eighteen months, who subjectively experiences himself as fragmented, sees in the mirror his own alluringly unified and objectified image. This image assumes the status of an ideal, what Lacan calls the "specular I" (1966, p. 5), desirous identification with which is the basis for

⁸ On the history of the term *Verleugnung* and the question of its translation as "disavowal" or "denial," see Basch (1983).

subjecthood. But this idealized double is forever unattainable: the subject's moment of "jubilant assumption of his specular image" is also his moment of alienation: "But the important point is that this form situates the agency of the ego, before its social determination, in a fictional direction, which will always remain irreducible for the individual alone . . ." (1966, p. 2). Specular jubilation leads to specular capture, as "the patient is held spellbound by his ego" (1953, p. 12). "What is the ego," Lacan writes in "The Neurotic's Individual Myth," "if not something that the subject at first experiences as foreign to him but inside him? It is in another, more advanced, more perfect than he, that the subject first sees himself" (Lacan, 1979, p. 423). Lacan moves from these ideas to a characteristically sweeping conclusion: "The libidinal tension that shackles the subject to the constant pursuit of an illusory unity which is always luring him away from himself, is surely related to that agony of dereliction which is Man's particular and tragic destiny" (1953, p. 16). "These reflections on the functions of the ego," he continues, "ought, above all else, to encourage us to re-examine certain notions that are sometimes accepted uncritically, such as the notion that it is psychologically advantageous to have a strong ego" (p. 16).

The subject longs for the idealized specular I, but is also its "shackled" captive. In the relation to this mirror double, Lacan locates the origin not just of desire, but of envious aggression; he develops this Kleinian point in "Aggressivity in Psychoanalysis" (Lacan, 1966). Moving back to Freud, we could find the germs of such notions in "The Uncanny," where Freud recounts the experience of seeing in a train compartment "an elderly gentleman in a dressing-gown and a travelling cap," whose appearance he "thoroughly disliked," only to realize that it was his own reflection "in the looking-glass on the open door . . ." (Freud, 1919, p. 248).

As the prelinguistic subject is prisoner of its specular, alienating double, the split linguistic subject is prisoner of the language by which it is structured. Lacan's later work develops an

entire arcane algebra of self/Other exchanges, his own dire version of object relations theory. "The Signification of the Phallus" (Lacan, 1966) is a relatively accessible prolegomenon to this enterprise, mercifully free of Lacan's usual stylistic convolutions—perhaps, ironically, because it was originally given as a lecture in German. Lacan's proposal is essentially to revive the "now abandoned discussion of the phallic stage" (1966, p. 283). It is in Freud's late hypothesis of a stage of phallic primacy, that peculiar elaboration of the theory of narcissism first formulated in the 1923 paper, "The Infantile Genital Organization," that Lacan finds the psychoanalytic point of attachment for his neo-Cartesian ontology. Lacan's paper begins with a reference to the central place Freud accorded the castration complex in his late works. It goes on to emphasize the *méconnaissance* (a French psychiatric term applied to psychosis and meaning, literally, "misknowing") of children of both sexes, when they are in the phallic stage, of the facts of genital sexuality. The phallic stage, a period of cognitive misapprehension, of disavowal or *Verleugnung* of the fact that women do not have penises, is for Lacan synonymous with the coming into being of the subject. All future subjecthood carries within it this *méconnaissance*, this *Verleugnung*, since the subject must mediate his exchanges with the Other via the phallus as symbol, or signifier. We remember the way out of the castration complex Freud offers the woman: "She slips—along the line of a symbolic equation, one might say—from the penis to a baby" (1924b, pp. 178-179). Lacan extrapolates, and describes the situation such a woman and her baby would find themselves in: "If the desire of the mother is the phallus, the child wishes to be the phallus in order to satisfy that desire" (1966, p. 289). In all intersubjective exchanges, for which the mother-child relation is the first model, desire, by definition, is never satisfied: "The phallus as a signifier gives the ratio of desire. . . . The fact that the phallus is a signifier means that it is in the place of the Other that the subject has access to it . . . the other in so far as he is himself a subject divided by the signifying *Spaltung* [split]" (1966, p. 288).

LACAN, DESCARTES, FREUD

Lacan uses Freud to read Descartes, and Descartes to read Freud. The theory he develops through these readings has manifestly to do with the subject's attempts both to find himself in and to defend himself against the Other. This theory takes as its point of departure in Freud the association of disavowal or *Verleugnung* and splitting of the ego.

Bloom (1973) has extensively elaborated the idea that writers experience an "anxiety of influence" vis-à-vis admired and envied precursors, and that texts can be read as defensive attempts to contain or overcome that anxiety. Having pointed to the influence on Lacan of two of his precursors, we now ask how Lacan's theory of the subject's anxious relation to the Other might be read as an enactment of what it describes. A starting point is suggested by the puzzling lack of interest, among Lacan's commentators, in his relationship to Descartes, alongside a tendency to focus on his more recent precursors. Could this be in part a response to the treatment Descartes receives in Lacan's texts? Lacan both asserts repeatedly that without Descartes, there could have been no psychoanalysis, and denies repeatedly that psychoanalysis as he understands it could be compatible with "any philosophy directly issuing from the *Co-gito*" (Lacan, 1966, p. 1). This combination of adulation at a distance and denial of present relevance seems to have had the effect on commentators of making Lacan's relationship to Descartes seem an obvious one. As Lacan presents him, Descartes perhaps seems to be just part of the canonical woodwork of philosophical tradition.

I read Lacan's way of making Descartes out to be part of the woodwork as a kind of symptom, which both conceals and reveals something Lacan is trying to disavow about Descartes' influence. In "The Purloined Letter," the Edgar Allan Poe story that is the subject of a celebrated Lacanian seminar (Lacan, 1972), disavowal of an act of appropriation takes the form of making something out to be part of the woodwork: Dupin the

detective, after looking around the room and seeing “nothing to excite particular suspicion,” spots the purloined letter openly “dangling . . . from a little brass knob just beneath the middle of the mantel-piece” (Poe, 1845, p. 112). Basch (1983) defines *Verleugnung* as the separation of a perception from its meaning, and notes that such concealment by public display is a standard expression of the defense: “Sometimes the best way to hide something, as devotees of mystery and spy stories know, is to leave it in the open” (p. 148). Descartes is left in the open in Lacan’s text not only by being repeatedly named. More fundamentally, Descartes’ methodological cornerstone, doubt in the evidence of the senses, becomes, as *Verleugnung*, the thematic center of Lacan’s reading of Freud.

One might ask what suggests that anything is being hidden in this apparently obvious example of intellectual influence. But standard Freudian investigative method draws our attention to a gap in Lacan’s psychoanalytic reading of Descartes: Lacan completely overlooks the major psychological drama in *Discourse on Method*, constituted by Descartes’ openly stated anxiety about the view the authorities will take of his work. Having inaugurated his intellectual enterprise by setting aside all he had learned in school, so that he could “emerge from the control” of his tutors (Descartes, 1637, p. 86), Descartes turns propitiatory in the last section of the essay. He begins by making allusion to Galileo’s condemnation by the church in 1632. That event had caused Descartes to withhold from publication, in the same year, his major work *De Mundo*: “I learned that certain persons, to whose opinions I defer, and whose authority cannot have less weight with my actions than my own reason has over my thoughts, had disapproved of a physical theory published a little while before by another person. I will not say I agreed with this opinion, but only that before their censure I observed in it nothing which I could possibly imagine to be prejudicial either to Religion or to the State . . . and this made me fear that among my own opinions one might be found which should be misunderstood . . .” (1637, p. 118).

Lacan was familiar with this kind of drama, and quick to discuss his own case; the opening chapter of *Four Fundamental Concepts* is entitled "Excommunication." "I think you will agree," he writes there, "that I am having recourse neither to gossip nor to any kind of polemic if I point out here what is simply *a fact*, namely, that my teaching—specifically designated as such—has been the object of censure by a body calling itself the Executive Committee of an organization calling itself the International Psycho-Analytical Association . . . what it amounts to is something strictly comparable to what is elsewhere called major excommunication . . ." (1964, p. 3, Lacan's italics). Like Descartes, Lacan tries to make a kind of fundamentalism the major support of his challenge to the authorities. Unlike Descartes, he does not openly state the anxiety this fundamentalism defends against. If Lacan's inclination to struggle with the psychoanalytic authorities draws him to Descartes, his disavowal of his anxiety in that struggle leads him to disavow Descartes' equivalent anxiety. Disavowed, the anxiety is repeatedly enacted in Lacan's Cartesian reading of Freud. First, Lacan centers this reading on the phallic-phase drama of *Verleugnung*. Then, like the phallic-phase child, he focuses on the cognitive problem and splits off affect, which he demotes to inconsequential status in his theory. At this second level, Lacan could be read as enacting another anxiety in Descartes, this one disavowed by Descartes himself. Dyer (1986) writes of Descartes' early loss of his mother and, following Freud's explicit (1927, pp. 155-156) connection of *Verleugnung* with parent loss, interprets the denial of sensory experience in Descartes' method as "a psychological defense 'mechanism,' which enables one to disattend from affective realities" (Dyer, 1986, p. 173).

We might speculate that Lacan disavows not only the anxiety *in* Descartes, but the anxiety in his own relation *to* Descartes. Is he, Lacan, a Galilean innovator, who has discovered the true compatibility of Cartesianism and psychoanalysis, or is he a contriver, who has used exegetical sleight of hand to carry out successfully the diplomatic mission of bringing Freud to

France? Such questions would of course make him subject to—or as he might say, the subject of—anxiety on the Freudian front as well. Like Strachey, Lacan the translator of Freud's thoughts and words would be caught between castrated admission of derivativeness and phallic assertion of originality.

CONCLUSION

Having identified these points of attachment in Descartes and Freud for Lacan's theorizing, we too are in a position to wonder about the originality of the reflections Lacan dedicates to his Others. Lacan's is not a simple id psychology. His emphasis on the persistence of certain narcissistic structures grows from a reading that picks out a particular problem in Freud's later works: the problem of conflict within the ego, as it is exemplified by the child's attempts to defend against castration anxiety. Looking from a Cartesian viewpoint, Lacan focuses on the narcissistic, or ontological, or, in current terms, the self-state danger implicit in this anxiety. He suggests that the split in the ego, which Freud viewed as one kind of defensive solution, is for all of us not just an abiding residue of the phallic phase, but a fundamental and constitutive psychological structure.

Is this an authentic return to Freud, or a mere contrivance? Before answering too quickly, we should recall a passage in Freud's "Fetishism" paper: "In one of my two cases this split [in the ego] had formed the basis of a moderately severe obsessional neurosis" (Freud, 1927, p. 156). Here Freud assigns the split in the ego primary status relative to a subsequent obsessional neurosis. This must give us pause, for in both the "Fetishism" paper and the 1938 paper, "Splitting of the Ego in the Process of Defence" (1940b) Freud could have adapted his theory of obsessiveness to account for the clinical data. If he did not, it was perhaps that he wanted to identify conflict within the ego as a separate theoretical problem, which would have its roots in the defenses against external reality, the cognitive dis-

tortions, of the phallic phase. Basch (1983) and Fingarette (1969) propose that in his late work on *Verleugnung* and splitting of the ego, Freud had begun dialectically to challenge his own ideas about the synthetic function of the ego. Indeed, in his last papers, written in 1937 and 1938, Freud did return again and again to different aspects of this problem. In "An Outline of Psycho-Analysis" (1940a) and "Splitting of the Ego in the Process of Defence" (1940b) he discussed disavowal and the splitting of the ego; in "Analysis Terminable and Interminable" (1937a), the castration complex and alterations of the ego; and, in "Constructions in Analysis" (1937b), the relation of analytic constructions and delusions to things that "the child has seen or heard at a time when he could still hardly *speak*" (p. 267, italics added).⁹

Lacan, who began his psychoanalytic career in the 1930's, defined himself in reference to the issues of the day. Taking sides against the ego psychologists, he claimed that their emphasis on the synthetic function of the ego grew from a defensive reading of Freud, a reading that suppressed a more disturbing side of his theory. In this, Lacan *is* following the Freud of the late papers, the Freud who emphasized the importance of the ego's early defenses against external reality, and the resulting distortions on which the subject's sense of self depends. These persistent traumatic effects attending the psychological birth of the speaking subject are, to my eye, the objects of which Lacan's theoretical mirror offers us suggestive, if blurred, reflections.

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⁹ I have written elsewhere (Morris, 1980) of the way in which Freud's theory persistently enacted, in the structure of its figurative language, such challenges to its own claims.

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On the Vicissitudes of Freud's Early Mothering

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ON THE VICISSITUDES OF FREUD'S EARLY MOTHERING

III: FREIBERG, SCREEN MEMORIES, AND LOSS

BY HARRY T. HARDIN, M.D.

Utilizing clinical examples, I attempt to show that the memories Freud recalled on his return to his childhood home in adolescence screened the traumata he had suffered when he lost his Kinderfrau, then his playmates and the Freiberg countryside during his early childhood.

In 1872 Freud, age sixteen, returned to Freiberg, his birthplace and home during the first three years of his life. It was a fateful summer, during which Freud recalled at least three screen memories. In this paper, utilizing material from my clinical practice, I will examine Freud's screen memories from the perspective of the losses he sustained at age three. These involved first his *Kinderfrau* and then, when he subsequently left Freiberg, much of his early childhood environment.

This paper follows upon others concerned with early primary surrogate mothering. The first (Hardin, 1985), a preliminary study of the vicissitudes of such mothering, may be summarized as follows:

When a close tie develops between an infant and its surrogate

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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 an avoidance 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 which 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 when he was 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) I focused on Freud's early environment and the loss of his nursemaid. It is summarized as follows:

Writers commenting on Freud's nursemaid perceive her primarily as a displacement figure, a screen for his mother. In three clinical examples I attempt to demonstrate the emergence of surrogate mothers as distinct and significant figures in the patients' infancies. Like Freud, these patients lost their nursemaids in their third year. In their memories, dreams, the surrogate mother transference, and eclipsing phenomena, the surrogate is perceived to have been obscured by the mother. This screening of the surrogate is postulated as an essential element of Freud's repetitive memory of the cupboard. Further inferences from the literature on his early family environment and scientific writings support the following reconstruction: unable in his self-analysis to relive the latent tie with his nursemaid and the anguish following her loss, Freud again turned to his mother and, consequently, to oedipal issues.

RETURN TO FREIBERG

To Martha Bernays, Freud wrote in 1883 about his return to Freiberg: "... seeing my old home-town again had made me feel sentimental" (E. L. Freud, 1969, p. 419). In "Screen Memories" (Freud, 1899) his interlocutor stated, "I know quite well what a wealth of impressions overwhelmed me at that time" (p. 312). He and two colleagues from the *Sperlgymnasium* stayed with the Fluss family, with whom the Freuds had kept in touch since leaving Freiberg thirteen years before. His letters to Fluss (Freud, 1872-1874) and to Silberstein (Clark, 1980) during and after that summer in Freiberg revealed emotions much more powerful than the above statements indicate. In one letter to Silberstein he wrote of silently falling in love with Gisela Fluss. Feeling bereft when she left town soon after his arrival, he walked through the woods to mourn her loss. However, in the same letter he confided another "passion"—her mother.

Freud then wrote what Clark termed a "paeon of praise." Mrs. Fluss had taken care of him when he had drunk himself into "unconsciousness" to gain relief from an aching tooth. He admired her acquisition of culture and her breadth of knowledge, in spite of her bourgeois background. He was impressed with her ability to manage both a business and a home:

You should also see how she brought up her seven children and how she is still bringing them up; how they obey her, the older ones more than the younger ones, how no concern of any of the children ceases to be hers. Superiority I have never observed. 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. . . . Frau Fluss knows no sphere that is beyond her influence. . . . She obviously recognizes that I always need encouragement to speak or to help myself, and she never fails to give it. This is where her dominion over me shows; as she guides me, so I speak, so I

present myself. . . . Enough of this. You see how words flow out of my heart and the letters out of my pen (Clark, 1980, p. 26).

Adolescence alone cannot explain the love that Freud, a Viennese boy, felt toward the Fluss countrywomen, mother and daughter. His emotionality seems overdetermined, as if he were driven to rediscover in Freiberg what he had lost in his infancy.¹ The pastoral environment was there, much as it was when he had left it. When Gisela departed, he gained solace from walking in "my small paradise," the woods. He then turned with adoration to her mother, a loving caretaker who, like his nurse, had "cared for me as for her own child" (p. 25). How fitting that it was in Freiberg, where he first suffered separation and alienation from his mother, that he wrote his only known criticism of her (as noted in my previous paper [Hardin, 1988])—she attended only to his physical needs, and his spiritual development had been taken out of her hands.

THE CUPBOARD SCREEN MEMORY

Freud's screen memory of the cupboard, described in a letter to Fliess, October 15, 1897 (Freud, 1887-1902), came to light in his self-analysis after he had remembered his *Kinderfrau*. He had learned from his mother that the woman was arrested and removed from their home. He introduced the memory as follows:

But I have another exceptionable and amusing piece of evidence. If the woman disappeared so suddenly, I said to myself, some impression of the event must have been left inside me. Where was it now? Then a scene occurred to me which for *twenty-nine* years has been turning up from time to time in my conscious memory without my understanding it (p. 222, italics added).

¹ Jones (1953) made a similar comment: "It was evidently not the girl's [Gisela's] charms themselves. . . . So it was love of some internal image of his own plainly derived from far deeper sources but associated with his early home" (p. 33, n.).

Until the 1985 publication of *The Complete Letter of Sigmund Freud to Wilhelm Fliess* (Masson, 1985), the twenty-nine-year period meant that this memory was first recalled by Freud when he was age twelve. The new translation changed the twenty-nine to twenty-five, a four-year difference which establishes the screen memory's appearance in 1872 when, at the age of sixteen, he returned to Freiberg. Freud's description continues:

I was crying my heart out, because my mother was nowhere to be found. My brother Philipp (who is twenty years older than I) opened a cupboard for me, and when I found that mother was not there either I cried still more, until she came through the door, looking slim and beautiful. What can that mean? Why should my brother open the cupboard for me when he knew that my mother was not inside it and that opening it therefore could not quieten me? Now I suddenly understand. I must have begged him to open the cupboard. When I could not find my mother, I feared she must have vanished, like my nurse not long before. I must have heard that the old woman had been locked, or rather "boxed" up, because my brother Philipp, who is now sixty-three, was fond of such humorous expressions. . . . The fact that I turned to him shows that I was well aware of his part in my nurse's disappearance (pp. 222-223).

With his customary brilliance Freud made the connection between cupboard (*Kasten*)—which in our vernacular would be "the klink"—and boxed up (*eingekestelt*). However, in his self-analysis he did not succeed in re-experiencing memories and affects surrounding the catastrophic event in his infancy, the loss of his nurse. First, he introduced the memory as "another unexceptionable and amusing piece of evidence"—this, about himself as a little boy, crying his eyes out! Then he interpreted the scene as one in which his mother was temporarily absent and then returned, the lost nurse serving as a screen for her. His upset about the loss of the nurse became an upset about the loss of his mother.

During the next twenty-seven years Freud, in further inter-

pretations, consigned the nurse deeper into oblivion. In 1901, he concluded that the memory represented an absence of his mother and her return following his sister's birth, in a slim, unpregnant state. In 1924, a footnote modified the strong affects described earlier. "I was crying my heart out" became transformed into a mild "affect of disappointment," derived from a "superficial motivation for the child's demand," a wish for his mother's return. At a lower level of his unconscious the cupboard represented his mother's womb. When he could not reconcile the empty womb with the affect of disappointment, he wrote: "On the other hand, his great satisfaction over his mother's slimness on her return can only be understood in the light of this deeper layer" (1901, pp. 51-52, n.).

In the psychoanalytic literature Freud's understanding of the cupboard screen memory remains unchanged to the present time:

The cupboard scene described to Fliess . . . which kept recurring from Freud's childhood related to maternal abandonment and to his mother's pregnancies . . . it dealt with wished for nonpregnancies . . . i.e., the empty womb (Harrison, 1979, p. 406).

It is my thesis that the cupboard memory condenses all the elements of a series of catastrophic occurrences in Freud's infancy: the disappearance of his beloved nurse, his desperate search for her, and, finally, his mother's entering the scene, in effect replacing the lost figure. I believe that in his self-analysis Freud was unable to comprehend the full impact of the tragic infantile experience latent in his screen memory. Instead, the intense affect associated with his loss was shifted to a lesser fear—that of the temporary loss of his mother. The latter's manifest return represents his urgent turning to her long ago with the hope of regaining the exclusiveness he enjoyed with the lost nursemaid.

One of my patients described a recurrent memory which seems to parallel Freud's cupboard scene.

I am sitting on the kitchen counter in our house, beside the

radio which is playing. My mother is there, her back to me, doing the housework. I am very sad.

The patient's sense of alienation from his mother and inability to commit himself to long-term relationships with women led to the discovery that a live-in maid had cared for him during his first three years while his mother worked in the father's business. Together they slept in her room and enjoyed listening to the radio. A disagreement about days off led to her sudden departure. This kitchen screen memory has constituents associated with sudden loss of the maid: deep sadness, the kitchen, the radio playing, and his mother's back. As in Freud's memory, the patient's mother screened the maid.

THE DANDELION SCREEN MEMORY

Another screen memory, recalled by Freud during the summer of 1872 in Freiberg, was the example he used to introduce the concept, "screen memory" (Freud, 1899):

I see a rectangular, rather steeply sloping piece of meadowland, green and thickly grown; in the green there are a great number of yellow flowers—evidently common dandelions. At the top end of the meadow there is a cottage and in front of the cottage door two women are standing chatting busily, a peasant-woman with a handkerchief on her head and a children's nurse. Three children are playing in the grass. One of them is myself (between the age of two and three); the two others are my boy cousin, who is a year older than me, and his sister who is almost exactly the same age as I am. We are picking the yellow flowers and each of us is holding a bunch of flowers we have already picked. The little girl has the best bunch; and, as though by mutual agreement, we—the two boys—fall on her and snatch away her flowers. She runs up the meadow in tears and as a consolation the peasant-woman gives her a big piece of black bread. Hardly have we seen this than we throw the flowers away, hurry to the cottage and ask to be given some bread too. And we are in fact given some; the peasant-woman cuts the loaf with a long knife. In my memory

the bread tastes quite delicious—and at that point the scene breaks off (p. 311).

About the chronology of this memory Freud wrote, “But I can also recall the occasion which led to my recovering this and many other recollections of my earliest childhood. . . . I returned for the first time to my birthplace for the holidays. . . . When I was about three . . . we were forced to leave the place and move to a large town [Vienna]. . . . I never felt comfortable in the town. I believe now that I was never free from longing for the beautiful woods near our home . . .” (p. 312).

Freud could initially not find any connection between the dandelion memory and the “interest which . . . bound together the other scenes from [his] childhood” (p. 311). Two things were “disproportionately prominent”—the yellow flowers and the taste of the bread (p. 312). Utilizing associations to them, the yellow dress, the fantasy of marriage to his cousin, Paulina, and the idea of earning daily bread in the country, he concluded that the dandelion memory was unconsciously selected from innumerable childhood memories. Its content was thought to represent an amalgamation of those later fantasies, i.e., “the slipping away of repressed thoughts and wishes into childhood memories . . .” (p. 317). He noted that the dandelion memory was “a screen memory” because of its symbolic connection with the later fantasies. Further, he considered the frequent recurrence of that memory to stem from its illustration of “the most momentous turning-points” in his life, “the influence of the two most powerful motive forces—hunger and love” (p. 316).

With further analysis the dandelion memory was seen to represent the “fulfilment of the two suppressed wishes—for deflowering a girl and for material comfort” (p. 318). He considered the memory as “raw material” connecting to the suppressed wishes. However, there are elements in the childhood scene, such as being helped to “deflower” Paulina and the presence of

the peasant woman and the children's nurse, "which do not in fact fit in with the sense required by the phantasy" (p. 318). Finally, he explained that the genuineness of the dandelion memory was substantiated by the later fantasy's not coinciding completely with that childhood scene!

Freud's analysis of the dandelion scene is an intellectual tour de force. He deftly pulled the memory out of the distant past to use it as a vehicle for thoughts and wishes presumably active during his return to Freiberg. While complaining in this self-analysis that he was never free from longing for the beautiful woods near Freiberg, he remained largely focused on the situations he experienced at sixteen and beyond. He concluded:

Our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused. In these periods of arousal, the childhood memories did not, as people are accustomed to say, *emerge*; they were *formed* at that time. And a number of motives, with no concern for historical accuracy, had a part in forming them, as well as in the selection of the memories themselves (p. 322).

As I have noted before regarding Freud's cupboard screen memory, his interpretations of the dandelion memory have also been generally unquestioned. Thus, Aberbach (1983) (who quoted the memory only to the point where the boys snatch away the flowers) has viewed the memory as a violent one, comparable to similar memories of Bialik and Wordsworth. However, Aberbach made note of Freud's attachment to and loss of his nanny and mother, speculating that "his violent memory might, to some extent, reflect anxieties caused by his own early separation from his mother and nanny" (p. 48).

Examined from the point of view of my findings in patients with an early history of primary surrogate mothering and the above reconsideration of the cupboard screen memory, the dandelion scene may be seen as representing a time in Freud's life before the cupboard memory. It is an idyllic scene in which

he is being watched over by his nurse and a peasant woman while he is playing with cousins in the lovely countryside. The “disproportionately prominent elements”—the yellow flowers and the taste of the bread—clearly depict the gratification he derived during that era. The scene bespeaks a benevolent caretaking, an unconditional acceptance, with a tolerance of naughtiness suggestive of favoritism. In the comment, “we were in fact given some [bread],” “in fact” obviously means “in spite of our behavior.”

While highlighting that wonderful era in Freud’s infancy, the dandelion scene served as a screen for the “momentous turning point” in his early life. This involved the profound losses he would suffer: his nurse, then soon after, when the family moved away, the other adults in his environment (e.g., the peasant woman), his playmates, and the countryside. Again, as in his self-analysis of the cupboard memory, Freud demonstrated his failure to grasp the significance of these losses, particularly of his *Kinderfrau*, in his early development.

Another of my patients described the repetitive recollection of a scene from his infancy which contains some of the characteristics of Freud’s dandelion memory. During much of his psychotherapeutic treatment, he spoke of his mother only in terms of contempt and vituperation. He saw her as a self-centered person, often bedridden with imaginary diseases, who had demonstrated little maternal feeling or behavior toward him. His relationships with women were severely troubled by his lack of trust in them; when they expressed warmth or a desire for more closeness, he would frequently become sullen and even verbally abusive toward them. After a couple of years in treatment he married an unusually patient woman who could tolerate his emotional guardedness and avoidance of intimacy.

He could recall only two women, other than his wife, for whom he had ever had feelings approaching affection. One was his Aunt Agnes and the other, Mrs. Simmonds, a nurse who cared for him when he was age seven, at the time his brother was born. He recalled spending summers at his aunt’s home in the country, where he enjoyed her consistently pleasant disposi-

tion and her attentiveness. Early in the treatment he had described a vivid memory from early childhood associated with that home, one which we had only cursorily explored. Some months after the death of his mother he read one of her diaries, with irregular entries covering a five-year period from the time he was four years of age. Its pages documented the disturbed, miserable existence of an emotionally handicapped woman, often deeply depressed. In an early entry, particularly poignant, she wrote about the patient, then five years old, as follows:

David still white and cross. Wonder if it could be the milk again. He is so very rude. I'm afraid I'm not a very good trainer. That is one of the reasons I hesitate to have another child, for I don't think I've been very successful with David. He doesn't really seem to care for me at all or to have any tenderness at all. I don't know what to do.

She wrote of three nurses working in the home during that time. One was Mrs. Simmonds, who cared for her for over a year following the birth of the patient's brother while she was incapacitated by what was obviously a postpartum depression.

While we were discussing his loss of his mother during a significant period of his childhood, that patient despaired of having anything to look forward to in his future. He stated, "There is nothing that can be done about me. How can you think of helping me when I haven't had a loving experience from my mother to nurture me then. I certainly won't get any now." I responded by reminding him that he had persisted in seeking treatment at least three times, not accepting with hopelessness the lack of success in the first two attempts. I considered that his continuing endeavor to receive help from another person lent support to the idea that he had in early life received significant nurture from at least one person. After some silence he stated that it was true that he seemed unable to accept with finality a hopeless view of life even though much of the time he seemed "on the edge of the precipice." He then recalled the scene he had reported very early in treatment:

I'm at Aunt Agnes's place in the country, a big house on a hill

surrounded by lawns. It has a carriage-way and at the side a very large porch. I'm standing on the driveway looking out across the lawn, all the way to the stable. The lawn seems very large, like it would from the perspective of a little child, perhaps three years old, or even younger. The flowers about the lawn are beautiful, with striking colors, snapdragons, irises, reds, purples, blues, whites. It is sunny. There is no one but me in the scene. Just light—golden light—and color, with the deep green of the lawn. I've had other memories of this place that are troublesome. This one is safe. It is about paradise lost.

He had always felt close to this aunt and now wondered if she had taken care of him when he was a baby. Perhaps his mother had been ill after he was born, as she was following the birth of his brother. He thought it was entirely possible. He would try to find out but there were no surviving relatives who might remember.

During the following hours he continued to have further associations to this memory and to Aunt Agnes. She was attractive, with curly hair. He then recalled that Mrs. Simmonds had a similar appearance and no-nonsense attitude; nevertheless, they were affectionate. He added, "Both would connect with you as a human being." He then described another repetitive memory dating back to the time his brother was born. Mrs. Simmonds came into his dark bedroom. There was light shining behind her that caused her fluffy hair to shine like a halo. He realized that the glowing silhouette was related to his early memories of Aunt Agnes—they were, as he stated, "connected."

The timing of the recollections of the sunshine and flowers scene was discussed. It would occur when he heard beautiful music, watched a film, or read something that made a deep impression on him. Sometimes it returned when he observed a certain kind of light. The analysis of the memory involved a reconstruction of his love and loss of the beloved surrogate mother and the basis for his profound alienation from his bio-

logical mother. It appeared to mark a turning point in his psychotherapy. He was now better prepared to accept the interpretation that throughout life he had continued to contemplate closeness with others through the eyes of the little boy who had suffered catastrophic losses of both his mother and his primary caregiver.

THE CZECH NURSERY RHYME

In *The Interpretation of Dreams* (1900) Freud described a third, no less poignant screen memory from among the “wealth of impressions” he experienced on his return to Freiberg. It is obviously related to his Czech *Kinderfrau*, with whom he conversed in her language:

Incidentally, I must have understood Czech in my earliest childhood, for I was born in a small town in Moravia which has a Slav population. A Czech nursery rhyme, which I heard in my seventeenth year, printed itself on my memory so easily that I can repeat it to this day, though I have no notion what it means (p. 196).

Freud must certainly have learned the rhyme when he was a child. On his return to Freiberg he readily learned it again. Its meaning was screened, unavailable to him, for it expressed his lost *Kinderfrau*'s love for him. Like the other two screen memories associated with his losses, particularly of the nursemaid, the significance of the remembered Czech nursery rhyme was forever lost to Freud.

In the screen memories discussed, losses of beloved primary surrogate mothers early in life were uncovered. Each of these memories contained, to paraphrase Stern (1985), “the actual shape of an interpersonal reality, specified by the interpersonal invariants that really exist[ed], that helps determine the developmental course” (p. 255). Freud (1935) warned, “But in self-analysis the danger of incompleteness is particularly great. One is too soon satisfied with a part explanation, behind which resis-

tance may easily be keeping back something that is more important perhaps" (p. 234).² In his analysis of the Freiberg screen memories Freud circumvented memories and affects associated with the catastrophic loss of his *Kinderfrau*. It is this very "incompleteness" which may have had a profound influence on the role, in psychoanalysis, of the concepts of separation and loss.

SUMMARY

In this paper three of Freud's screen memories were re-examined from the point of view of the traumata he suffered in early childhood because of the loss of his *Kinderfrau*, his playmates, and the Freiberg countryside. Consisting of the cupboard and dandelion scenes, as well as the Czech nursery rhyme, the memories reappeared in his consciousness in association with his return to Freiberg, his childhood home, in the summer of 1872. Utilizing clinical examples, I have attempted to demonstrate that these memories screen actual traumatic events—hidden catastrophic losses and accompanying affects.

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² Mallard (1987) noted "that self-analysis can be chiefly defensive in function. . . . [a conclusion] . . . derived by going outside the self-analytic system" (p. 526). In this series I have re-examined Freud's self-analysis from the point of view of comparing him with some of my patients who had similar early mothering experiences.

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Neglected Classics: Ernst Kris's "On Some Vicissitudes of Insight in Psychoanalysis"

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NEGLECTED CLASSICS: ERNST KRIS'S "ON SOME VICISSITUDES OF INSIGHT IN PSYCHOANALYSIS"

BY SANDER M. ABEND, M.D.

At first glance it may seem surprising that I suggest regarding Ernst Kris's extraordinary paper, "On Some Vicissitudes of Insight in Psychoanalysis," as a neglected classic, since it is cited in the literature with considerable frequency. In my experience, the majority of references to it are for reasons that are quite peripheral to its central thesis. Authors often note a passage to be found in the introductory paragraphs in which Kris characterizes psychoanalysis as a process, although he meant by that no more than that psychoanalysis has a quality "of progressive development over time in a definite direction" (p. 253). Another reason analysts have for referring to the paper is that they recall that in it Kris describes what he calls "the good analytic hour," one in which many strands of the material seem to come together in an especially comprehensible and meaningful way. In fact, both of these ideas are presented by Kris merely as preparatory to the exploration of the problems that really interest him. These have to do with the nature of insight in psychoanalysis, the quality of the ego functions involved in acquiring insight, and some subtle difficulties that can affect the experience of obtaining insight in certain patients. His conclusions are by and large overlooked, even though they are derived from admirably astute and sophisticated clinical observations, and

I wish to express my appreciation to Drs. Manuel Furer and Charles Brenner, whose commentaries increased my understanding of Kris's work, and to my colleagues of the C.O.P.E. Study Group on the Psychoanalytic Educational Process, whose deliberations gave me the idea of writing this paper.

though they represented a significant advance in clinical theory at the time the paper was first published. In my opinion, his exposition of the issues that drew his attention is still valuable and deserves more notice than it receives; that constitutes my justification for designating this paper a truly neglected classic.

Kris compares the uniquely elaborate configuration of connections that he says marks the so-called “good analytic hour” with the far more usual “oscillating character of other analytic sessions.” He goes on to describe the familiar pattern of typical analytic work, during which analyst and patient are struggling to make sense out of dimly perceived, fragmentary patterns of unconscious mentation. He says of it, “Over a stretch of time the analyst can piece together some of the slight elevations in the patient’s productions, as they reveal outlines of a larger submerged formation” (p. 256). One purpose of the paper is to expand our awareness of the operation of ego functions, particularly the silent, integrative ones, and he suggests that the so-called “good analytic hour” is evidence that such integration has been going on in the patient, below the surface of conscious awareness, as the analysis proceeds.

Kris’s careful attention to the qualities of good analytic hours leads him to conclude that these have an “infantile prototype,” by which he means that the patient’s way of experiencing such hours is influenced by some prominent unconscious attitude or fantasy drawn from infantile mental life. He adds, “It seems also relevant to stress that this prototype determines the state of the transference. It is not so that positive transference determines the successful work of the ego” (p. 257). Without fanfare, he has thus profoundly altered Freud’s formulations, as set forth in the papers on technique (1912, 1915) and the *Introductory Lectures* (1916-1917), about patients’ motivation for pursuing the difficulties essential to productive analytic achievement.

Kris has barely warmed to his task, for he concludes that the experience of insight itself also has an infantile prototype. He records observations of various activities that superficially re-

semble insight, but in which, in actuality, aims such as compliance in the service of concealed transference gratifications, or activity unconsciously designed to achieve or maintain a competitive independence from the analyst, may predominate. Another type of pseudo-insight is the tendency of certain patients to artificially synthesize everything in their lives into the same model, perhaps one derived from a single childhood catastrophe.

He attributes these miscarriages of insight to incomplete neutralization of the energy involved in the integrative function of the ego. Kris is clearly trying to reconcile the then relatively new concepts of autonomy of ego functions and neutralization of energy with the facts of clinical observation. He reaches the sort of conclusion that characterizes the work of the best analytic thinkers: "It is as if in every case the function of insight was differently determined, and its impact differently embedded in the balance of the personality" (p. 263). Kris has grasped that the very activities that are integral to the analytic enterprise have important unconscious meanings that are unique to each patient, and that these must receive analytic scrutiny, since the total autonomy of these vital ego functions is no more than a heuristic fiction.

The radical nature of this approach to analyzing may be less than obvious to our current awareness, since the principles involved have been thoroughly absorbed into modern theory and practice. Nevertheless, trying to impart these ideas to candidates reminds one that this is far from self-evident material; perhaps even experienced practitioners may lose sight of some ramifications of these issues from time to time.

Kris goes on to illustrate aspects of his conclusions by means of a detailed examination of some subfunctions of the ego, so to say, that subserve insight and the patient's ability to participate in the analytic process. He mentions first the control of temporary and partial regression, such as is necessary for optimal free association. Less satisfactorily autonomous variants of this capa-

bility are encountered in those difficult patients who may drift into isolation and soliloquy, thus losing effective contact with the analyst, and in the ones who are unable to relinquish control sufficiently to permit the requisite access to "all levels of inner sources." The essential ability to exercise reasonably objective self-observation is likewise subject to excessive investment with instinctual meaning that may serve to limit its utility. Kris mentions patients who are prone to compulsive self-criticism that masquerades as self-awareness, and others whose self-observation shades into "narcissistic introspection." Clinical experience with patients who display prominent versions of one or another of these powerful resistances must have been familiar to many analysts before Kris recorded his observations, but his thoughtful and convincing identification of what these patterns signify is a valuable contribution to clinical theory.

Kris concludes the paper with some observations about changes in other aspects of ego functioning that may be noticed only as analysis progresses, including the diminution of the tendency toward certain kinds of actions and the modulation of the affective accompaniments to the periodic reappearances of critical conflictual material. These, too, seem hardly revolutionary to our current sensibility. Perhaps the greatest tribute to the nature of Kris's thought is precisely the degree to which these ideas seem familiar, even elementary, to experienced analysts of today. A rereading of this paper with its historical context in mind cannot fail to stir renewed appreciation for the gifts of the man who wrote it. Clear, accurate, clinical observations and descriptions are coupled with a thorough, subtle, and even profound pursuit of their implications for theory and practice. Courageous revision of established ideas is presented in a modest, careful, and understated fashion that seeks to conserve what is valid, while rendering it ever more complete, correct, and useful. The paper exemplifies a standard of work to which we might all aspire, to our own benefit and to that of the profession.

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The Two-Man Phenomenon

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THE TWO-MAN PHENOMENON

BY MARIANNE GOLDBERGER, M.D.

This communication was stimulated by Stanley Weiss's (1987) article in this journal, "The Two-Woman Phenomenon," that dealt with a type of object choice in which a man forms stable relationships with two women simultaneously. He emphasized that this "clinical picture needs to be differentiated from the many other situations in which a man is involved with two women at the same time" (p. 272). In describing patients of this type, Weiss added a new category to Freud's "extreme and sharply defined" types of men who make particular object choices (Freud, 1910, 1912). Weiss issued an invitation in his last paragraph:

I believe that a two-man phenomenon, the female counterpart of the two-woman phenomenon, is to be found in certain female patients and is also more common than is generally acknowledged. It is hoped that this communication will stimulate other analysts and investigators to share their findings and help us expand our knowledge about this clinical entity (p. 285).

My experience over the last twenty years strongly confirms Weiss's suggestion, and I believe that the phenomenon is sufficiently common to be familiar not only to analysts, but to others as well. I will describe two such patients whom I saw in psychoanalysis and will mention three others I treated more briefly. It is clear, as with Weiss's cases, that the individuals "do not fall into any one diagnostic category" (p. 284) and that the patients' dynamics are specific in each case. Certain phenomenological features, however, are strikingly similar to those described by Weiss. These women all marry young, choosing men from their

own cultural milieus. After many years of marriage and after raising children, they fall deeply in love with another man. They maintain two "monogamous" relationships in which they are devoted to both partners, are intensely fearful of losing either one, and are tortured by guilt. In close analogy with Weiss's patients, these women are not promiscuous, and they continue to have sexual relations with both men (with the husband only from a sense of responsibility and to avoid suspicion). They all continue to value their husbands' many positive qualities, yet they all contemplate very seriously, some for several years, the possibility of leaving their marriages.

The first patient came for analysis in her forties because of symptoms of depression and anxiety. She soon revealed that she was married but was deeply in love with another man, a relationship that was to continue for well over ten years before it was ended by her. She was a published author before she had four children in rapid succession. She was completely involved in her children's care throughout their development. When the youngest two were well into latency, she fell in love with a man she had known socially. This relationship was full of passion, with intense pleasure spreading to all aspects of her life. While she continued to like and respect her husband, the experiences of intimacy and of being "inside each other's mind" were totally different with her lover. Significant in this case was the fact that both the patient and her lover had lost their mothers at an early age. Aside from many other shared interests was the pleasure each derived from giving and being given "good enough" mothering. Issues of separation and loss were very important in this patient's anxieties and much analytic work revolved around understanding the ways in which the patient blamed herself for losses of all kinds. Another interesting aspect of this case was that the patient's stormy relationship with her lover contrasted sharply with the respectful, peaceful, and cooperative atmosphere that prevailed in the relationship with her husband.

The second patient was in her late thirties when she came for analysis because of the intense anxiety engendered by her pas-

sionate four-year extramarital involvement with a colleague and her continued preoccupation about whether to leave her husband. She had married a very bright and assertive man whose obsessional, controlling character served him well in his profession. The patient stayed home for several years to take care of her two young children. When both children were in school all day, she returned to her own profession and began working part-time. Her husband strongly opposed her professional activities. While she was also conflicted about not being fully available to her children, the rewards of being competent in a career overcame her doubts. A passionate love relationship with a colleague began several years later, with much conflict about being unfaithful to her husband. However, the enormous difference in the way she was valued by this man as a competent professional, as well as the man's capacity to be fine-tuned to her inner self, led to a sexual involvement that was of a completely different dimension from that with her husband. The patient's view of herself as a woman who ought to be subservient to a man had been ego-syntonic; she had no expectation of full sexual satisfaction for herself and assumed that she would never have an orgasm, but she did enjoy her ability to give sexual pleasure to a man. She became orgasmic during her analysis. Also in the course of her analysis, she became increasingly aware of the very high priority of her ideal of keeping her marriage intact, not only because of her children but also because she particularly valued the quality of her husband's fathering. She also came to realize that her frequent feelings of rage toward her husband were an important means for dealing with her intense guilt; if her husband could be considered "bad," then her behavior would be justified.

In addition, I have seen three women patients in psychotherapy who manifested the same phenomenon, which confirms the suggestion that this situation is not rare. I will briefly describe one of these cases for illustrative purposes. This patient sought treatment in her forties because of the intolerable guilt she suffered for continuing her physical relationship with

her husband of twenty years while having an intense love affair with a colleague for the past three years. Her feeling about life and about herself had completely changed since meeting this colleague, despite the continuing importance to her of the many experiences she shared with her husband, including the raising of their young children. In fact, her physical relationship with her husband had been mostly satisfying, with frequent orgasms. However, the intimacy she found with her lover in every aspect of herself led to a sexual experience that was entirely different from anything she had known before.

The analytic evidence suggests some common features among these women. When they married, they were largely defended against awareness of their unrequited longing for intimacy with their mothers. They had accomplished the developmental task of separating from their families of origin, were not conspicuously dependent, and were defended against separation anxiety. With the nurturing of their own children for many years (and these were all devoted mothers) they experienced gratification of their earliest longings and became much more aware of them, only to lose this gratification again as the children grew older. Their analyses revealed that their wish for intense closeness, their fear of re-engulfment, and their anxiety over separation and loss were connected with their conflicted early relationships with their mothers. The pleasure from the intimacy they achieved with their later lovers seems importantly derived from the large component of feminine identification in these men (a quality that was characteristic of all the lovers of the two-men women I have seen).

Kernberg (1977) has described sexual passion as containing an "entire sequence of emotional states," including "the excited reunion or closeness with mother at a stage of self-object differentiation" (p. 99). Kernberg includes much else in his description, but I select this particular aspect because defenses against such impulses were profound in the cases reported here. Another theme emphasized by my analytic patients was the degree to which they felt "affirmed" in their sense of self in the second relationship. The pervasiveness of this affirmation was reminis-

cent of what Greenacre (1957) has described as a "range of extended experience which may surround or become attached to the main focus of object relationships" (p. 57). She was referring to the richness and complexity with which the potentially gifted infant reacts to the primary object. This "beginning of the love affair with the world" (p. 57) in the early life of artists might well take place in many infants. In the patients under discussion here it appears to have recurred, particularly as the "special glow" generated from the investment in the new love object (Weiss, 1987) spread to all activities of life.

I do not share Weiss's optimism that such patients "can achieve an integrated and sublimated love with one object" (p. 285). The solution that was achieved by my two analytic patients was that they were able to become more fully aware of the unconscious conflicts originating in the relationships with their mothers; thus, they could relinquish their lovers after finding a variety of new ways to satisfy formerly conflicted wishes. Another important analytic change occurred when these patients became more conscious of how the demands of their ego ideal and superego contributed to the intensity of their conflict. Once fully aware of these demands, they were better able to make a rational decision about how they could lead their lives with more inner harmony.

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BOOK REVIEWS

PSYCHOANALYSIS. THE SCIENCE OF MENTAL CONFLICT. ESSAYS IN HONOR OF CHARLES BRENNER. Edited by Arnold D. Richards and Martin S. Willick. Hillsdale, NJ: The Analytic Press, 1986. 439 pp.

This volume of papers, a tribute to Charles Brenner's impressive contribution to the theory and practice of psychoanalysis, is itself a significant addition to our literature. The authors of the essays included in it all share Brenner's fundamental perspective that psychoanalysis is indeed a science of mental conflict, and they also support his insistence that what is most coherent and clarifying in psychoanalytic theory has been derived from data that are available only in the psychoanalytic situation. Throughout his analytic career, Brenner has confronted issues with an unwavering commitment to what he has perceived as the essential elements in the psychoanalytic view of human mental function. He has examined and questioned hypothetical perspectives and technical precepts, whether traditional or recently proposed, with regard to their source in dependable analytic data and the nature of their relationship to other concepts.

Brenner has not attempted to construct an apparently seamless body of Freudian analytic theory by somehow accommodating all of Freud's hypotheses and speculations. In fact, his firm conviction about and support for the truly nuclear ideas of Freudian psychoanalysis, as distinguished from the provisional and marginal hypotheses, has enabled him to demonstrate persuasively instances of Freud's own lapses and conceptual inconsistencies. He has thus frequently revealed the greater power and validity of certain long-held analytic concepts precisely by freeing them from their original and rather weak formulations based on doubtful biological assumptions.

Brenner, along with Arlow, is generally identified as the spokesman for and advocate of the importance of the structural point of view in psychoanalysis. It must be remarked, however, that he has just as forcefully reminded us of the vital importance of the dynamic point of view and of its perspective that mental functioning and all human behavior represent unceasing conflictful in-

teraction among the various structural agencies (i.e., the structuralized functions) of the mind. He has asked us to attend closely to the way in which all subjective experience and behavioral expression, whether in states of functional normality or pathology, are constantly and pervasively affected by the dynamic compromise of motivations stemming from the id, ego, and superego in relation to each other as well as to the changing external reality. Rather than suggesting merely that "compromise formations" or "a compromise formation" may be present in certain clinical data or may be significant only in certain behavior or pathology, Brenner has underlined the idea of continual dynamic compromise among inevitably contending structurally derived motivations as a supraordinate mode of mental functioning.

Although one would certainly agree with Brenner's comment, quoted by Arnold Richards in his introductory essay, that the important thing is what one says rather than how one says it, Brenner's strikingly individual and effective style of presentation must not be underestimated. Direct and economical, it sets forth clearly stated assumptions, data, arguments, and conclusions which express his intended meaning without ambiguity. This allows the reader to agree or disagree without experiencing the more usual doubts about whether an author actually means what he seems to be saying or is actually saying what he seems to mean.

Brenner is hardly a neglected analytic author; he is widely admired and acknowledged as one of the most influential analytic thinkers in the continuing struggle to preserve the essence and substance of Freudian psychoanalysis as well as to facilitate its further development by close scrutiny and critical testing of both its already existing and its newly suggested concepts. His approach might be described as combining a respect unmixed with awe for the classic elements in psychoanalysis with a demystifying, anti-simplistic skepticism. This volume does him great honor by its explicit dedication, but even more so by the obviously high standard of its contents, contributed by a group of colleagues and students who have experienced and clearly appreciate his influence.

Arnold Richards introduces the book with a comprehensive, critical review and a balanced evaluation of Brenner's work. He traces and highlights Brenner's contributions to psychoanalytic knowledge in several areas: psychoanalysis as science; the drives, aggres-

sion, and structural theory; affects; defenses; and technique. The reader is prepared by this introduction for consideration of the theoretical and technical implications of the papers by the nineteen other authors represented in the volume.

There is additional introductory material contained in a relatively brief comment by Brenner himself. He offers a summary statement of his view of the central importance to be attached to psychic conflict and its consequences for psychic life. He reminds us, while noting that most of us might protest that we do not need reminding, that everything with which one has to deal as an analyst is always the expression of compromise formation. He also refers to his interest in the role of depressive affect and his conviction that it is analogous to anxiety as a trigger for psychic conflict. It should be noted, however, that Brenner's theory of affects, which includes his concept of depressive affect, has so far not struck a particularly responsive chord among most analysts. It still awaits the full discussion in the literature that it deserves and demands. Harrison's paper on affect in this volume addresses Brenner's theory only briefly and tangentially.

The full range of topics in the volume is merely suggested by the several section headings: the theory of psychoanalysis; the concepts of psychoanalysis; the technique of psychoanalysis; the clinical practice of psychoanalysis; the teaching of psychoanalysis; the application of psychoanalysis.

In the section on the theory of psychoanalysis are papers by Jacob Arlow, William Grossman, Leo Rangell, and Theodore Shapiro. Each of them attends closely to one or another aspect of the importance of the fit between theory and practice, the subtle as well as obvious implications of theory for practice, and the particular effects of certain controversies on the development of psychoanalytic theory.

The next section focuses on specific concepts of psychoanalysis: Lucy Biven on perception, Dale Boesky on sublimation, Allan Compton on the object, and Irving Harrison on affect. These authors, along with all the others represented, typically celebrate Brenner's accomplishment not so much by explicit tributes and references to his ideas as by their basic approach to their subjects. In every instance there is meticulous attention to the historical development of the concept, including its varied interpretation and

application, and a demand for logical and clinical coherence in its formulation. Traditional formulations are thus accorded as much but no more respect than is their due on the basis of supporting evidence in psychoanalytic data.

Papers on the technique of psychoanalysis comprise the third section. Several aspects of psychoanalytic technique and the therapeutic analytic process are creatively engaged in the contributions by Sander Abend on the evaluation of the psychoanalytic process, Harold Blum on countertransference, Paul Gray on helping analysts observe intrapsychic activity, and Edward Joseph on the role of insight. The authors, each in his individual style, spell out both the enduring complexities and remaining problems of the issues addressed and, in varying degree, offer helpful suggestions for further clarification.

An excellent group of papers is included in the section on the clinical practice of psychoanalysis. The authors clearly accept Brenner's declaration that the fundamental analytic task is "understanding as fully as possible the nature and origins of each patient's conflicts." That conviction is well demonstrated with unusually detailed accounts of the clinical data supporting each author's assumptions and conclusions. Lester Friedman studies silence as transference resistance and its relation to reconstruction in a latency girl. Theodore Jacobs attends to the temporal relationship between various transference manifestations and the clues provided by those sequences for reconstruction of the past. Yale Kramer offers a remarkably full clinical presentation of the termination of an analysis. Edward Weinshel presents several cases which provide relevant data for enhancing our insight into the role of the superego in the perception of reality. This paper supplements Biven's paper on the psychoanalytic concept of perception as continually subject to the effects of compromise issuing from psychic conflict.

The two concluding sections of the book, on the teaching and the application of psychoanalysis, do not relate as directly to Brenner's work as do most of the other papers included. Martin Wangh discusses the general desirability and particular advantages of a more collegial relationship between teacher and student in supervision. Leon Balter knowledgeably applies psychoanalytic concepts in an interesting study of the implications of individual psy-

chic conflict for aspects of the relationship between religion, the state, and the socialization of children.

The reviewer's unqualified enthusiasm for this book must be quite obvious. In whatever way the authors have been stimulated by Brenner, it is abundantly clear that their own work is vigorously independent and not at all derivative or in any sense imitative. Such a celebratory volume, by colleagues who are themselves so analytically mature and creatively gifted, salutes the man and reflects the quality of his contribution in the best possible manner.

STANLEY GOODMAN (BERKELEY, CA)

FREUD AND THE RAT MAN. By Patrick J. Mahony. New Haven/London: Yale University Press, 1986. 241 pp.

It is axiomatic that every psychoanalyst has a transference to Freud, but the role of that transference in our reading and interpretation of Freud is rarely recognized. Awareness of that transference pervades *Freud and the Rat Man*. Indeed, the author hopes that we will eventually be able to compare divergent readings of Freud, the French and the Anglo-American for example, from a semiotic point of view, thereby disengaging more of Freud's substance from our inevitable personal and institutional biases. If that eventuality still seems distant, Mahony has nevertheless written a stimulating book and one which ought to encourage us to be more aware of the problem.

A photocopy of Freud's original record of the case, easily accessible in the Library of Congress, led Mahony to discover the identity of the Rat Man. This knowledge allowed him to uncover primary sources in Vienna with which to enlarge our picture of the famous patient's family, milieu, and subsequent life. He also pursued all mentions of the case in Freud's correspondence, as well as in the Minutes of the Vienna Psychoanalytic Society, where he discovered two new references to the patient.

In the process of reading the secondary literature on Freud's case, Mahony realized that no one had compared the original record of the case—Strachey does not include all of it—with the published record, so he set about studying Freud's changes and omissions. That careful comparison, together with his extra-textual research, has led him to several interesting conclusions. Perhaps

the most controversial of these is that Freud could not have treated the Rat Man for an entire year. According to Mahony, the treatment could have lasted no more than nine and a half months, from October 1, 1907, until July 15, 1908, when Freud left for a vacation that was to last until the end of September. However, Mahony thinks it is possible that the treatment became quite sporadic as early as April. By painstakingly comparing the original record with the written case, Mahony demonstrates a tendency in Freud to stretch out time in making the transition from writing the process notes to composing the case history. What in the case history is described as a slow and painful transference experience stretching over months actually occurs, according to the original record, over sixteen days.

Mahony attributes a distorting motive to Freud's persistent lengthening of time periods, to wit, his wish to show a completed treatment and impress his new international followers. I agree that the Rat Man's treatment was not the completed analysis Freud considered it; it was more in the nature of symptom removal with major character features and areas of neurosis left untouched so that the patient continued to "scurry" around from employer to employer after his ability to work was restored. I am not, however, entirely convinced by the attribution to Freud of this distorting motive. Tradition has us include vacation periods within the analytic year, and the evidence for only intermittent treatment as early as April is, as Mahony himself says, slim. Other mitigating circumstances—for example, the need to disguise the case or the shorthand nature of the process notes—may not have been given sufficient weight. The textual evidence, on the other hand, seems to me to support the observation that Freud consistently lengthened time periods in writing up the case history. This discovery has much bearing on Freud's use of transference.

My willingness to look for mitigating circumstances and Mahony's accusation of distortion both need to be subordinated to Mahony's larger, more important thesis: "we should conceive of a reading alliance according to which we as agents participate and observe ourselves in our reading of Freud" (p. 221). These tendencies should be kept in mind by future readers of Freud's case.

One of the author's many services is to underscore the degree to which Strachey's translation obscures the process in Freud's

writing. Freud's style, Mahony reminds us, is a "coiling," open-ended one in which the author returns to his original idea several sentences down the line, modifying and enlarging on it. Mahony demonstrates how Freud's conflicts, evoked by those of the Rat Man, manifest themselves in this coiling style. Freud wavers, doubts, and contradicts himself theoretically from one paragraph to the next, for instance. Mahony also shows the influence of those evoked conflicts on the tortured structure of Freud's write-up and on his internally contradictory psychodynamic formulation.

One of the problems pervading the write-up—as well as the treatment—is that Freud had not yet discovered the link between obsessive-compulsive neurosis and regression to the anal stage. This statement may surprise us. We tend to read our current knowledge of Freud into his past writings, but as Mahony points out, the theoretical insight linking obsessive-compulsive neurosis with anal regression appears only in 1926.

Not only do we tend to assume that Freud was aware of his later theoretical discoveries before he had actually discovered them, but we also tend to read current ideas of treatment into Freud's early theoretical statements. For instance, the process of working through, which Freud introduced in "Remembering, Repeating and Working-Through" in 1914, is often thought of in the same way as what we mean today by working through of transference resistance. The early concept of working through, however, involved the analyst's struggle to get the patient to accept the analyst's solution to the puzzle posed by the neurosis. As late as 1920, Freud wrote: "In the first [phase of the analysis] the physician procures from the patient the necessary information, makes him familiar with the premises and postulates of psycho-analysis, and unfolds to him the reconstruction of the genesis of his disorder as deduced from the material brought up in the analysis. In the second phase the patient himself gets hold of the material put before him; he works on it, recollects what he can of the apparently repressed memories, and tries to repeat the rest as if he were living it over again. In this way he can confirm, supplement, and correct the inferences made by the physician."¹ If resistance to such a decoded solution is transference resistance, it is of a very specific

¹ Freud, S. (1920): The psychogenesis of a case of homosexuality in a woman. *S.E.*, 18:152.

kind. It is not surprising that we are put off by the authoritarianism of that position and react by misconstruing and modifying the original concept. We need, at least, to be aware of how our transference motives will tend to encourage us to misunderstand what Freud is saying in a particular paper.

In this vein, Mahony devotes space to consideration of the Rat Man's transference and to Freud's handling of that transference, including the well-known enactment of the torture to which Kanzer² pointed before the original record was available. Mahony compares its manifestations and handling with Freud's later pronouncements. He concludes, and rightly so, I think, that "we do not see in the Rat Man case any persistent evidence of transference liquidation as a preeminent goal; instead, Freud seemed chiefly to use the transference in a retrospective way, reconstructing the great rat idea and convincing the patient of his rage toward his father" (p. 93).

Whether it is in these passages, or in others which consider the Rat Man's pathology, Mahony writes as an analyst and maintains a Freudian perspective. This book does not debunk. Rather, it applies the conceptual tools which Freud created to Freud's treatment and write-ups themselves.

Mahony's style is highly condensed. The book is packed full of insights, solid scholarship, and interesting perceptions of familiar material. While reading it I found myself continually interrupted by questions, ideas, and new trains of thought. One minor criticism: the garish orange and purple dust jacket smacks of a sensationalism that is not warranted. If it deserves a better wrapping, the book inside will nevertheless grace your personal library long after the jacket has worn out.

GAIL S. REED (NEW YORK)

THE BOURGEOIS EXPERIENCE: VICTORIA TO FREUD, VOL. 1 THE EDUCATION OF THE SENSES; VOL. 2, THE TENDER PASSION. By Peter Gay. New York/Oxford: Oxford University Press, 1984, 1986. 534 pp., 490 pp.

In contemporary psychoanalysis Peter Gay occupies a unique position. He was already a full professor of history at Yale and the

² Kanzer, M. (1952): The transference neurosis of the Rat Man. *Psychoanal. Q.*, 21:181-189.

author of a number of distinguished books when he undertook training at the Western New England Psychoanalytic Institute.

The books under review are the fruits of this experience. A third book, *Freud for Historians*,¹ has also appeared, and a biography of Freud is promised. These books are written with an enthusiasm about the contribution psychoanalysis can make to history that is familiar to us from the writings of the psychoanalytic pioneers but is rarely found in contemporary social science.

The impact of Freud is already discernible in the division between a book on sex and another on love. The theory of the two currents developed by Freud in 1905 organizes the material. By the arrangement of the material the author tells us that failure to combine the tender and the sexual currents, which Freud said characterized many neurotics, was characteristic of the nineteenth century as a whole.

The proclaimed aim is to integrate psychoanalysis with history so as to produce not psychohistory but history informed by psychoanalysis. The building blocks will be those of Freud—love, aggression, and conflict. But the edifice will be cultural history, the bourgeois experience from 1835, when Victoria ascended the throne, to 1914, when the guns of August ended an era, damaging the rule of the bourgeoisie beyond repair. Freud is his mentor, but Gay is also an ego psychologist in the tradition of Hartmann. He wants to give equal attention to the pressures of such realities as urbanization and the introduction of the railroads and to the influence of wishes, whether they are acknowledged by the subject of the historian or not.

The core of Freud's theory of society is the "fundamental idea that all civilization . . . extracts sacrifices from the instinctual drives, and forces the scaling down, postponement, or surrender of certain gratifications" (Vol. 1, p. 418). It is to the author's credit that he takes this idea, which by itself offers little chance of differentiating one culture from another, and applies it to the culture created by the bourgeoisie.

To this reviewer it seems, however, that what the author has absorbed from Freud is the awareness that enormous anxiety plagued the lives of the Victorians. The world was changing rap-

¹ Reviewed in this *Quarterly*, 1987, 56:402-403.

idly; the bourgeoisie was challenged on many fronts. It was criticized by the aristocracy and the clergy for its materialism and by the Socialists for its avarice. Most painfully, it was ridiculed by its own avant-garde. Gay points out that the bourgeoisie needed its prudishness, reticence, and hypocrisy to sustain its self-esteem. All cultures, he suggests, separate to a degree the private from the public sphere, but the bourgeoisie was particularly emphatic on this point (Vol. 1, p. 446). For example, George Sand's wearing trousers and smoking cigars evoked their hostility because it was an attack on their insecure gender identity.

The separation between public and private domains leads Gay to his central thesis. In their private lives the Victorians were not nearly so repressed sexually or as incapable of loving as the literature would make us believe. They were capable of both love and potency and succeeded in combining marriage with a rich sexuality.

How to apply the findings of psychoanalysis to the study of a culture is as yet an unsolved problem. Professor Gay makes extensive use of diaries as equivalents of the psychoanalytic case history. It is astonishing how extensively the diary was used in the nineteenth century. Mothers gave diaries to their children as birthday gifts, and lovers wrote in each other's diaries. The diaries were used for many purposes—to cool passions, to strengthen failing controls, to provide outlets for pent-up emotions, and in emergencies to keep the writer sane. In 1927 Bernfeld published a short study of the diaries of young people, and later a paper on the unsuccessful diary,² but as yet no comprehensive psychoanalytic work has been done on the function of diaries as a whole. To this reviewer it seems that one can look upon the diary as having something of the quality of a transitional object, occupying the "me and not me" psychic territory.

The star witness in the first volume is Mabel Loomis Todd, who faithfully recorded in her diary every orgasm she had with her husband and her lover. She admirably illustrates the thesis of the book, and she could not have been the only Victorian woman to regard the "sweet communion" as the high point of her life. If we delve deeper into her diary, I believe we will come to recognize

² Bernfeld, S. (1927): Historische Jugendtagebücher. *Ztschr. angew. Psychol.*, 30:174-179; (1931): Ein missglücktes Tagebuch. In *Trieb und Tradition im Jugendalter: kulturpsychologische Studien an Tagebüchern*. Leipzig: Barth.

that she belongs in the second volume, for, while her sexuality is not puzzling, her love life is. Of her married sexual life she writes, "Every night he undressed me on the bright Turkey rug before the fire, then wrapped me up to keep me warm, while he put hot bricks into the bed. Then he took me in his arms and tucked me safely in bed and kissed me over and over. . . . After parties he did the same and loved me so." One cannot read these lines without feeling that central heating is an enemy of Eros. The ardent love and happy sexuality in them leave us entirely unprepared for the fact that Mabel, with the approval of her husband, entered into an extramarital relationship of long duration with the most distinguished man in Amherst, Massachusetts, the brother of Emily Dickinson and a man old enough to be her father. What is remarkable is that she recorded no guilt feelings or indications of intrapsychic conflict. She stood up well to social criticism, which in any case was surprisingly mild for such a New England town. Gay points out that a transference from her father to her lover was involved. Indeed, she greatly idealized her father but this does not account for the apparent absence of conflict. Mabel Todd's lack of guilt may be understandable in terms of Jacobson's³ concept of the "exceptions." Psychologically speaking, I see her as an aristocrat rather than a bourgeoisie. In my own theorizing on love⁴ I suggested that for many the transfer from an oedipal incestuous tie to a nonincestuous one takes place in stages. Her husband, too, must have received some of the father transference, for otherwise there would not have been such marital sexual bliss. Her husband also had her father's occupation, that of astronomer. I would also see her husband as in part a maternal object and would interpret the fireside scene as a maternal tucking in. In accepting her lover, her husband unconsciously played the role of a mother who offers no obstacle to a girl's love for her father. In so doing, he gained his wife's gratitude, and the triangle gratified the needs of all participants.

Perhaps more could have been done with Mabel's fear of be-

³ Jacobson, E. (1959): The "exceptions." An elaboration of Freud's character study. *Psychoanal. Study Child*, 14:135-54.

⁴ Bergmann, M. S. (1987): *The Anatomy of Loving*. New York: Columbia University Press.

coming a mother and the extent to which pregnancy vicariously satisfied her husband's need. In a 1917 paper, Freud⁵ speculated that in the phallic phase the girl has two prospects: she can develop her femininity through a desire for the penis and she can develop her maternity by a desire for a child. Under ideal conditions both wishes develop harmoniously. Mabel Todd, however, developed her femininity at the expense of her maternity.

Of the many interesting topics discussed in these books, of special interest to a psychoanalyst is the chapter on masturbation. Long the domain of religion, "self-abuse" became a medical problem in the nineteenth century. The chapter is one of the darkest in the history of medicine, as each physician competed with the previous one in describing the horrors that await the weaklings who cannot resist this "vice." They wrote without any need for evidence. Gay speaks of the "masturbatory insanity" that held that century in its grip, but he concludes that it is easier to document it than to explain it. In light of this chapter, the 1912 discussion on masturbation at the Vienna Psychoanalytic Society gains in significance, as does Annie Reich's 1951⁶ discussion of that meeting. Freud still maintained that masturbation, as an incomplete sexual discharge, causes spinal irritation and the symptoms of neurasthenia headaches, constipation, and fatigue. The background provided by Gay makes these views understandable.

The second volume opens with Freud's idea that the contrast between freedom and control is critical in all civilizations, not least in regard to love. The conflict that Freud described between the tender and the sensuous, the Victorians would have labeled as a conflict between the spiritual and the carnal. Lacking ability to see the problem of love in maturational terms, the Victorians debated love in philosophical terms. Indeed, theorizing about love characterized the century. Of the two great thinkers on the subject, Stendhal retained in conscious memory the full sexual feelings he had had for his mother and the jealousy he had experienced toward his father. Schopenhauer, on the other hand, had been sub-

⁵ Freud, S. (1917): On transformations of instinct as exemplified in anal erotism. *S.E.*, 17.

⁶ Reich, A. (1951): The discussion of 1912 on masturbation and our present-day views. *Psychoanal. Study Child*, 6:80-94.

missive to his father and had hated his mother. Of particular interest are Balzac's anxieties. He was convinced that every young wife after a short period of adoration of her husband becomes disillusioned and is ready for an affair. His anxiety is at variance with Gay's portrayal of the Victorians as secure in their love behind their private walls. Emma Bovary illustrates Balzac's anxiety. It suggests to me that the liberation from household chores and the newly acquired time for leisure presented a temptation to women who were recently risen to the ranks of the bourgeoisie.

Of special interest to psychoanalysts is the chapter entitled "The Price of Repression." It was generally assumed at the time that the nineteenth century was a "nervous century." America led the world in nervousness, but Europe was quickly catching up. This belief was shared by novelists such as Zola and physicians such as the American George Beard, who introduced the term neurasthenia. The nervousness was attributed to steam power, the telegraph, and the mental activities of women. When Freud speculated about modern nervousness and the discontents produced by civilization, he was the child of that century. When he laid emphasis on repression, he followed Diderot and Nietzsche.

These two books are unusually rich in detail. The last chapters, presented as a "Bibliographical Essay," are an inexhaustible source of material, since Freud, his colleagues, and his patients were all children of their century.

MARTIN S. BERGMANN (NEW YORK)

PRAGMATISM'S FREUD: THE MORAL DISPOSITION OF PSYCHOANALYSIS. Psychiatry and the Humanities, Vol. 9. Edited by Joseph H. Smith, M.D., and William Kerrigan, Ph.D. Baltimore/London: The Johns Hopkins University Press, 1986. 184 pp.

Knowingly or unknowingly, we are in the midst of an epistemic revolution (the collapse of Cartesian-Newtonian metaphysics, and the emergence of new ways of thinking as yet scarcely articulated). The conventions of "scientific explanation" as well as the traditional language of rationality are being undermined, and consequently we are compelled to face the subversion of every fixed and final foundation for moral deliberation. Freud's discoveries stand at the head of this century's so-called "linguistic turn" (and hence

of the present epistemic shift). And in this volume Richard Rorty, the American prophet of "post-Philosophy" and polemicist for a "postmodernist pragmatism," briefly explores some of the dilemmas for moral philosophy into which Freud casts us. The volume, the ninth in the eminent *Psychiatry and the Humanities* series, includes Rorty's contribution and eight essays by respondents.

Since the modern episteme has become problematic, we can no longer appeal to some absolutized theory of knowledge upon which to ground standards for human conduct. Thus, our notion of the conditions under which the human subject thinks and acts becomes crucial. Here Rorty suggests that we are far from having assimilated the implications of Freudianism for moral philosophy, and he focuses on "the way in which Freud, by helping us see ourselves as centerless, as random assemblages of contingent and idiosyncratic needs rather than as more or less adequate exemplifications of a common human essence, opened up new possibilities for the aesthetic life" (p. 12). According to Rorty, Freud discovers the unconscious as being "one or more well-articulated systems of beliefs" (p. 6). The human subject is thus partitioned into various "quasi-personages," each of which operates with its own species of "rationality," and none of which can be privileged. Such a discovery, he argues, implies a moral obligation to bring these quasi-personages into some kind of "edifying" conversational partnership, as if in an effort to recenter a "self" that can never be recentered.

For psychoanalysts, interest in this volume will hinge upon the extent of each individual's agreement—or lack thereof—with Rorty's "reading" of Freudianism. It is a conservative "reading," much influenced by Philip Rieff and Alasdair MacIntyre, although deployed toward more contemporary ends. With the exception of Roy Schafer's endeavors, Rorty seems regrettably unfamiliar with other "rereadings" of psychoanalysis, such as the revisionism of structural-functional theorizing or the Lacanian reformation. Even more surprising, his purview of recent philosophically oriented work in this field seems very restricted. Despite these and other limitations, the paper is interestingly provocative.

The remainder of the volume is something of a *mélange*. Richard King offers some valuable criticisms of Rorty's thesis. Yet too many of the other contributions scatter away from the an-

thology's proclaimed purposes. Some make a connection with Rorty's work only indirectly. Some are scarcely even connected to a more general vision of pragmatism's postmodernist deliberations. They include a discussion of Carol Gilligan's research on moral reasoning, an analysis of Petrarch's desire for fame, and several excursions into Freud's biography. Almost invariably, they suffer the same restrictiveness of purview as Rorty's paper. And with one exception—an essay by Joseph Smith on “primitive guilt”—they are all written by academics trained in Anglo-American philosophy or in literary criticism.

The intellectual and cultural transformations in which psychoanalysis is implicated—the shifts in which we are now all embroiled—are profoundly consequential. In this context, I would like to have seen a greater commitment to radical debate in the makings of this volume. Its mandate is impressive, but its results are disappointing—both philosophically and psychoanalytically.

BARNABY B. BARRATT (SOUTHFIELD, MI)

THE FREUD SCENARIO. By Jean-Paul Sartre. Edited by J.-B. Pontalis. Translated by Quintin Hoare. Chicago: University of Chicago Press, 1985. 549 pp.

In 1958 the film director, John Huston, invited Jean-Paul Sartre to write a screenplay about Freud's discovery of the unconscious determinants of the neuroses and of the psychoanalytic method for obtaining access to them. This is surprising, since Sartre's animosity toward psychoanalysis was well known. Recently, however, Sartre had read the first volume of Ernest Jones's biography of Freud, which had just appeared in French translation, and the correspondence between Freud and Fliess, which had appeared in French two years earlier. According to Pontalis, Sartre's reaction to these works was delight at “discovering” that Freud had not been the ambitious, armchair theoretician and doctrinaire philosopher he had thought him to be, but had been driven to heroic investigations by the need to free himself from his own neurotic conflicts.

Sartre went back to the Breuer-Freud *Studies on Hysteria*, the case history of Dora, and Freud's account of his own dreams in *The Interpretation of Dreams*. He studied them carefully and in 1959 wrote

a screenplay for Huston that would have made for a film lasting about seven hours! He complied with Huston's request that he revise it, but instead of shortening it, he began to produce a screenplay that was becoming even longer than the first one. He did not finish the second version, as he eventually lost interest in the project. Huston turned the screenplay over to two screenwriters who transformed it so much that Sartre asked that his name be omitted from the credits of the film. It appeared in 1961, with the title, *Freud, the Secret Passion*, starring Montgomery Clift and Susanah York.

Sartre's original version, discovered a few years ago among his papers, comprises the bulk of this volume. It was extremely popular after it appeared in France in 1984. Pontalis has supplemented it with extracts from the second version and the synopsis of the screenplay which Sartre wrote in December 1959 as a proposal to Huston. It is difficult, as Pontalis points out in his Introduction, to tease apart the extent to which Sartre is reading Freud in this fictionalized depiction of him and the extent to which Freud is influencing Sartre to reveal himself; clearly, there are strong elements of both.

Freud comes alive in a much more appealing and exciting way in Sartre's original screenplay than he does in the film that Huston made. The latter presents Freud as a dogged investigator who courageously pushed on in his quest for the truth despite his shock and revulsion at what he unearthed in the course of his exploration. But Freud the person is muted, subtly depersonalized, and lacking in depth and dimension in the film. It is the startling and horrifying discoveries that command our attention. They are presented in a dreamlike, shadowy form that accurately reflects their impalpability, their location in the world of fantasy, but that distances them from the human beings who are haunted by them.

Not so in Sartre's original screenplay. Freud leaps from the pages as an undeniably human, flesh and blood, multidimensional being. Sartre depicts Freud as ambitious but self-effacing, fearful and timid when he is not impetuous, detached and restrained except when his passions burst the fetters that bind them, and hopelessly entangled in the strands of a conventional morality that is choking him even as he seeks to tear aside the veil of hypocritical subterfuge which humanity employs in order to deify itself. It is, in

short, Freud as a remarkable, complex, but imperfect *man*, struggling to free himself from the demons of his own unbearable neurosis, that emerges from Sartre's manuscript much more saliently than does Freud the intrepid, stubbornly persistent scientist and explorer.

Certain qualities of Freud's personality and life situation attracted Sartre's personal interest, as Pontalis observes in the Introduction. Freud's struggle to free himself from an intensely ambivalent attachment to a father who failed him in his need for a powerful paternal inspiration does dominate Sartre's portrait of him in the script. Complementing this is a depiction of Freud as hopelessly, slavishly in love with his mother. What Sartre has written, above all, is an account of what he perceived as Freud's overriding need to free himself from a powerful oedipus complex that forced him to search compulsively for an idealized father figure to whom he outwardly had to subjugate himself while unconsciously he longed to break away. These conflicts, Sartre indicates, prevented Freud from becoming the free, self-realizing individual he longed to be until he devised psychoanalysis as a means of conquering them.

Sartre, according to Pontalis, saw in Freud a kindred soul whose quest for a fatherless, self-determining existence as an intellectual leader resonated with his own efforts to come to terms with the early loss of his father (and to overcome the problems in his relationship with his mother).

Sartre's screenplay makes for interesting reading. It also is a reminder that our discipline was founded by a man whose search into the psychological depths was powered not so much by personal ambition as by an intrepid quest for the truth, about himself as well as about others, however unsettling and painful that truth might be.

At one point in the screenplay (pp. 297-298), Freud encourages a young woman with hysterical symptoms to embark with him on his new method of psychological inquiry, one that replaces hypnosis with a courageous search within oneself, via free association, to uncover the inner sources of the problems. When he describes the free associational method to her, she replies, "It's like a parlour game." "Yes," says Freud, "the truth game." This is melodramatic,

but in its context within the screenplay, which after all is a piece of theater devised for a general audience, it conveys a clear and positive message.

In this age of political rivalry and charismatic appeal, we are well reminded of Freud's unswerving devotion to the search within rather than to convenient closure and disavowal of the problematic or the uncomfortable. And we are well reminded of Freud's search for the truth rather than for personal profit or self-aggrandizement. Sartre's screenplay is not an important work, but it is worth the attention of psychoanalysts.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

THE YOUNG FREUD. THE ORIGINS OF PSYCHOANALYSIS IN LATE NINETEENTH-CENTURY VIENNESE CULTURE. By Billa Zanuso. Oxford/New York: Basil Blackwell, 1986. 202 pp.

Despite the alluring title, there is little that is new here for someone in the field, and, as an introduction, the book leaves much to be desired. The work can be criticized on its internal organization as well as on its presentation of psychoanalytic theory.

In the first several chapters, the author uses quotations and plot summaries of period novels and current historical works to paint a picture of the latter half of nineteenth-century Austria. Her purpose here is to show whence Freud and his theories arose and to show (yet again) reasons for the hostile reception of his work.

She describes the well-defined roles of persons in a middle-class family as paralleling the political order desired by Emperor Franz Josef. She stresses the importance of the nuclear family, obedience to the father, the concept of the innocence of the child, and the sadistic punishment of the child who was not innocent or well behaved. She describes Vienna as a city of paradoxes in which one could see the transition from "rational man" to "psychological man," who, she says, was "a more interesting but also more dangerous and unpredictable creature . . ." (p. 47). She mentions the theme of "the double" as presented in Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) and Oscar Wilde's *The Picture of Dorian Gray* (1891), and relates this to Freud's concept of conscious and unconscious.

While the depth and detail of her portrait in these chapters is less than impressive, one expects to encounter a subsequent attempt to relate it to the rest of the work in more than a cursory way. When this does not occur, one is left with some confusion as to what the author's purpose is. In fact, her purpose seems to shift as the work moves on, and, at the end, we are told that her "aim was to introduce the reader to Freud's philosophy, to retrace his early struggles," as well as to arouse an interest in reading "Freud's own supremely lucid texts . . ." (pp. 189-190).

Zanuso reviews a fair amount of early psychoanalytic theory including that contained in *Studies on Hysteria*, *The Interpretation of Dreams*, and *Three Essays on the Theory of Sexuality*. She summarizes and stays very close to parts of the original text, liberally using quotations, which makes for a superficial, mechanistic presentation of rich and complex material. For instance, she describes aspects of the dream work (condensation, displacement, symbolism), but does not intertwine meaningful clinical examples which could illustrate how the sleeping mind distorts thoughts and feelings in order to deal with conflict. Or, while she nicely reviews some aspects of the *Three Essays*, she does not emphasize what one would consider to be the organizing concepts necessary for a clearer, more profound understanding of the work: the definition of an instinctual drive and the idea that an instinctual drive has a source, an aim, and an object.

Sticking very close to the original text also promotes some confusion, as when she calls reaction formation a "sub-species" of sublimation. Freud did relate the two in the *Three Essays*, but then he de-emphasized the importance of this relationship in a footnote he added to the text later on.

The depth of Zanuso's understanding of clinical aspects of analytic theory comes into question in several instances. For example, in discussing the etiology and characteristics of neurosis she states that a neurotic outcome is due to the *disruption of balance* of various aspects of the personality. She stresses this rather than the etiologic role of *conflict* between and within psychic agencies, a concept that is much more clinically relevant and useful and that is quite evident throughout Freud's work. Zanuso goes on to say that "it is the failure to find a balance between instinct and defense mechanism which *creates* fixations which may become pathological" (p. 169).

Failure to achieve such a balance is as much the *result* of fixation; but, again, even resolving this confusion would not contribute much to the concept's clinical or theoretical value. "Balance" seems to refer to a "normal" or asymptomatic state, but doesn't a symptom represent a balance of drive and defense as well?

Another area where there seems to be a limited depth of understanding is the discussion of transference, a phenomenon whose clinical value she feels Freud fully appreciated earlier than he probably actually did. Zanuso does not stress the transference as a resistance to remembering which the analyst interprets. Also, in her review of the oedipus complex, she does not mention the idea that in resolving his oedipal conflicts by identifying with his father, a boy develops his superego. While the young Freud may not have emphasized this (structural theory and superego formation are the subject of his 1923 work, *The Ego and the Id*), it belongs in any current summary of his views. Finally, on the subject of *The Ego and the Id*, Zanuso refers to this work as a "synthesized systemization of the ideas included in earlier theoretical and clinical studies . . . a seminal book [for] the reader who wishes to extend his knowledge of Freudian theory" (pp. 149-150). Structural theory is more than a mere synthesis of pre-existing theory: it represents a revolution in psychoanalytic thought which continues to have a major impact on treatment. Even if one wishes to restrict one's subject to earlier writings, this point should be acknowledged accurately.

The high point of the book is a chapter on Freud's work with Charcot, Bernheim, and Breuer. Included in this chapter is a "Digression" on hypnotism which is basically a summary of Ellenberger's *The Discovery of the Unconscious*.¹ Never having read Ellenberger's book, I found the material on Gassner and Mesmer to be fascinating. Also, I felt that Zanuso's attempt to delineate essential differences between Freud and Charcot, Bernheim, and Breuer was accurate and well summarized.

As the author herself says, this book is meant to introduce Freud and his work. It does this, but the Jones biography and Brenner's

¹ Ellenberger, H. F. (1970): *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*. New York: Basic Books. Reviewed in this *Quarterly*, 1974, 43:303-306.

An Elementary Textbook of Psychoanalysis do it better. Finally, there is no better place to begin than with Freud himself.

ROBERT E. FISCHEL (NEW YORK)

JACQUES LACAN AND THE PHILOSOPHY OF PSYCHOANALYSIS. By Ellie Ragland-Sullivan. Urbana/Chicago: The University of Illinois Press, 1986. 358 pp.

THE WORKS OF JACQUES LACAN. AN INTRODUCTION. By Bice Benvenuto and Roger Kennedy. New York: St. Martin's Press, 1986. 237 pp.

At least six books on Lacan have recently appeared. The best one is Shoshana Felman's *Jacques Lacan and the Adventure of Insight* (Harvard University press, 1986). I call attention to it here because the reader should not confuse it with Ragland-Sullivan's book, which resembles it in name but in nothing else. The reader interested in learning about Lacan will find Felman's book superbly clear about both theoretical and clinical issues. In contrast, Ragland-Sullivan, Professor of English at the University of Florida, writes in a rambling, confusing, polemical manner that leaves the reader feeling mystified. The clear distinction Lacan makes between the ego and the subject becomes completely blurred and confounded by her stress on an entity she calls the "*moi*." In addition, the emphasis she gives to "official versions" (p. 309) and "official texts" (p. 310) suggests a concern for orthodoxy and doctrinal purity that is matched by her idolatry of Lacan, who, as she states, for example, "lived with the unusual burden of seeing further than his fellow beings" (p. xxi). We do not profit from such banalities as the assertion that Lacan used Freud's text "to explain the mysteries of the human drama" (p. 56). On the contrary, Lacan did not explain mysteries when he wrote that "the principle characteristic of my own human life . . . is that life is something which goes, as we say in French, *à la dérive*. Life goes down the river, from time to time touching a bank, staying for awhile here and there, without understanding anything. . . ."¹ Perhaps the worst thing in this bad book is the way the author presents Lacan as if he were claiming to be "correcting" the

¹ Lacan, J. (1972). Of structure as an inmixing of an otherness. In: *The Structuralist Controversy: The Languages of Criticism and the Sciences of Man*, ed. R. Macksey & E. Donato. Baltimore: Johns Hopkins Univ. Press, p. 190.

errors of Freud and the philosophers (p. 54) when Lacan clearly stated that "there can be no question of going beyond Freud."²

The aim of Benvenuto and Kennedy in *The Works of Jacques Lacan: An Introduction* is to give a clear introduction to Lacan through a "historical exposition of his main ideas" (p. 9). They begin with his doctoral dissertation on paranoia, written in 1932, and end with a discussion of his seminar of 1972-1973, *Encore*, concerning female sexuality. Along the way, the authors focus on specific essays from Lacan's *Écrits* that deal with the mirror stage, the ego, the function of speech in psychoanalysis, Poe's story, "The Purloined Letter," and the essay on the agency of the letter in the unconscious. They present a fine treatment of the oedipus complex that compares Lacan's views with those of Melanie Klein and draws on Lacan's re-reading of the Little Hans case; and they explicate Lacan's notion of psychotic structure with the help of Schreber and the Wolf Man. They end with a consideration of female sexuality as a topic that challenges the limits of psychoanalytic theory.

In covering forty years of Lacan's work, the authors generally strive for clarity and do not engage in polemics (though Kennedy has an annoying habit of frequently registering his disagreements with what he takes Lacan to be saying). While they are eminently fair without idolizing Lacan, they fall into some of the standard stereotypical channels of thinking about Lacan, as when they write, for example, that "Lacan was not particularly interested in empirical data" (p. 109). This is simply not true, for Lacan draws on empirical findings often when he finds in them verification for his thinking. Again, to say that "Lacan dismissed the Freudian notions of idea and affect" (p. 168) is to miss Lacan's preoccupation with Freud's treatment of *Zeichen*, *Vorstellung*, *Repräsentanz*, and related notions, and to misread Lacan's notion of desire, which is inconceivable without the concept of affect. The book, moreover, tends at times toward an imprecision that ends by reflecting back Lacan's own imprecision, a result that is facilitated by the author's tendency to simply paraphrase or quote Lacan precisely when a difficult issue requires some explication or comparison with other texts.

JOHN P. MULLER (STOCKBRIDGE, MA)

² Lacan, J. (1977). *Écrits: A Selection*. Translated by A. Sheridan. New York: Norton, p. 221.

STRUCTURE ET PERVERSIONS. By Joël Dor. Paris: Editions Denoël, 1987. 285 pp.

This book deals with the theory of perversion. The author is a disciple of Lacan. To make what follows intelligible, I shall first have to discuss his usage of some words. The word "structure" is used by French psychoanalysts to refer to the psychodynamics or the metapsychology of a specific psychopathological state. For instance, they refer to a hysterical structure, an obsessional structure, etc. The word "*désir*" used by the author also requires some comments. Strachey translates Freud's "*Wunsch*" by "wish," the French by "*désir*." One might think that there is not much difference between "wish" and "desire" but the latter has somewhat more of a libidinal connotation. Try substituting "wish" for "desire" in the title of Tennessee William's play, *A Streetcar Named Desire*, and you will see what I mean.

The author's first point is that psychoanalysts should not diagnose according to the outward manifestations of a patient's behavior but according to the patient's structure. He provides a clinical example of a patient with self-mutilating behavior whom he labels hysteric.

He asks the question whether there is such a thing as a perverse structure and answers in the affirmative. He quotes from several of Freud's papers, but primarily from "The Loss of Reality in Neurosis and Psychosis" (1924) and from "Fetishism" (1927). The latter is the main fountainhead for the author's theoretical formulations.

According to Dor, the metapsychological mechanism which underlies the perverse process is "pregenital identification." He describes it as follows: "Pregenital identification is, first and foremost, a phallic identification to the extent that it is identification with the maternal phallus. . . . The dynamics of the child's desire lead him to regard himself as the only possible object of the mother's desire" (p. 133). The child therefore disavows that there is someone else (i.e., the father) who is the object of desire on the part of the mother.

The author accepts Lacan's trilogy of the real father, the imaginary father, and the symbolic father. The last is the most important one for development; and the child discovers him through the

mother's discourse. It is because the mother's discourse is ambiguous with respect to her wish for the father that the child can encapsulate the perverse identification.

Hysterics and obsessionals accept the role of father, as well as its corollaries, the "law of the father" and castration anxiety. In homosexuality there is a total disavowal of the mother's castrated state, while in fetishism there is the elaboration of a substitute.

The ambiguity which characterizes the attitude of the pervert with respect to the father results from the *real* (italics mine) seduction of the child by the mother with silent collusion of the father. The attitude of the pervert toward the father centers upon defiance and transgression.

To acknowledge that the disavowal of the pervert addresses itself essentially to the desire of the mother for the father is implicitly to deny the differences between the sexes. The pervert recognizes the "law of the father" (and castration) as a boundary in order to subsequently prove that this boundary might not exist, since it is possible to risk crossing it (p. 194).

The author agrees with Lacan that the essential condition for psychosis is the exclusion (*forclusion* in French) of the "Name-of-the-Father." The psychotic refuses to accept the idea that castration may apply to him.

The transsexual, according to Dor, confuses the real penis as an anatomical organ with the phallus as a symbol. Since the operation to which he subjects himself only deals with the anatomical penis, he is disappointed with the result.

In the hierarchy of increasing pathology, the author places neurosis, then perversion, then transsexualism (a view very different from that of Stoller, the only American author he quotes), and then psychosis.

Women, Dor states, do not have a perverse structure. This is a surprising statement, but it becomes less so when we realize that the argument on which it is based is not fundamentally different from the one Freud used in 1924 to attribute a different superego to men and women. In female homosexuality, according to the author, the woman tries to prove to her father that she can give her partner more pleasure than a man can.

The author is indebted to Lacan not only for his theoretical

framework but also for his assistance with technique. For instance, in describing his work with the self-mutilating patient mentioned, he states that he stopped the session when the patient partially disrobed herself in order to show him her scars. Lacan's use of variability in the length of sessions was one of the factors which led to his expulsion from the International Psycho-Analytical Association.

The author's view that real seduction leads to perversion while fantasied seduction leads to neurosis, is in my opinion, interesting and important. It also happens to correspond to my own clinical experience. It adds a significant etiological dimension to Freud's paper on fetishism.

The criticism sometimes made of French analysts that they ignore the post-1920 Freud does not apply here. There are references to eight papers from the post-1920 period.

While the author argues cogently in defense of his concept of a perverse structure, he does not attempt any proof that the structure he describes applies to all perversions, or even that in the same perversion a variety of psychodynamic mechanisms may not be at work. Consequently, his argument about the lack of perversions in women is weak. He merely asserts that the perverse structure he describes cannot exist in women, but this does not exclude the possibility that other perverse structures may exist. Few analysts, including myself, would accept the view that the mechanism proposed by the author for female homosexuality is the only possible one. His point that the crucial "loss of reality" (to use Freud's words) in psychosis deals with the denial of father's penis contradicts most of what has been written about psychoses, including consideration of the presence of biological factors.

Nevertheless, I believe that this book is a significant contribution to the psychoanalytic literature on the perversions. I have tried to present the author's point of view as faithfully as possible, but it is obvious that a brief review cannot do justice to such a complex book. In my opinion, the book deserves translation in full.

JAMES NAIMAN (MONTREAL)

MY WORK WITH BORDERLINE PATIENTS. By Harold F. Searles, M.D.
Northvale, NJ/London: Jason Aronson, Inc., 1986. 409 pp.

Harold Searles has the reputation of being a therapeutic virtuoso with difficult patients; a collection of his sometimes hard-to-find

papers on his work in this area is therefore very welcome. The present volume consists of twelve articles, originally published between 1969 and 1986, and lightly revised in the interest of coherence. Although the choice of material leads to more and more repetitiveness as one reads on, the inclusion of ample clinical excerpts avoids the danger of tedium. The heart of the matter is contained in the eight chapters in the sections on Basic Principles, Disturbances in Ego Functioning, and Countertransference.

Throughout the book, Searles writes about "borderline patients" as though he were an adherent of the popular view that these persons suffer from a condition that constitutes a discrete nosological entity. Only his preface, written expressly for this volume, sets forth the idea that he conceives of "borderline pathology" as a ubiquitous aspect of the human condition, evoked by any psychological treatment that goes deep enough. Searles finds it in each of the numerous analysands he mentions; even persons securely within the "neurotic" category develop autistic states in Searles's analyses. Hence, he sometimes properly refers only to "borderline transferences" or a "transference borderline-psychosis," and he is explicit about the fact that these regressive states are *evoked* in analysis by the analyst's willingness to comply with the patient's pressure for a symbiosis. Searles assumes that such a regression goes back to the autistic phase of separation-individuation in Mahler's developmental schema and that some analysts forestall such regressions because of a need to defend themselves against anxieties about separation issues.

Searles vacillates between two incompatible views about his subject matter. These can be designated as the concept of borderline as a pathological entity—as espoused by, among others, Kernberg, Masterson, Gunderson, Volkan, and Boyer—and that of a human capacity to respond to certain contingencies through archaic transferences—a view closer to the ideas of Winnicott, Klein, Kohut, and Modell, and one with which I agree. In parallel with this, Searles alternates between calling his treatment psychotherapy and claiming that it constitutes psychoanalysis. Perhaps the terminological question is not important, for there is broad consensus that the therapeutic recommendations made by Searles are the ones most likely to be successful with borderline patients. When Roy Schafer presented an account of such a treatment in Chicago and hesitated to call it a psychoanalysis, I urged him to refer to it as "superanal-

ysis." This is because I believe that analytic technique has tended to become ossified in a mold appropriate only for the transference neuroses. However, I would have preferred Searles to be bolder and to assert that treatments in which interpretation is less important than nonverbal participation can be considered to be within the psychoanalytic framework.

On the basis of his clinical experience, Searles has chosen to adhere to a nonintrusive, largely silent analytic technique. He has found interpretations to be useful only late in these analyses, after a symbiotic transference has been established. He also concludes that approaching borderline patients with a traditional analytic stance will not do. In agreement with Modell, Searles believes that the analyst must come to serve as a transitional object for the analysand. The uselessness for long periods of time of our principal therapeutic modality places unusual burdens on the analyst. Searles is keenly aware that his predominant silence has very powerful effects on his patients. He correctly notes that such an analytic technique is by no means "neutral." All behaviors of the analyst, including signs of his physiological state, become highly meaningful for analysands. Because of the impairment of the patients' capacity to communicate during states of intense regression, Searles has found that he can best convey his meaning if he borrows from both the analysand's rhetoric and the *tone* of his speech. Although experienced analysts tend to make these desirable adjustments automatically, Searles asserts that they can be achieved most successfully when we are continuously aware of these aspects of our performance.

According to Searles, the most reliable approach to the understanding of these regressions is observation of the analyst's countertransference reactions, a process he describes in terms of the ability to empathize with oneself. The success of such an effort depends on the analyst's capacity to relate to a variety of shifting developmental levels, including that of a "countertransference borderline-psychosis," without taking such reactions literally as the analyst's only reality. Actually, these responses echo aspects of the patient's childhood transactions with caretakers, often beset with severe psychopathology. In other words, in the transference the patient may often assume the role of a childhood caretaker and assign the role of his childhood self to the analyst. For instance, he

may threaten the analyst with abandonment if the latter does not behave as the patient requires, just as the child had been threatened with abandonment by a tyrannical parent.

In order to use countertransference signals constructively in such circumstances, the analyst must be able to rely on a stable sense of his own identity that permits the utilization of unusual reactions as analytic data. For instance, Searles reports understanding that his somnolence in sessions with a particular analysand meant that in the transference the patient was experiencing him as "dead," i.e., as a parent lacking in feelings. Because these regressive states often involve the loss of psychological boundaries, they may stimulate the analyst's own anxieties about "fusion"; premature interruption of treatment with such patients may be experienced with *relief*. Even if the analyst is able to manage his reactions to these archaic transactions, participation in these symbiotic relationships is bound to be upsetting.

Searles asserts that borderline transferences reproduce conditions that originally prevailed during the preverbal period, or, at the latest, when the child was barely learning to communicate with words. For this reason, the analysand tends to confuse verbal statements with the actions they symbolize. Often the transference does not involve a whole human figure from the past. The analyst may be experienced as dead, nonexistent, supernatural, or as an isolated body part, for this is the way the child perceived an important person in early life; occasionally, such bizarre perceptions reproduce the patient's experience of his childhood self-representation. However, these perceptions tend to undergo frequent changes, for the patients lack a permanent, consistent image either of themselves or of their objects. The transference often produces repetition of a lack of relatedness in the childhood past, so that the analyst may feel quite lonely while working with these problems.

At the climax of these borderline transferences, Searles detects the patient's "fragmented inner state." This state may be manifested as unintegrated affective reactions about which the patient does not experience conflict or as the coexistence of split-off parts of the personality and unintegrated attitudes. Some of these may be projected onto the analyst. If the latter reacts to this as if it were the intrusion of alien experiences, he is in a position to integrate this information with the patient's self-experience. Should the ana-

lyst introject these aspects of the transference, there is danger of acting out, especially of the role of a bad mother or of guilt about such tendencies. As part of these primitive transferences, analysts often have a need to reject and avoid empathic relatedness or even to destroy the "holding environment" offered by the treatment.

Searles concludes that in such circumstances interpretation of intrapsychic conflicts would be out of place. Instead, he stresses the reconstruction of the actualities of childhood by means of detecting their repetition in the transference—a difficult task, because the patient's ubiquitous use of the defense of denial tends to lead to the confusion of the transference with an interpersonal reality. Because the transference requires a symbiosis, it is likely that many of the analysand's reactions, especially affects, will first be consciously felt by the analyst; for example, the analyst may begin to feel like an unwanted child. In order to be effective in these contingencies, the analyst must therefore be permeable to the patient's pathology. It is also important, in order to promote the patient's willingness to acknowledge much that is undesirable about himself, that the analyst be able to state that he is permeable to these projections precisely because they echo aspects of his own inner life. The tendency to disavow these qualities often leads to premature interpretations whereby the nascent transference is submerged through the assertion of some current "reality." The acknowledgment of similarities to the patient may lead to an experience of "twinship," or, if this tendency goes too far, to anxiety about the loss of individuality.

Within the confines of this review, I cannot do full justice to the richness of clinical description provided by Searles. Because of these constraints, I have chosen to omit his numerous cogent insights about the mental contents characteristic of the regressive states he describes. I trust I have conveyed my sense that this book fully justifies Searles's reputation as an exceedingly skillful and wise clinician. What remains to be stated is that his therapeutic sophistication is not matched in the conceptual realm. Not only does Searles fail to draw any theoretical conclusions from his treasure trove of clinical data, but even more regrettably, he has encoded his entire presentation in the borrowed conceptual language of object relations theory. For this reviewer Searles's choice of this conceptual framework is unfortunate. In particular, the repeated as-

sertions that the patients' mental life consists of a series of (reified) introjects, that it is rent by means of splitting, and that cure takes place through the internalization of a new object increasingly impressed me as jargon to cover over the poorly understood complexities of archaic mentation. It seems to me that we simply do not know how infants—or *analysands*—learn to behave in a well-adapted manner.

At the same time, it is quite remarkable how cogently Searles is able to discuss the clinical phenomena he considers crucial in borderline states without ever resorting to Freud's metapsychology. There is no reference to either the topographic or the structural models of the mind, no discussion of sexual issues or those involving self-esteem, morality, or castration anxiety, no mention of regression, disavowal, or narcissism. His patients reach levels of regression that are not only beyond the universe of the transference neuroses, but are even beyond that of the kinds of archaic transference that have been most prominently brought to our attention by Kohut.

In terms of my own effort to conceptualize mental life in hierarchical terms, I would say that Searles's book deals with psychological modes that precede the consolidation of a coherent self-organization. His relative success in dealing with these modes of functioning in the conceptual framework of object relations theory is congruent with my view that the principal characteristics of these primitive modes are: (1) the coexistence of unintegrated nuclei of functioning that never come into conflict, (2) the need to resort to the assistance of a symbiotic partner, (3) separation anxiety as the principal threat, and (4) projection as the typical defense. In my judgment, the primary therapeutic task with patients operating in these modes involves the unification of their unintegrated islands of functioning into a single hierarchy of goals.

It is damned difficult to do this, and Harold Searles seems to have the knack of doing it well!

JOHN E. GEDO (CHICAGO)

THE TRANSFERENCE IN PSYCHOTHERAPY. CLINICAL MANAGEMENT.

Edited by Evelynne Albrecht Schwaber, M.D. New York: International Universities Press, Inc., 1985. 181 pp.

This book presents the views of six eminent and often differing psychoanalytic thinkers on the transference in psychotherapy. The

discussions are highly stimulating and informative. They also illuminate issues that extend far beyond what is suggested by the title.

The volume in large part contains the proceedings of a two-day workshop, with the same title, sponsored by the American Psychoanalytic Association, in New York City in 1981. The panelists were Jacob A. Arlow, Eleanor Galenson, Merton Gill, Robert Michaels, Paul Ornstein, and Arthur Valenstein, with Evelyne Schwaber serving as moderator. The format consisted of formal presentations, in which each of the panelists delineated his or her views of transference, followed by a dialogue among the panelists and responses to questions from the floor. Additionally, for the purposes of this book, the moderator/editor has formulated a series of eight questions regarding theoretical and clinical aspects of the transference, to which she has asked each panelist to respond.

For this reader, the most valuable sections are the formal presentations of the panelists. Several use clinical case material as a springboard for their discussions. The choice of panelists insured the inclusion of widely divergent points of view and research interests.

Michels, in a dispassionate, encompassing presentation, lucidly defines the concept of transference and delineates the issues involved. Valenstein discusses, from a developmental point of view, the preoedipal transferences characteristic of patients with more primitive pathology. In his view, these reproduce primitive, preverbal affective states rather than discretely laid down memories. He argues that for such patients interpretation and insight are relatively less effective therapeutic agents than are the experiential, enactive interchanges of the therapeutic situation. Ornstein presents self psychology's conceptualization of the selfobject transference that posits a primary motive force in the form of the patient's "thwarted need to grow." Galenson discusses the ways in which her observational research on infants, particularly that involving preoedipal gender differences, informs her recognition and handling of preoedipal influences in the transference. For Gill, *the analytic setting should be understood as an interaction between two people*. The transference should not be dealt with solely in terms of the patient's distorted perceptions; according to Gill, the contributions of the analyst and of the therapeutic situation to the patient's reactions must be identified before under-

standing of the patient's transference can fully proceed. He stresses the therapeutic primacy of focusing on the present situation rather than on the past. Gill feels that this kind of analysis of the transference (which he considers the defining condition of analysis as opposed to psychotherapy) can be carried out in a broader range of therapeutic conditions (involving frequency of sessions, whether the patient is recumbent or sitting up, etc.) and pathology than is usually considered possible. Arlow sees transference as an endogenously determined, distorted perception by the patient, a compromise formation stemming from unconscious childhood wishes and conflicts. He discusses the complementary roles of intuition and of cognitive discipline in inferring from the patient's presentations the central unconscious conflict, the understanding of which, he states, suggests the best therapeutic strategy and the logical hierarchy of interpretations to be given.

This simplified summary does not adequately convey the depth and richness of the presentations. In the often lively give and take among the panelists following their presentations and in response to the questions from the floor, these positions are challenged and many other issues are raised as well. Included are the questions of transference versus extra-transference interpretations; focus on the here and now versus genetic interpretation; the relationship between theory and technique, and the pitfalls in proceeding from therapeutic results to revisions of theory; the technical differences in the handling of the transference in psychoanalytic versus psychotherapeutic treatments; transference and the "real relationship" to the therapist; and the nature of analytic "knowing."

Less satisfying is the concluding section containing the answers of each panelist to Schwaber's eight supplementary questions. The format is an unfortunate one. Some questions, obviously formulated to present polar alternatives on specific issues, are overly broad, contain vague terms, and, to this reader, ultimately pose false dichotomies. The panelists made a valiant effort to address the questions, but their responses go in divergent directions. Had they been given an opportunity to establish common definitions of terms, a truer comparison of positions would have resulted. Failure to allow the panelists to connect on these issues leaves the reader feeling teased. It can even lead to the suspicion that, in general,

theoretical positions offer a more divergent picture than does actual clinical practice.

In summary, this volume presents sometimes agreeing, sometimes complementary, and oftentimes opposing viewpoints on transference, an issue of central theoretical and clinical importance. Although only partly successful in its aims, it does challenge the reader to rethink the issues and to agree, disagree, or attempt reconciliations and new syntheses from the different views presented in it.

JOHN PAREJA (NEW YORK)

SUICIDE RISK. THE FORMULATION OF CLINICAL JUDGMENT. By John T. Maltzberger, M.D. New York/London: New York University Press, 1986. 174 pp.

The specter of patient suicide is a horrifying potential nemesis to clinicians; therefore the promise of aid in evaluating suicide risk is welcome. *Suicide Risk* is intended to guide the judgment of a variety of mental health professionals, with an emphasized concern for colleagues in training. This slim volume is an expansion of a 1983 pamphlet which Maltzberger wrote in collaboration with Dan H. Buie, Jr. It is divided into five chapters and two appendices. Appendix "A" outlines, in twenty pages, the procedure for obtaining a comprehensive anamnesis and mental status examination, stressing "items that are especially important where suicide is in question" (p. 137). It is routinely distributed to psychiatric residents at Massachusetts General Hospital. Appendix "B" is a risk estimator scale, meant to be combined with clinical judgment. The main text is a guide to the psychodynamic formulation of such judgment.

Chapter 1, entitled "Vulnerability to Suicide," describes the psychology of despair and "giving up on oneself." Three intolerable affect states are discussed: aloneness, self-contempt, and murderous rage. Psychoanalysts will find an excellent sketch of the psychodynamic principles involved in separation-individuation. There are also good descriptions of identifications and introjections. Introduced here and then referred to throughout the book is the

concept of the lifelong need for sustaining relationships in people with ego weakness due to failure of internalization. One illustrative example is Blanche Dubois in *A Streetcar Named Desire*, who “depended on the kindness of strangers.” A sustaining relationship may be with a series of people or with a single family member; but it can also be with a pet, a job, or even an overvalued body part. When loss of the sustaining relationship (or resource) occurs, vulnerability to suicide increases.

The “Suicide Crisis” described in Chapter 2 points up the aggressive nature of the contemplated or acted-upon drive, the frequent occurrence of disturbances of self-object differentiation, the potential for masochistic erotization of pain and suffering, and such common death fantasies as symbolic reunion with Mother Earth. Chapter 3, “Recognizing the Suicidal Patient,” directs us to evaluate “suicide danger based on a psychoanalytic understanding of the patient’s character vulnerability” (p. 50). However, although a partial list of statistically determined high risk groups is presented, the psychodynamics of individuals so categorized are not explored, save to note the pervasive theme of social isolation. The chapter repeats material found elsewhere in the book without further increasing the reader’s understanding of suicidal patients.

Chapter 4, by far the longest (sixty-two pages), is entitled “The Formulation of Suicide Risk.” It contains nuggets of information; however, they have to be culled out of a rather sprawling chapter in which excellent points are made in an unorganized manner. Topics range from the nature of suicide danger in young adults to the methodology of conducting and weighing a mental status examination. Past history, as well as family, developmental, and occupational histories, are discussed. The manner of presentation of clinical material is haphazard throughout the book: there are twenty-nine clinical vignettes, most of them only a paragraph in length. Although meaningful clinical data are desirable to bring the principles to life, there is a plethora of underdeveloped sketches, at times presented in a manner that obliges the reader to leaf back through the pages. Fewer, more substantial case histories would have been more meaningful. The last and by far the fullest vignette is the best. It is contained in Chapter 5, “Pitfalls in Estimating Suicide Danger,” and it clearly illustrates the theme of the

chapter. It tells how failure to rely upon psychodynamic formulation led to release from the hospital of a middle-aged man whose sustaining resources of status, financial security, and a supportive wife had all been lost; and in short order he committed suicide.

Suicide Risk is an expanded pamphlet that needs more work to become a substantial book. Yet it does present crucial concepts in a meaningful way for the psychodynamically oriented clinician. These include the need to define a recent loss of sustaining resources and to evaluate how a patient might have participated in his or her isolation through such behavior as clinging and making accusations. Additionally, we are informed that a patient's regressive methods of coping with loss can themselves cause enough shame, guilt, and decreased self-esteem to precipitate a suicidal crisis. We are reminded that the presence of a major affective disorder, of schizophrenia complicated with depression, or of identification with a dead relative all greatly increase the risk, and that hallucinatory commands are ominous. Finally, we are warned that countertransference mistakes are easy to make with patients who tend to excite sadomasochism in the observer, which in turn can lead to defensive aversion and an unfortunate shuttling back and forth of a suicidal individual. These highlights illustrate why this volume is a welcome departure from more descriptive presentations of suicide risk. Despite lapses in organization and a need for condensation of material in some places and amplification in others, *Suicide Risk* can help to sharpen clinical skills, and teachers might find it a useful guide in the training of mental health professionals.

SYBIL A. GINSBURG (SYRACUSE, NY)

THE PSYCHOTIC CORE. By Michael Eigen, Ph.D. Northvale, NJ/
London: Jason Aronson, Inc., 1986. 387 pp.

This book is a meditation on madness—its nature, description, place in life, and responses to it. Eigen examines his therapeutic experience, psychoanalytic thought (especially Freud, Jung, Winnicott, and Bion), and the contributions of literature, cinema, theology, and history. The wide range of his investigations testifies to the importance and complexity of the subject.

For Eigen, psychosis represents not merely a group of extreme

defensive operations or the splintered fragments of a destroyed personality, but also a group of creative and inherently interesting attempts to deal with universal problems. Eigen tries to understand the meanings and ways of psychosis in their own right. From this viewpoint, psychotic content is inherently significant. In this, he differs from many therapists who use the presence of manifestly psychotic material primarily as an indication of severe distress and dysfunction.

Eigen examines the "core of psychosis" in regard to six dimensions: hallucinations, mindlessness, boundaries, hate, epistemology (by which he seems to mean the basic structuring of experience), and reversal. He reviews what selected thinkers have said, and he illustrates their ideas with his own case material. He applies these categories to the Schreber case and then illustrates their use in an extended case study of his own.

Eigen values the creative confusion, the Winnicottian "muddle," as opposed to simplified pseudosolutions that deny complexity, difficulty, and particularly, evil and hatred. I suspect he would view the reader's frustration at his failure to draw clear conclusions, his tendency to leave things ambiguous, and his long lists of what psychotic material "may" mean, as a welcome indication that he has communicated the inherent difficulty presented by psychosis. His search outside the bounds of analysis for concepts to explain and explore psychosis is a recognition both that the issues he studies have preoccupied people for ages and that the modern therapist can learn much from these efforts.

Unfortunately, the latitude Eigen allows himself often leads to uncritical and partial development of the ideas to which he refers. For example, Eigen likes to call certain aspects of psychotic experience "demonic," thereby bringing his patients' experience into the context of a rich and richly studied field of theological and anthropological thought. The reference calls up the thousands of different types of demons, the equally many ways of dealing with them, and the spectrum of understandings applied to them. All of this could provide food for thought about psychosis, but Eigen does not take this path. He uses the term exclusively to dignify psychotic ideas by viewing them as dealing with matters that have troubled people for ages. He never employs the abundance to which he points. He says, "To discuss issues of human aggression

solely in practical, realistic terms is to miss the mystical, cosmic underpinning of affects" (p. 211) but he does not say what they are and what they have to do with psychosis. For example, when Eigen claims, amazingly using William Burroughs as his source on Moslems (p. 258), that religious Jews and Moslems take a feminine position toward God (like Schreber), he not only oversimplifies but distorts. At another point he alludes to the extensive literature on dissolution and rebirth through another. He says this idea has much that is suggestive about how therapy might work with some psychotics, but he does not elaborate what he means by this. In his melodramatic idealization of parallels between psychotic ideation and certain cultural modes, Eigen glosses over the fact that all people, neurotic and psychotic included, wrestle with certain basic issues, but differ considerably in the way they deal with them.

Similarly, Eigen is careless with the psychoanalytic and psychiatric heritage in the study of psychosis. He assiduously avoids the distinctions among the various psychotic states, without telling us why. Does he believe that the essential processes of what others call schizophrenia, manic-depressive illness, borderline disorders, and organic psychosis are identical? If so, he needs to show us how this is so; he cannot simply ignore the thoughtful workers who have come to an opposing conclusion.

In writing about the development of the self, Eigen ignores empirical investigations. For instance, in studying the relationship of consciousness to the experience of "I," he cites philosophers Sartre and Gurwitsch (p. 229) but no infant researchers and says nothing about the massive psychoanalytic discourse on the relationship of the self to the ego.

Contemporary research on psychotic and borderline states is given particularly short shrift. Kernberg; Abend, Porder and Willick; Kohut; and Arlow and Brenner are treated briefly and without reference to recent development of their ideas. Eigen's preference is for writers who point to the ineffable and who believe that important truths about psychosis cannot be gotten to through ordinary, clear words. Some important contributors to the study of psychosis, notably Wilfred Bion, have employed this style, but simple delight in such discourse is unproductive.

Style communicates as surely as content. Winnicott and Freud tell us almost as much by the way they say things as by what they

say. Eigen enjoys histrionic images—e.g., “His character rigidities had crystallized out of a plethora of shifting states of being” (p. 169)—that suggest something of great importance without saying exactly what it is. One section of the book seems to be filled with “gnomic” individuals. I cannot tell whether Eigen is referring to odd people who keep to themselves, to people whose contorted appearance reflects their character, to the mythic, alchemical guardians of the bowels of the earth who transform base matter into treasure, or to people who condense a great deal into brief maxims. The ambiguity does not enrich the discourse.

Eigen is particularly ambiguous about how he comes to his conclusions about psychotics. What an analyst learns about his patients is profoundly influenced by the way he works with them. Eigen gives us enough material for us to form a reasonable picture of his mode of working. From his extensive examples, Eigen’s approach appears to be psychoanalytically informed but not psychoanalytic. He does not appear to systematically explore and interpret transference or his patients’ ways of defending against danger and pain. Instead, he seems to listen to his patients to see how they handle certain universal themes and then to show them how they might be able to handle them in more rewarding, if still unusual, ways. Mainly, he listens and, it seems, invites the patient to elaborate upon and take seriously his or her psychotic ideas. The therapist serves as a model for the patient, and sometimes he suggests solutions.

One patient, for example, describes her difficulties in understanding men and their bodies. She says men’s bodies keep her separated from them. Eigen queries, “What would happen if you chopped it [the man’s body] up into little pieces first?” (p. 276). There is no material from the patient to suggest that she had had anything of the sort on her mind at any level. Eigen puzzlingly describes his intervention as suggesting a fantasy way of dealing with a difficulty that had not occurred to the patient.

Eigen’s mode of listening is highly influenced by theory. He wonders if he has heard this problem before and what solutions might be available for it. His approach is in many ways educative, although the education he offers is often unconventional. Because he views psychotic processes as inherently interesting, he listens to them in much more detail than does the therapist who focuses

more on other dimensions of the patient's life. He views them as the psychotic "core" because that is where he has chosen to look; those who focus elsewhere think differently.

I want to share Eigen's enthusiasm since, like Eigen, I believe that psychoanalytic exploration of psychosis and borderline states offers great promise, both for our therapy and for the development of psychoanalytic theory. I also agree with him that our field will grow when we make use of insights from a wide spectrum of sources. But I find that he adds little to what has been said before, summarizes those earlier views inadequately, and advocates a mode of listening to and working with psychotic patients which I think is mistaken. Eigen's enthusiasm needs to be accompanied by more careful scholarship and more sharply focused thinking.

ROBERT M. GALATZER-LEVY (CHICAGO)

FEMALE ADOLESCENCE. PSYCHOANALYTIC REFLECTIONS ON WORKS OF LITERATURE. By Katherine Dalsimer. New Haven/London: Yale University Press, 1986, 149 pp.

Katherine Dalsimer's slim volume fills a real need. It is a study of the psychoanalytic theories of female adolescent development—as distinct from that of the male—which is perceptive and eminently readable. She has skillfully integrated psychoanalytic understanding of the stages of female adolescent development with an acute and sensitive understanding of the literary achievements of writers, spanning four centuries, who have been able to communicate to us the inner and outer worlds of adolescence in a way that no clinical description can equal. The result is informative: a series of young women, each chosen to illustrate a particular stage of development, all struggling with the normal tasks of adolescence.

First, Dalsimer elegantly outlines and discusses contemporary psychoanalytic understanding of female adolescence. She follows Peter Blos's outline of the successive phases of adolescence as described in his 1962 book, *On Adolescence*. I found this a complement to Blos's work that was particularly useful to me in constructing a course on adolescence. Throughout the book, the reader can sense Dalsimer's ability to evoke the delight in discovery and accomplishment that is the hallmark of the normal expectable journey through adolescence. She does not neglect controversial issues in

the book. For example, she invites consideration of the changing climates of social opportunities for young women which greatly increase their choices, and therefore, enlarge the tasks of moving into young adulthood.

Dalsimer has, as instructed by Freud, "turned to the poets" rather than to clinical examples to convey to us the experiences of young women. Carson McCuller's Frankie, in *The Member of the Wedding*, endures the torments of preadolescence (motherless and desperately trying to stay attached to family members) as she moves on through a new kind of relationship—passionate friendship—into early adolescence. Muriel Sparks's *The Prime of Miss Jean Brodie* counterpoints Jean Brodie's narcissism to that of her pupils, who are excited by their voyeuristic fantasies about sexuality, yet huddled together in fear of a real sexual relationship. For the emergence of true sexuality in midadolescence, Dalsimer turns to the diary of Anne Frank, who lived to see only the bloom of her beginnings. Dalsimer adroitly guides the reader through Anne's outpourings to her "friend," first as Anne experiences oedipal rivalry and longings and then, with the gradual loosening of her oedipal ties, turns with longing and sexual excitement to a young man outside her family.

Shakespeare is the only male author whose work is used in this book. Although Dalsimer focuses mainly on the emotional responses of Juliet as she asserts herself as separate from her mother and nurse by moving actively toward sexual fulfillment, we also gain some insight into the characters of the young men, Romeo and Paris. Here, Dalsimer's extraordinary ear for poetry helps us to hear the various meters, metaphors, and styles of speech which Shakespeare used to distinguish one character from another.

Finally, Dalsimer turns to Jane Austen's last novel, *Persuasion*. In it, a young woman, Anne Eliot, is allowed a second chance to experience adult love, after she moves in her inner life beyond trying to *be* her mother by reliving her mother's life. She reorganizes her life and her choices, and comes to know herself as someone with a different personality, a different set of values, and the flexibility to accept new social mores and ideas. This outcome leads to the choice of a mate who is clearly a nonoedipal object, a matter of interest to readers of Jane Austen since the issues in all her earlier novels are resolved by the choice of an oedipal object.

As Dalsimer indicates, when we turn to literature, "we find exemplified some of the fundamental themes of development that have been delineated through psychoanalytic observations" (p. 139). In her work, she has been able to convey to us the delight, excitement, and anguish of the journey from girlhood to womanhood without sacrificing the aesthetic richness of the originals.

MURIEL LASKIN (NEW YORK)

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Emmett Wilson Jr.

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ABSTRACTS

Psyche. XXXIX, 1985

Abstracted by Emmett Wilson, Jr.

Psychoanalyst and Detective. Alfred Lorenzer. Pp. 1-11.

Psychoanalysis and detective work are often compared, but their common themes are not clarified. The detective novel as a genre developed at about the same time as psychoanalysis. Marie Bonaparte quoted a remark of Freud's that equated the detective's efforts with infantile searches for sexual knowledge. As we look at the detective's methods, we note that in all classical detective stories the detective constructs or reproduces for himself imaginary scenes out of the details of the scene of the crime, applying his own practical experience, until a believable, connected scenario has been formed. Lorenzer illustrates this in Poe, especially in his "Murders in the Rue Morgue." Analyst and detective are similar in their ability to go beyond the expected, the ordinary, and the logical in order to deal with the strange and bizarre. The psychoanalyst's efforts at interpretation are directed toward the uncanny levels of meaning beneath consciousness. Poe's detective, Dupin, is able to go beyond the police prefect, who concentrates on the logical and whose main virtue is persistence. Dupin depends on his experience, on his feelings and senses. The resolution of such riddles is found, in Poe, not in the logically expected, but in the unusual and irrational, and arrived at by intuition and experience. A happy combination of verbal understanding and sense experience wins out, but not if they are widely separated and pursued independently. Since Poe, this approach has become standard. Writers often contrast the plausible reconstruction of the crime by the police with the special intuition and insight of the hero-detective who stands outside the police procedures and finds meaning in the facts deeper than the official police interpretation; the detective's method resembles the analyst's emphasis on the unconscious.

The Significance of the Basic Rule for the Psychoanalytic Method. Hermann Argelander. Pp. 12-22.

Freud held fast to the basic rule from its enunciation in 1912 through the development of the structural theory in 1923. Argelander cannot agree, therefore, with writers like Sandler, who sees analytic work not as understanding the patient's unconscious but as making the right interventions from the structural point of view. Nor can he agree with others who have argued that adherence to the basic rule results in a caricature of analysis. But he feels there is a basic lack of clarity about the basic rule. The injunction to free associate applies really only to word association; patients also give us their associations by telling connected stories and narratives. It is often claimed that the analyst interprets the associations according to his theory. This does not mean that he imposes the theory upon the associations, but rather that the theory functions in the background of the analyst's thinking. Unless this is clarified, one of the major modes of analytic work is left unaddressed, and the relation between theory and data becomes blurred. There is a fundamental difference

between the technical-practical work applied during the course of an analysis, and the conceptual-theoretical approach with which one begins to theorize about the material after the analysis. The reconstruction of the hidden and unconscious aspects of the self, which occurs in an analysis, is a figurative process, an active psychological visualization of an agent that is not actually present. There is an intimate connection with cognitive development, the acquisition of speech, and the development of symbolic processes. Only when cognitive structures have progressed to a certain point can operations be performed with symbols, as Piaget has delineated. A symbol acquires meaning only through its assimilation into an operative structure. The analyst, as Freud indicated, uses his own unconscious as a receptive organ, maintaining an appropriate distance from the patient's productions while at the same time involved in them. Adherence to the basic rule permits assimilation of the patient's communications, leading to subsequent reconstruction, articulation, and verbalization of the underlying meaning as symbols which the patient may recognize. The analyst should not approach his work with a patient as a theoretical exercise, nor should he apply the analytic or clinical method in his theoretical discussions with other analysts or theorists. The analyst must always be able to function on these two levels, the theoretical and the practical or clinical.

On the Convergence of Linguistic and Psychoanalytic Textual Analyses. Jutta Butwinski-Jeggle; Gerd Lenga; Wolfgang Loch. Pp. 23-43

The authors report their studies of the protocols obtained by tape recording of a Balint group. These protocols were subjected both to linguistic and psychoanalytic evaluations. A high degree of correlation was found between the two types of studies concerning the question of which passages were considered significant. This suggests to the authors that there is a sort of psychodynamic depth-grammar. The article is well supplied with details of the experimental protocol, procedures, and criteria for evaluation of the texts.

The Mark of Oppression. An Ethno-Psychoanalytic Study of Jews and Homosexuals in a Relatively Permissive Culture. Paul Parin. Pp. 193-219.

Parin comments on the difficulties of extrapolation from individual analyses to generalizations concerning the two subcultures he cites. He reviews his own cultural background and ethno-psychoanalytic experience, and his theoretical point of view influenced by but distinct from that of Kardiner. He then makes an interesting comparison between discrimination against Jews and against homosexuals; the similarity of public and private discrimination establishes a psychological similarity between the two groups, whereas cultural and social differences lead to an ethnological disparity between the two. As an example of the similarities, Parin discusses characteristic turns and developments in the analyses of individuals from these two groups. They tended to share certain characteristics throughout their analyses. One was the belief in a putative inborn defect that doomed the analyses to failure. Another theme, in the transference, was a recurrent and obsessive oscillation around the question of whether the analyst was himself Jewish or homosexual; that is, whether he shared in the characteristics of the subculture or whether he, as an outsider, could understand the analysand. The sense of being different has great

import in the psychological structure of both groups, according to Parin. He discusses the imago of the stranger as described in the psychoanalytic literature, beginning with the fear of strangers in the child's eighth month and culminating in the oedipal conflict when a third party intrudes into the dyad with one or the other parent. He finds the theme important through latency and into adolescence also. In adolescence both Jews and homosexuals may experience severe difficulties because of discrimination. The implications of this experience of strangeness or being different from the predominant sociocultural milieu are explored in terms of sexual identification, relations with the individual's own family and background, and the efforts at integration into the predominant group. Parin argues for recognition of social forces which lead to the similarity in psychological patterns between the two groups, regardless of individual biographies.

Freud's "Katharina"—Background, Origin, and Significance of an Early Psychoanalytic Case History. Gerhard Fichtner and Albrecht Hirschmuller. Pp. 220-440.

The authors, through careful reconstructions and research, describe the family circumstances and history of Freud's patient, "Katharina," whom they identify as daughter of the proprietors of a summer hotel in Reichenau where Freud vacationed. They discuss her subsequent history and that of her family. They find that the encounter with Katharina had many implications for the development of Freud's thinking on free association and for the development of the seduction theory.

The Self, the Id, and the Unconscious. Rolf Fetscher. Pp. 241-275.

This article is one of a series in which the author has treated the relationships between the concept of the self and the ego and superego of the structural hypothesis. After a careful and insightful review of the development of psychoanalytic thinking concerning the concept of self and psychic structure, especially around the problem of the unity of the personality, he finds that the psychic structures represent abstractions which are helpful theoretically, but which carry within them internal contradictions concerning the unity of the personality. The concept of the self has been introduced, at least in some of its meanings, as a counter to this tendency to abstraction and is much more intuitively appropriate in dealing with the totality of the patient's conflicts. Fetscher develops a thesis concerning the id as the primary motivational basis of the human organism, and draws an important distinction between the unconscious and the structure designated as the id. The continuum between unconscious and conscious psychic phenomena and the symbolic function of the ego are discussed. Fetscher concludes that the unity of inner perceptions and the unity of psychic energy guarantee the unity of the personality.

A Psychoanalyst in the Peace Movement. Horst-Eberhard Richter. Pp. 289-300.

The author discusses the process by which the war years have been integrated into and have affected his present political commitment.

On Hitler's Effectiveness in Germany during the Thirties. Hans Müller-Braunschweig. Pp. 301-329.

Psyche has published several issues dealing with psychological aspects of the war years and the history of the psychoanalytic movement during the war. Müller-Braunschweig deals with the psychological factors that account for Hitler's extraordinary rise to power in 1933 and his influence on the German people during the thirties. He traces various historical developments in the nineteenth and twentieth centuries, especially in Germany. A strong, almost mystical belief in the unification of Germany into a *Reich*, which occurred in 1871, was followed by the defeat in World War I, with disintegration of the *Reich* and abdication of the Kaiser. The unconscious and primitive meanings of these occurrences, and the feelings about the *Reich*, are explored. By the First World War, mankind, previously so confident of mastering "Mother" Nature through science, had found that the resulting technology had become more destructive than Nature had ever been. To the unconscious, this was equated with the revenge of the threatening father for Mother Nature's being deprived of her omnipotence. The author develops his interpretation of the fascist mass movements as rebellion against the father. He reviews Hitler's biography to sort out the psychological conflicts that Hitler experienced, involving the death of his father when he was thirteen and of his mother when he was seventeen. However, he deplores the "poor Hitler" explanation of history; rather, he makes explicit the primitive splitting, projections, fusions, and labile sense of identity that enabled Hitler in his speeches to win over and influence so many followers by conjuring up for the audience the dissociations and conflicts of the era as experienced by the German people.

Unto the Third and Fourth Generation. The Trauma of Persecution in the Generation of Grandchildren. Rose Ahlheim. Pp. 330-353.

The author discusses the therapy of a seven-year-old Jewish girl who enters treatment because of academic and behavioral difficulties. In treatment, the conflicts are connected with the persecutions that her parents experienced during the war years. To some extent, these conflicts continued the response to actual threats to survival which the parents had experienced, even though there were no current real threats in the little girl's life.

Revue Française de Psychanalyse. XLVII, 1983.

Abstracted by Emmett Wilson, Jr.

The Deviations of Desire. A Study of Fetishism. André Lussier. Pp. 19-142.

Lussier begins with an extensive review of previous writings on perversion and fetishism. From this review, he concludes that denial and disavowal maintain their central role while the role of splitting is subject to theoretical controversy. He notes that on the basis of current concentration on pregenital factors and the primacy of the genetic point of view, one would think that analysts no longer had any sense of the importance of the oedipus complex. Lussier seeks to restore the balance and to return the oedipal conflict to its primacy in the theoretical field, while reserving a proper place to pregenitality. He provides clinical material in an attempt to delineate those factors most specific for the fetishistic structure. Compulsive control and

identification with the aggressor play an important role, involving the male's attempt at an absolute, sometimes virulent and sadistic, control over women, which marks all relationships with women and transferential relationships as well. This may be seen as an attempt to gain control over the woman-mother, or over the fetish, which is to him the same thing. Separation anxiety and depression are noted in the analyses Lussier has included in his study, for the fetishist is particularly sensitive to these issues. The fetishist is unable to modulate or tolerate internal tension and fears being invaded by an excess of excitation; recourse to the fetish is an attempt to deal with this hyperstimulation. The extremely important role of the primal scene is stressed by Lussier. The primal scene reverberates on oedipal and preoedipal levels with many conflicts, such as those of identification, the phallic mother, and homosexuality. The author's conclusions deal with the multiple psychic functions of the fetishistic constellation with implications for all stages of the psychosexual development.

Antinomies of the Concept of Perversion. Ilse and Robert Barande. Pp. 143-282.

The concept of perversion and the qualifier, "perverse," are descriptive in their historical origin and do not have a metapsychological basis. Recent sociomedical studies have pointed out the ideological nature of the epithet "perversion" throughout various cultures and its purpose in safeguarding the citizens of a given society. It is remarkable that conformity to customs and society is never itself placed in question as a form of behavior. The various explanations of perversity follow the values of the scientists of a society. This suggests to the authors that there is a countertransferential element in psychoanalytic judgments about perversion also. The Barandes are especially concerned with the attempt to delineate "perverse structures," for they feel that to attempt a rigorous structural point of view can only lead to the use of jargon and pseudoscientific concepts. They develop a stringent methodological critique of various studies of perversion, which are of necessity limited to "neurotics demonstrating perverse behaviors." The true perversions rarely come to analytic attention. There are ontogenetic difficulties with the concept of perversion also, for it imposes an adultomorphic (if not gerontomorphic) norm upon the history of the individual. The authors feel that Bolk's concept of evolutionary neoteny (the prolongation of immaturity, as seen in certain life forms) might have application to the libido, and in their previous work they have argued for the place of neoteny and its convergences with Freudian theory. Hence perversion makes sense as a concept only when considered ontogenetically, but this is to make the concept so broad that perversion is coextensive and coexistent with human desire. The second half of the paper deals with the evidence from other disciplines, such as ethology and animal behavior, concerning the origin of *Reiz-hunger* (stimulus hunger) and its relationship to neoteny and its implications for psychoanalysis, including the phenomena of psychoanalytic societies, psychoanalytic training, and psychoanalytic treatment.

Wise as Images. Gilbert Diatkine. Pp. 515-526.

In several places in his early work, Freud expressed the opinion that there was no censorship between the unconscious and preconscious of the child. He finally aban-

doned this view in 1915. We are aware that this concept has been outmoded for a long time, but there are consequences for our understanding of the child. With the introduction of the structural hypotheses, interest was displaced to the ego. Freud's problem persisted, but the question shifted, with emphasis now on the appropriate time to speak of the "ego." One now studies cognitive functions rather than the preconscious. However, Diatkine suggests it is perhaps as difficult to say anything about the cognitive functions of a child as it is to speak of its preconscious. There are, however, recognizable situations in which one may speak of the preconscious of a child, in situations which are observable pretty much in all children. Diatkine discusses several clinical examples in which he feels the preconscious of the child is in evidence, as in the "mirror image," the use of psychodrama, and Winnicott's *Piggle*.

The Preconscious and Somatic Illness. Some Current Questions. Rosine Debray. Pp. 527-537.

Debray discusses what is sometimes called "essential depression," in which there is a lack of object relatedness and of goals, but no particular complaints except perhaps of a lowering of the tonus of life, as well as a tendency to engage merely mechanically in repetitive activities. Something seems extinguished on the mental scene in these patients, and they seem held in suspense prior to their eventual somatic disorganization. Something is lacking, something that might give color and life to them. Pierre Marty, an eminent theorist on psychosomatic illness, has ascribed this type of depression to a poorly functioning preconscious. His theory is consistent with Freud's view of the preconscious as an intermediary, regulative system between consciousness and the unconscious. The preconscious in this theory is characterized by its "thickness," its internal dynamics, and the permanence of its functioning. It is at times when the functioning is diminished that essential depression with its psychosomatic phenomena appear. Debray focuses on patients with serious and chronic somatic illness, such as insulin-dependent diabetics. In many of these patients a great part of their psychic energy, and thus vital energy, is in a sense fixated on the level of the reality of their irreversible somatic condition and its inevitable evolution. This makes them very difficult in treatment, because the margin for maneuvering therapeutically is very small. Debray discusses cases of a patient with a rheumatic ailment, and of infants with precocious psychosomatic ailments, as illustrative of this view of the regulatory function of the preconscious.

Neurotic Symptom, Transference Symptom. Denise Braunschweig and Michel Fain. Pp. 567-589.

The authors examine Freud's *Introductory Lectures* of 1917 for his views concerning the nature of symptoms and their relationship to dreams and parapraxes. The main theme they develop is that regression is never total and never receives the complete agreement of all psychic structures. A preconscious cathexis, identical in nature to a latent thought, remains aware of the eventualities of the situation and finds expression in the compromise of the symptom. The maintenance of this preconscious cathexis permits the work of analysis to take place by assuring the mobility and accessibility of the narrow and specific transference symptoms. The same pre-

conscious fixation is reproduced in the sessions, according to the author's hypothesis. The regression to which the analytic setting leads invokes a reaction in the patient, with a latent preconscious cathexis on the reality of the analytic setting. Yet this explanation is lacking and ends up in confusion and uncertainties, the authors feel; they suggest that further research is needed on the type of censorship exhibited by the preconscious in analysis, which is different from that in waking life, in the dream, and in the symptom.

Freud Between Athens, Rome, and Jerusalem. The Geography of a Look. Lydia Flem. Pp. 591-613.

Contrary to the assertions of certain writers, Freud's fascination with Greece is not a sign of his need to repress his Jewishness. On the contrary, Freud, who did not know Hebrew, would not have understood why this theme of his Jewishness has suddenly received so much attention. Freud is heir to Greek and Greco-Roman tradition, and this legacy should not be forfeited. Even though hidden by nineteen centuries of Christianity, still it was in the treasures of Greek mythology, in which all Western thought takes its origin, that Freud sought the rich iconography of his psychoanalytic concepts. It is with the vocabulary and the categories of thought of this inheritance that he forged his own intellectual tools. Like all wandering Jews, in exile from Jerusalem, Freud knew only one country, that of the text. His work is his only homeland.

Interpretation: Introduction. Michel Fain. Pp. 707-716.

In spite of the changes wrought in theory by *Beyond the Pleasure Principle* (1920), Freud's conception of interpretation continued to reflect the influence of his earlier theorizing, especially the topographical point of view and metapsychology as it had been up until 1917. The concepts of double inscription in consciousness and in the unconscious, and the separate representations of thing and of word were prominent. For the psychoanalyst of 1917, the work of interpretation was, in effect, the mirror opposite of dreamwork. The rule of interpretation was the same as that in the interpretation of a dream: each element should be considered equally. Deviations and shortcomings from this rule were indications of countertransference. This is an unrealizable rule because of its very perfectionism, and it is the product of a theory of exact interpretation. In this conception of 1917 we can see that Freud never abandoned his belief in the therapeutic efficacy of the search after the truth. Fain criticizes this notion of an "ideal interpretation," in which the analyst seeks after the truth and reveals the truth to the patient when he can cognitively accept it, a conception which seems to underlie much of Freud's view. It is not always evident that the truth is more attractive than the illness, and interpretations may place the analytic setting itself in jeopardy. These utopian requirements of neutrality and perfection of technique are unrealistic and, if they could be implemented, might make the analysis boring for both patient and analyst. The topographical point of view did not take on its full meaning, nor were its full ramifications understood, until the elaboration of the structural point of view. The theory had to come to terms with narcissism, the theme that was gradually being introduced between 1913 and 1920. Another reason for revision of the theory of interpretation is to assimilate our current understanding of narcissism.

Introduction to the Discussion of Interpretation. René Diatkine. Pp. 717-733.

The notion of repetition compulsion, introduced in *Beyond the Pleasure Principle*, forces us to re-examine the nature of interpretation, for it calls into question the mutative value of remembering and interpretation, and the effects of rejoining thing-representations and word-representations, as maintained in the theory of treatment elaborated up to 1920. This same questioning can be seen in the technical papers of 1912 and 1914. The earliest notion of interpretation in Freud, as found in his self-analysis, in the *Studies on Hysteria*, and in the Dora case, was consistent with the interrogation of family members and the historical search for veridical details of the past. But this point of view fell into abeyance because of the failures of this communal exploration and because of the discovery of transference phenomena. This transformation led to a second sense of "interpretation" in psychoanalysis, that which the analyst communicates to a patient when he has understood his unconscious. Drawing on recent philosophical discussions of scientific explanation, Diatkine questions the value of interpretations as *explanations* of the patient's behavior. He maintains that an interpretation does not have the status of an object of knowledge. It is a way of being in the session, it is the mode of mental functioning of the analyst. The analyst's functioning is comparable to that of the mother of the neonate, in which the interaction with the infant is totally determined by her own fantasy organization as she plays the role of stimulator and bringer of calm, in a way that defies any simple analysis of behavior. In the same fashion the silences and interventions of the analyst are not codifiable, and their "objective" description would not advance our cognitive understanding of the analytic process. Diatkine discusses some examples of interpretations which he thinks are far from the "ideal interpretation" that reveals the "truth" to the patient, but which were efficacious and mutative in the sense that the analytic process was carried forward.

Interpretation, Narcissism, and Objects. Jean Bergeret. Pp. 753-756.

Bergeret is perplexed about the notion of interpretation and the way it is used in analytic circles. There were difficulties in finding an appropriate translation for Freud's word *Deutung*. An interpreter gives a translation, while an analyst gives interpretations; these do not seem to be of the same order. One speaks of an interpretation of a theatrical or musical work, in which the interpreter imposes his version upon the work. Not even the most orthodox of Freudian analysts would now dare to operate the way Freud did in administering interpretations to his patient, even though Freud's interpretations seem eminently pertinent and we wish we could be as brilliant. Why this difference between our mode of interpretation and Freud's? Bergeret thinks there are two levels that must be discerned. There has been change in the aim of interpretation since Freud; and secondly, the fashion in which an interpretation is used in an analysis has changed considerably. We have learned much about the development of mental life, from ethologists in particular, and from the work of child psychoanalysts. We have a better idea of the interaction of the developing infant with its environment. We can no longer claim simply to be bringing a missing link to the patient's chain of associations. When one has the feeling of providing the correct interpretation in a session, it comes probably not from the brilliance of the interpretation or its exactitude, but from the fact that it comes at the moment the patient is prepared for it and ready to assimilate it.

Clinical Notes on Representability and Interpretation. César and Sára Botella. Pp. 765-776.

The authors are concerned with the economic and dynamic value of the analyst's capacity for "representability," his ability to use in treatment what Freud called the "sensory power" of the image. By representability they mean the product of waking psychic work comparable to that of the dream, with its regressive course ending in an internal perception similar to that of the hallucinatory experience of the dreamer. The analyst in the treatment of children or adults sometimes has images which can be used to provide a nucleus for representation of certain material and themes. The authors draw on their experience as child analysts working with autistic children with their peculiar experience of "waking sleep." When the first evidences of the capacity for object relatedness develop in these children, their "waking sleep" becomes troubled with cries of distress. According to the Botellas' hypothesis, it is not the loss of the object but the danger of the loss of its representation, and, by extension, the risk of non-representation that signals distress in these children. They illustrate their thesis with some interesting case material. One case concerns a child who was traumatized very early by hospital stays and surgery. The analyst's emphasis on the sights, sounds, and smells of the hospital helped the child organize his early, preverbal experiences. More importantly, as the child struggled with the separation and attendant depersonalization at the end of the session, the mental image of a wolf occurred to the analyst. He communicated this to the child, much as one would tell a story to a child, helping the child organize his distress along the lines of oral aggression. This type of analytic intervention did not formulate the latent content behind a manifest content, but, in the absence of both latent and manifest content, the intervention advanced a preconscious formulation capable of organizing other representations, thus forming a manifest content. The authors designate this approach as a sort of analytic process "against the grain." They believe that the same function developmentally is often found in the recital of fairy tales and stories to children.

To Interpret: For Whom, Why? Michel de M'Uzan. Pp. 793-804.

There are not many works dealing with interpretation. The essential works are found in Freud, some in Klein, in the discussion of character analysis developed by Wilhelm Reich between 1925 and 1933, and in James Strachey's "The Nature of the Therapeutic Action of Psycho-Analysis," of 1934. Although these texts are already quite old, de M'Uzan does not feel that much has been added since. Their richness lends itself to metapsychological reflections on the formulation and acceptance of interpretations. We are all familiar with the response that some patients have to interpretations. There is the hysterical patient who cannot get enough of what is said, who always wants more words, for whom what the analyst said was a marvelous revelation, only it must be repeated, please. The obsessional patient, on the other hand, insists that the analyst talks too much and is interrupting his train of thought; anyway, he is not going to listen. Is an interpretation so dangerous? Perhaps, if the process is not controlled and mastered. One must know whether the economic and topographic aspects of an interpretation give it a chance to be *mutative*. This is rarely obvious in the course of treatment, where most interpretations are actually prepara-

tions for others yet to come, and the content will only be accepted as true and as belonging to the ego if there already exists in the preconscious and conscious sufficient capacity for cathexis. The energy of these higher systems is that of linking and binding; it must be mobilized by erosion of the energy involved in the resistances that are analyzed first. Unless this economic rearrangement is carried out, the interpretation will be nothing more than information given to the reality ego, but cut off from the unconscious. An acquisition through interpretation is not made unless there is a double cathexis, both conscious and preconscious. This can come about only if (1) the analytic situation had been rigorously maintained, leading to a disturbance in the tranquility of the ego, and (2) the dismantlement of the defensive control has been sufficiently carried out.

From Exactitude to Happiness. Some Contributions of Analytic Philosophy to Theoretic Reflections on an Aspect of Psychoanalytic Interpretation. Agnès Oppenheimer. Pp. 805-814.

Oppenheimer utilizes some concepts from analytic philosophy to discuss the problems of any theory of interpretation. Every theory of interpretation must also imply a theory of truth. Truth cannot be separated from its mode of discovery in language. Freud wanted to found psychoanalysis on the model of an empirical science, while formulating a theory of desire that Ricoeur called hermeneutic. These two models correspond to two types of truth, that of science and that of the hermeneutic model founded on the meaning taken by desire. The criterion of interpretation in the latter is that of intelligibility and coherence within the personal re-experience in the transference. Within the framework of these two models, interpretation is on the one hand a translation, on the other a production. In spite of the apparent contradiction in the two models, their coexistence is necessary and the oscillation between them is fruitful. These two modes in interpretation parallel the interest in analytic philosophy concerning an exact, formal language on the one hand, and the description of ordinary speech on the other. A comparison of the approach of psychoanalysis and that of philosophy is helpful, especially in permitting us to understand an interpretation as a "speech act," in Austin's and Searle's sense.

Psychiatria Fennica. XII, 1981.

Abstracted by Lee Grossman.

The Importance of Psychotherapy in Health Care. Veikko Tähkä. Pp. 11-23.

Tähkä argues that health care is compromised by an effort to be "scientific" that is actually based on superstition. The attempt to reduce illness to a single "objective" etiological factor, which is then treated as if it were independent of the patient, is neither helpful nor scientific. He emphasizes the need for a psychosocial frame of reference in all health care.

Psychiatria Fennica. Supplementum, 1981.

Psychosocial Reactions to Physical Illness. Z. J. Lipowski. Pp. 11-18.

Lipowski uses an information processing model to schematize reactions to illness. Somatic perceptions and external information contribute to the assignment of

meaning to an illness, which may be seen as a challenge, an enemy, a loss, a relief, or a punishment. The meaning will determine the patient's coping behavior. Lipowski distinguishes two "basic cognitive coping styles": minimization, and vigilant focusing. He also identifies three "behavioral coping styles": tackling, capitulating, and avoiding the illness. These styles influence, and are influenced by, the patient's social context.

Psychical Factors in Infectious Disease and Immunological Response. Nils Oker-Blom, et al. Pp. 195-196

The authors set out to test a hypothesis suggested by several earlier studies in which warts were selectively eliminated by hypnotic suggestion. A group of four skin blisters was induced on each of six subjects who were known to be strongly tuberculin-positive. In each subject, two blisters were injected with saline and two with tuberculin purified protein derivative (PPD). Under hypnosis, the subjects were told the contents of the injections, correctly for one saline/PPD pair of sites, and incorrectly for the other pair. After two or three days, the blisters were evaluated for volume, cell count, and *in vitro* reactivity for immunocompetence. In five of six cases, the false PPD sites had increased volume and cell count; in two of six, the false control sites had reduced volume and cell count. Finally, the authors noted that the *in vitro* PPD reactions went "the wrong way" under hypnosis, primary for secondary reactions, and vice versa. The authors decided that, although their results are not conclusive, hypnosis may influence the migration of immunocompetent cells. They suspect that more significant stress would have a much greater influence on immunocompetence, the mechanism of which needs to be investigated.

Psychiatria Fennica. XIII, 1982.

Psychotropic Drugs in the Therapeutic Community. Matti Isohanni. Pp. 175-186.

Isohanni surveys the range of possible meanings of medications used in an inpatient setting. He begins by considering some transference meanings of giving and taking drugs, and of the sensations the drugs produce, in terms of their oral, anal, or phallic significance. He considers the drug's role as a fetish and as a transitional object. In Kohut's idiom, he entertains ideas about the drug's effect on the patient's narcissistic balance, grandiosity, and idealization of the therapist. Isohanni sees medication as having the potential either to enhance the patient's self-regulatory capacities and to make exploratory work possible, or to interfere with the ego functions needed for improvement and integration. He considers the psychological meaning to the patient of both effects. He touches briefly on the countertransference meanings of medications, particularly on their part in enacting the therapist's aggression, sadism, or grandiosity. He notes that ward staff are particularly prone to medicate patients as a way to regulate their own anxiety.

Psychiatria Fennica. Supplementum, 1983.

Indirect Self-Destructive Behavior and the Hyperobese. Norman L. Farberow and John L. Williams. Pp. 21-39.

On the assumption that hyperobesity represents an indirect form of self-destructive behavior, the authors compared a group of hyperobese subjects to a group who

had attempted suicide and a control group of patients undergoing appendectomy or herniorrhaphy. The groups were evaluated in areas of "self-value, sense of adequacy and self-control, futurity, and excitement-seeking," using a set of rating scales applied to a questionnaire. Contrary to expectations, the obese group differed in only one respect from the control group: they had significantly higher feelings of adequacy and self-control than the group undergoing surgery. As predicted, the obese group regarded themselves more positively, felt more self-directed, were more inclined to feel they had a future, and had fewer feelings of being powerless or losing respect of others, than did the attempted suicide group.

Types of Indirect Self-Destruction. Kalle Achté. Pp. 41-44.

The author distinguishes a variety of self-destructive activities from attempts at suicide. In the former, there is no intention of self-injury or death. As examples of indirect self-destruction, he mentions psychosomatic illness, overeating, neglect of health, smoking, drug abuse, and alcoholism. As possible motives, he mentions impulse gratification without regard to consequence, counterphobic attempts at mastering anxiety, self-punishment, and masochistic gratification.

Psychiatria Fennica. XV, 1984.

Recollection in the Individual Psychotherapy of Schizophrenia. Pier Maria Furlan. Pp. 107-116.

Furlan reviews reports on the psychotherapy of fourteen schizophrenic and fourteen borderline patients. He notes a specific deficiency in the time sense of the schizophrenics, of which he mentions two manifestations: the patients' recollections of childhood have the quality of isolated, static photographs, rather than movies, and they seemed incapable of appreciating their own role in re-enacting the past in transference. In response to transference interpretation, they were able to see contradictions between their reactions to the therapist and present reality, and they were able to see how those reactions were identical to past reactions to parents. But, according to Furlan, they could not see themselves as central in linking the present to the past, nor could they appreciate the effect of the past on the present. Although alluding briefly to the possible defensive nature of this difficulty, Furman concludes that it should not be interpreted, as it serves a necessary organizing function. He argues against attempts at reconstruction, and in favor of a therapeutic approach which examines only the present relationship and the decodification of its "symbolism." The role of the therapist, in his view, is to become a "good primary object," and to provide synthetic and self-observing functions, in order to supply the patient with the heretofore undeveloped ability to construe a personal history, based on the relationship to the therapist.

British Journal of Medical Psychology. LIX, 1986.

Abstracted by James E. Storm.

Relationships between the Object Focus of Therapist Interpretations and Outcome in Short-Term Individual Psychotherapy. William E. Piper. Pp. 1-11.

Psychotherapists have provided few systematic studies of psychotherapy. One earlier paper which examined short-term individual therapy reported a significant

positive correlation between the proportion of interpretations that focused on objects and successful outcome of therapy. Some subsequent papers supported this conclusion. The present authors believe all the previous papers had methodological weaknesses, which they have attempted to remedy. Their study found little evidence to support the hypothesis of a direct linear relationship between object focus and favorable outcome of brief psychotherapy.

The Psychology of Mania. Roberto Mester. Pp. 13-19.

The author suggests that in selected manic and hypomanic patients the content of their expressed thoughts can be used, during the acute phase of illness, to initiate insight-oriented psychotherapy. The aims of this therapy include (1) detection and analysis of important psychological themes revealed by the patient during the acute manic phase, and (2) interpretation and working through of the manic defenses. Three case reports are presented to illustrate the author's contention. The patients had well-integrated premorbid personalities and high ambitions and ego ideals, both of which served to undo early trauma. The manic defenses were an attempt to preserve these ego qualities and the positive inner objects they represented. Mester discusses countertransference problems and resistances in the therapist to psychotherapy with manic patients. These include (1) loss of confidence, decrease in self-esteem, and devaluation of the therapist by a manic patient; (2) fragmentation anxiety due to identification with the patient's inner turmoil; (3) overstimulation by the patient's aggression and hyperactivity; and (4) anxiety over the threat of losing control of instinctual drives due to identification with the patient.

Oedipal Determinants in Differential Outcome of Bereavement. Harwant S. Gill. Pp. 21-25.

Data from an outpatient clinic survey showed that death of a parent during childhood had a different effect on the child depending upon whether the dead parent was of the same sex as the child or of the opposite sex. When the parent of the same sex died (the "oedipal rival"), the patients developed an attitude of guilt blocking expression of oedipal attitudes toward both parents and decreased capacity to function in sex-linked roles. If the parent of the opposite sex died (the "oedipal object"), the patients had an attitude of preference for the dead parent, aversion to the one still alive (the "oedipal rival"), and idealized and unrealistic expectations of their love objects. Gill states that these attitudes interfere with the process of reality testing as applied to oedipal relationships during adolescence, and thus interfere with the resolution of the oedipus complex.

Teaching the Psychotherapeutic Method: Some Literary Parallels. Jeremy Holmes. Pp. 113-121.

Holmes uses the prose and poetry of Seamus Heaney and the prose of Marcel Proust to demonstrate the similarities among the tasks of literary creativity, psychotherapy, and the teaching of psychotherapy. These three tasks share the theme of discovery of new knowledge and understanding.

A Fresh Look at Genealogical Bewilderment. Michael Humphrey and Heather Humphrey. Pp. 133-140.

The term genealogical bewilderment refers to a group of psychological problems stemming from lack of knowledge of one's ancestors. Adopted children and children conceived by artificial insemination from an anonymous donor are two examples of groups who may suffer from this problem. The literature is reviewed. Early papers suggested that not knowing about one's ancestors keeps one from developing a secure self-image. More recent work suggests that good surrogate family relationships lead to good development, regardless of the lack of information about biological ancestors, and that the drive to search out biological ancestors usually reflects poor relationships with the surrogate parents.

Meeting of the New York Psychoanalytic Society

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NOTES

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 14, 1986. ON CHARM. By Stephen Rittenberg, M.D.

Dr. Rittenberg began by stating that certain patients possess the ability to charm him away from the main therapeutic tasks of analysis. What, then, is charm? How does it work? How vulnerable are we, as analysts, to its spell? There is very little about charm in the professional literature. Dr. Rittenberg noted charm's etymological connection with sleep-inducing magic spells and incantations. This led him to an exploration of charm in mythology, literature, art, and culture. He cited the connection between charm and sleep, as depicted in works ranging from Homer's *Odyssey* to Keats's "Ode to a Nightingale." Charmed sleep in stories can be either refreshing or dangerous. Charm has been a powerful attribute in certain characters portrayed by novelists such as F. Scott Fitzgerald, especially his Dick Diver in *Tender Is the Night*. It is a vital ingredient of popular culture as well as high culture.

Noting the connection between charm and sleep, the author cited his own sleepy response to charming patients. Two such patients, one female, one male, were described in some detail. For both of them, analysis of their charm eventually became crucial. First, however, the analyst had to become aware of the ways in which they were able to shift his state of consciousness in the direction of sleep. The universal longing for blissful sleep renders all of us susceptible to charm. Psychoanalysts may be especially vulnerable: the analytic situation requires a shift in state of consciousness in the direction of sleep by both analysand and analyst. This can readily go too far. Furthermore, analysts are constantly exposed to dissatisfaction, unhappiness, and conflict. We should not be surprised to find in them, at times, a heightened longing for relief; therein lies the power of the charmer. The magical spell of charm draws us back unconsciously to the sleep of infancy. We all once happily succumbed to the omnipotent, nurturing comfort of mother. No matter how wide awake we have become, the unconscious longing for that blissful sleep remains and is partially gratified when we are charmed.

DISCUSSION: Dr. Martin Stein agreed with Dr. Rittenberg's emphasis on the origins of charm in primitive magic and its associations with states of consciousness. His personal experience with such patients, however, failed to correspond to Dr. Rittenberg's emphasis on sleepiness as a reaction to the patient's seductive charm. Rather, he found such patients more likely to foster in him a kind of intellectual flirtation accompanied by the temptation to enjoy the process at the expense of analytic understanding and effective interpretation. He suggested that further study of this phenomenon in the termination phase might reveal a good deal about the role of the hostility underlying the charming transference, to which the analyst may respond with his own countertransference hostility. If these are undetected and acted out, the analysis will be threatened with failure. Dr. Rittenberg had dis-

cussed Jane Austen's work. Dr. Stein took a quite different view of Jane Austen, maintaining that her work, while undeniably "charming," cannot be accounted for by the picture of a world free of conflict. It has more to do with her intelligence, honesty, and capacity for irony, all of which suggests that the study of "charm" remains a major challenge.

Dr. Graciela Abelin stated that although charm as such has not been the object of psychoanalytic inquiry, the seemingly magical power of the hypnotist, who robs the subject of his will, has preoccupied psychoanalysis from its inception. Freud equated the power of the hypnotist with the power that "primitive" people gave to "mana," the source of taboo. We have all been through a phase of individual development corresponding to this animistic stage, in which we believe in the omnipotence of thought and in magic, and the psychoanalytic situation reactivates this deeply repressed stage. The words of the analyst draw power from this source. But Dr. Rittenberg had described an experience in which *he* was the one lulled to sleep, hypnotized. On one side of this human equation was a powerfully attractive and enchanting being, on the other side, someone paralyzed in his thinking either by awe or by somnolent delight. Careful reading of Dr. Rittenberg's text had led Dr. Abelin to notice several instances in which it was difficult to differentiate the patient from the author. For example, quotation marks had been dispensed with, making it sometimes ambiguous as to who had said a particular thing. Elsewhere, an abrupt change from the third to the first person created confusion. This phenomenon, in a text whose construction was otherwise precise and careful, confirms what its author has been trying to convey: a particular relationship had established itself between the patient and the analyst, in which the boundaries had become uncertain. In the analytic situation, the patient's flowing image seems to require the impersonation by the analyst of the defective side of the patient. The power of such patients to generate somnolence in the analyst could suggest that they are able to activate a conflict or predisposition, a kind of fault line in the analyst's ego ideal. Dr. Abelin quoted the work of Cesio who suggested that the lethargic analyst has identified with the patient's defective ego ideal. For Cesio, lethargy in the analyst is one of the many expressions of the negative therapeutic reaction. Freud foresaw severe limitations to our ability to influence unconscious guilt, the general basis of negative therapeutic reactions. Dr. Abelin stressed that today, more than sixty years after the elaboration of these ideas, we might, through the analysis of the complex ensemble we call countertransference, be technically equipped to deal in a more successful way with these situations.

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 17, 1982. SOME VICISSITUDES OF CREATIVITY: PSYCHOANALYTIC NOTES ON RICHARD STRAUSS. Charles Goodstein, M.D.

Following the achievement of recognition and eminence by the beginning of the twentieth century, Richard Strauss suffered a precipitous decline in creativity.

While some disagree with this musicological assessment, it appears to be a prevailing view and served as a point of departure for Dr. Goodstein's psychobiographical inquiry. In his presentation, he drew from biographical sources, from impressions of prominent contemporaries, and from the composer's music in form and content.

Richard Strauss was born into a household where the mother was a quiet, melancholic woman with "sensitive nerves" who was "almost not there," while the father, an ill-tempered, rigid perfectionist, was the dominant parent. Driven by ambition for his prodigy son, the father, an acclaimed horn player, subjected his son to rigorous musical training, impressing upon him his preference for classical masters and his virulent opposition to Wagner. Dr. Goodstein suggested that the father was later depicted in the moralistic, unyielding, tyrannical characters of Strauss's male protagonists, while his heroines were frequently remote and unattainable. Dr. Goodstein related the development of Strauss's early style to his relationship with his father: his adolescent works reflected an imitation of masters of classicism and romanticism which bordered on plagiarism. Later, his emotional disengagement from paternal influence was expressed in his choice of a series of pro-Wagnerian mentors and through his abandonment of the classical sonata form in favor of Wagnerian program music.

At mid-life Strauss was successful, content, and a model of restraint and order. His works of the period introduced certain patterns which persisted in later works: unashamed rhapsodizing of himself, themes of betrayal and deception, and characters of dubious gender. In the wake of his father's death and during his mother's last years, Strauss began collaborating with Hugo von Hofmannsthal. Among many memorable operas, they produced Strauss's most popular one, *Der Rosenkavalier*. (In Stravinsky's assessment, it was a work of vigor and charm, but without movement or commitment, suggesting the beginning of decline.) It appeared as though, in the person of the nervously tense, temperamental lyricist, Strauss had found a near perfect love object. He wrote, "... we were born for one another." When, after twenty-five years of collaboration, Hofmannsthal died suddenly, Strauss was left in "profound shock." Collaboration with Stefan Zweig followed but was cut short by the Nazis' persecution of the Jewish novelist. Strauss seemed touched less by the writer's plight than by his own almost desperate need for Zweig's libretti. In fact, Strauss remained indifferent to the horrors of the war, humbling himself before the Nazis as long as they allowed his work to continue. His subsequent attempts at securing an able librettist were unsuccessful, and while the earlier themes of deception and cross-dressing returned in his later operas, the form of the operas reflected a conscious attempt to return to the classical style preferred by his father.

Dr. Goodstein feels that the decline in Strauss's creativity represented a symptom. He considered such genetic factors as the mother's emotional unavailability, the narcissistic vulnerability of a gifted child, the unmet dependency needs, disturbances in separation-individuation, and a complicated oedipal phase. But he particularly emphasized Strauss's relationship with his tyrannical father, whom he compared to Schreber's father. He suggested that to deal with the aggression and ambivalence involved in his relationship with an overwhelming father, the young Strauss resorted to passive masochistic surrender and excessive use of imitation. This led to a disturbance in separation-individuation, with a resulting disturbance in

his sense of identity, including sexual identity; hence, the imitative style of his music, the themes of trickery and cross-dressing, and the choice of program music, out of a need for rigid defenses to protect him from unchecked impulses. Dr. Goodstein suggested that in the relationship with Hofmannsthal, these needs found their ultimate expression. Strauss, too rigid to be innovative, too frightened of his own impulses, transferred the dependent, masochistic tie to his parental objects onto his temperamental librettist, in whom he found the "ultimate trustworthy object." Though the relationship was initially productive, Hofmannsthal proved to be an undermining object choice but one that Strauss could not relinquish. Thus, despite the early promise of his talent, despite the elegance and refinement of his music and his technical prowess, Strauss "left a legacy as a derivative, repetitive, unoriginal, uninfluent artist."

DISCUSSION: Dr. Martin Blum spoke of the necessity for a "network of idealizations" which make true creativity possible. This network, formed by the "introjection of and identification with idealized parental surrogates," was interfered with, for Strauss, by the excessive dogmatism, frightening temper, and tyrannical control of his father. Although the father was unswerving in his devotion to his prodigy son, he nonetheless drove the latter to the extensive use of de-idealization as a means of protecting his own individuality. This defense led to detachment in object relations and left the composer with no internalized figure capable of sustaining his inspiration. Instead, he took himself as his own object and became an expert at parody. To become inspired, he turned outward to verbal texts that moved him, depicting characters from these texts or else painting portraits of himself in his tone poems. For the rest, he was fascinated by the technical complexities of the orchestra, scoring for ever larger ensembles. It was this attitude that drew him to opera where he could write for characters created by a librettist. Unfortunately, his chosen librettist became, over time, increasingly uninspired, and Strauss's music suffered in consequence. As a man, Strauss was indifferent to the "larger dimensions" of life and eventually became a "kind of music machine," uncritically grinding out endless pages of often meaningless music. Despite his egotism, he had a capacity for humor, was always skeptical in his assessment of his worth as a composer, and preserved a capacity for gentle lyricism that is evident all the way from his earliest work to his "Four Last Songs."

Dr. Melvin Stanger reminded us that psychobiographic inquiry, while exciting and psychoanalytically legitimate, must be undertaken with caution. The works of an artist and some knowledge about their sociohistoric context may offer useful psychoanalytic material, but the limitations of biographical data, without the benefit of the ongoing process of the psychoanalytic relationship, need to be kept in mind. While agreeing with Dr. Goodstein's appraisal of Strauss's father as a threatening figure to the son, Dr. Stanger noted the father's involvement with his son and contrasted it with the remoteness of the mother. Strauss's mother, who in later years showed evidence of psychopathology, remained an object of unresolved longing and aggression, which resulted in preoedipal fixation and idealization of her. Such preoedipal antecedents greatly compromised the oedipal outcome as well, which was aggravated further by the father's threatening volatility. As a result, a healthy identification with the father, including a sexual one, was unattainable. Dr. Stanger cited Strauss's liaison with a woman, who was four years his senior, the wife of his

friend, and a gifted pianist, as an example of a forbidden love relationship. A similar theme was traced in Strauss's first opera, *Guntram*, in which the hero rescues the wife of a cruel tyrant from suicide, falls in love with her, and slays the tyrant out of sexual jealousy. According to Dr. Stanger, Strauss was bound by his ambivalent tie to an idealized mother, and he could never separate from his father, not only because of underlying oedipal aggression, but also because of the object tie to him, much needed in the face of mother's emotional unavailability. Indeed, Dr. Stanger's opinion is that the relationship with the father, albeit ambivalent and one that Strauss rebelled against, might have saved him from more serious emotional problems. In offering himself to his audience, Strauss was attempting, through the aural medium, to evoke a reciprocal dialogue with an object, a dialogue which his disturbed mother failed to establish with him. Thus, rather than being a mere need for exhibitionistic gratification, it was an example of the use of an autonomous ego function in this creative man in the service of a quest for mastery and closure.

LUBA KESSLER

February 24, 1986. EARLY SOMATIC ILLNESS AND PAIN REPEATING: ENACTMENT AND VERBALIZATION IN THE ANALYTIC SITUATION. (12th Melitta Sperling Memorial Lecture.) James M. Herzog, M.D.

Dr. Herzog presented clinical material from three analyses which served to elucidate the relationship between early painful somatic experience and character development. In addition, he illustrated how a preverbal child's experience of pain may be communicated to the analyst via nonverbal language. The clinical material presented in greatest detail was from the analysis of a child who was in treatment for several years, beginning around the age of three. The birth history revealed that her mother had had a vaginal-anal tear during delivery, with painful sequelae. Dr. Herzog was first consulted when the child was three months old. She had an anal fissure and was constipated. When she was fourteen months old, the father called, saying the problem was worse. A medical workup had revealed normal physiology, and psychiatry had been suggested. The child was seen at eighteen months and quickly warmed to Dr. Herzog. They played a game of her invention, examining the front and back of two dolls, Ba and Da. Although she was responsive, her mother refused to bring her back because her own analysis as a child has been "a disaster."

But the child's bowel problems persisted. She defecated on the floor every six to fourteen days, and would lie next to the pile of feces until her mother cleaned it up. The mother sought help for her when the child was about three years old. On entering treatment, she asked to play with Ba and Da, but she had also brought a doll of her own, Humpty Dumpty. Humpty "observed" and "narrated" but was not permitted to examine Ba's back, nor was Dr. Herzog. The child said there was a large red light behind Ba which said stop, and a small green light which said go in front of Da. One day Ba had a stomachache, and, in wondering what might help, Dr. Herzog suggested using the toilet. The child responded with an adamant "Impossible!"

Just after her fourth birthday she announced that Ba was now a mother and could be Dr. Herzog's mother too if he learned poo talk. The lessons were highly charged, with the child saying "poo" and screaming with laughter. At one session,

she developed abdominal discomfort, said she had to poop, wanted her mother, and began to scream "no" and "stop" and "impossible." The session following this frantic episode, she said it was all poo talk, and now Dr. Herzog understood it. They began to compile a poo talk dictionary, and at this juncture, she began using the toilet. The displacement onto the dolls ended for a time with the invention of a new game in which the child was Mrs. Poo and Dr. Herzog was Mr. Poo. She would lie on the couch and wish for Mr. Poo to accidentally fall down on her. She was intensely frustrated with only talking of these wishes. Following this, Humpty returned to the sessions, with the announcement that he was about to be the parent of two girls, one whose bottom was detached so that she could not feel it, the other with a prominent bottom in danger of being bitten and torn.

At age five and a half, she tackled Humpty's dilemma: he did not have the right equipment to carry a baby during gestation. Humpty was torn and the babies were torn out. The child became frustrated and desperate, trying to tear the stuffed figure of Humpty apart. She then complained that Dr. Herzog only talked about things. They understood together that poo talk was words and more than words. Poo talk was hurt. It was as if there were two poo talks: one contained words and secondary process constructions like "stop," "go," and "impossible," and the other had to do with her somatosensory experience of pain and other preverbal perceptions. Her illness and symptom had set the stage for a greater than usual closeness between mother and child. They were both torn, they both bled, they both were constipated and could defecate only with great pain. In addition, the child's father was essentially unavailable to her, which Dr. Herzog believes intensified and perpetuated the attachment to painful stimulation as a unifocal resonating empathy between mother and daughter. This would more likely have been interrupted and sublimated by a paternal presence.

Another aspect of this case, illustrated by the two other cases as well, was the theme of self-self or self-other representation in the play. With the little girl there were consistent twosomes: the dolls, the languages, the red and green stop and go signs (she had been adamant that there be no yellow sign—"just two"). Although Dr. Herzog acknowledged the plausibility of these dual representations as manifestations of anal period ambivalence, he sees them as an indication of an earlier split: self with mother in pain—self without pain. He proposed that early somatic illness and pain exert long-lasting effects on the inner world, effects which color and shape the progression along the psychosexual continuum. If the pain is profound and episodic, it may lead to dual self-other representation: the self in pain, the self not in pain. He particularly emphasized the role of the mother and the early family constellation as determinants in the way these early painful experiences are incorporated and later determine the transference. The child literally needed Dr. Herzog to fall on her, not only to play out oedipal issues but to break into the resonating empathy between her mother and herself. Only after she could begin to speak (and not enact) the archaic form of poo talk with him could she bring the self-as-pain, self-in-pain representations into the material and into the transference with Dr. *Hurtzog*. When the most archaic somatosensory connotations of self can enter the transference and enter consciousness, healing can begin to occur.

LESLIE SCHWEITZER

The 4th International Conference of the MARCÉ SOCIETY, which was founded to promote the understanding, prevention, and treatment of mental illness related to childbearing, will be held September 14-17, 1988, at the University of Keele in England. The title of the Conference will be "The Family, Childbearing, and Mental Illness." For further information, contact: Marcé Society Secretariat, Bell Howe Conferences, Gothic House, Barker Gate, Nottingham, NG1 1JU, England. Telephone: (0620) 410679.

A call for papers has been announced for an International Conference to be held in Jerusalem in the spring of 1989. The title of the Conference will be "Psychology and the Bible: Bible Personalities, Subjects, and Attitudes from a Psychiatric or Psychological Perspective." For further information, contact: Ilan Kutz, M.D., 56 Usishkin St., Tel-Aviv 62591, Israel.

THE SOCIETY FOR THE ADVANCEMENT OF QUANTITATIVE RESEARCH IN PSYCHOANALYSIS has been established to promote the development and promulgation of controlled and replicable research on topics relevant to psychoanalytic theory and practice. At this time, the Society is developing a mailing list of interested professionals and students. Please mail your name, address, and telephone number to Dennis G. Shulman, Ph.D., Fordham University, The College at Lincoln Center, Room 916, 113 West 60th St., New York, NY 10023. Summaries of proposed or completed quantitative research in psychoanalysis are welcomed.

The Literature Prize Committee of the MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION is accepting papers to be considered for the 1988 annual prize of \$750.00. Papers should deal with clinical, theoretical, or research issues related to Dr. Mahler's concepts of separation-individuation in child development. Pre-published papers may be submitted, provided that they have been published within the year of the Prize. Six copies of the paper should be submitted no later than December 31, 1988, to: Dr. Marjorie Harley, Chairperson, Margaret S. Mahler Literature Prize Committee, 201 St. Martins Rd., Baltimore, MD 21218.

The 9th ANNUAL CAPE COD INSTITUTE, consisting of twenty weeks of courses for mental health and health science professionals and sponsored by the Department of Psychiatry of the Albert Einstein College of Medicine, will be held June 27-September 2, 1988. For further information, write to: Cape Cod Institute, Albert Einstein College of Medicine, 1303 Belfer Bldg., Bronx, NY 10461; phone: 212-430-2307.