

Leo Rangell an Appreciation

Jacob A. Arlow

To cite this article: Jacob A. Arlow (1988) Leo Rangell an Appreciation, The Psychoanalytic Quarterly, 57:3, 297-301, DOI: [10.1080/00332828.1988.12021929](https://doi.org/10.1080/00332828.1988.12021929)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021929>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)

LEO RANGELL AN APPRECIATION

BY JACOB A. ARLOW, M.D.

In honor of his seventy-fifth birthday this year, the editors of *The Psychoanalytic Quarterly* salute Dr. Leo Rangell, a man whose record of achievement and contribution to psychoanalysis is nearly without parallel in our generation. Dr. Rangell has made an indelible mark on the development of psychoanalysis in our time, not only in the United States but in the rest of the world as well. Teacher, author, administrator, and clinician, he has been identified with every aspect of psychoanalysis. His role as representative of psychoanalysis to the world at large was epitomized on that historic occasion in 1971 when he presided over the Congress of the International Psychoanalytical Association as it convened for the first time since the Second World War, in Vienna, the birthplace of psychoanalysis.

A truly astounding record of academic achievement and professional experience had prepared him for this role. Leo Rangell was born and, for the most part, educated in the City of New York. After graduating Phi Beta Kappa from Columbia University in 1933, he received his M.D. at the University of Chicago School of Medicine and went on to training in neurology and psychiatry at Montefiore, at Grasslands Hospital, and at the New York State Psychiatric Institute. After three years as a candidate at the New York Psychoanalytic Institute, Dr. Rangell left to serve in the U.S. Army Air Force, from which he was discharged in 1946 with the rank of Major. After the war, he settled in California, completing his training at the Los Angeles Psychoanalytic Institute.

Brief as his professional career was in New York, it afforded him sufficient opportunity to exercise his creative energies.

During this time, he was a Stroock Research Fellow at Montefiore, an instructor in neurology at Columbia University College of Physicians and Surgeons; he published a paper with Margaret Mahler on Gilles de la Tourette's disease, and five contributions to clinical neurology. After graduating from the Los Angeles Psychoanalytic Institute, he advanced rapidly as a teacher and leader in the psychoanalytic and psychiatric communities. He was president of both the Los Angeles Psychoanalytic Society and the Southern California Psychoanalytic Society, and continues to serve as Clinical Professor of Psychiatry at the University of California in Los Angeles and in San Francisco. Subsequently, he served twice as president of the American Psychoanalytic Association and, from 1969 to 1973, he was president of the International Psychoanalytical Association.

A popular teacher with a quick, incisive wit, Dr. Rangell has the gift of rendering the most abstruse concepts into comprehensible formulations. In the various panels, seminars, and conferences in which he has participated, his ability to integrate masses of data, to focus on the essential and significant elements in the material, and to place them in logical, critical perspective is remarkable. Because of these qualities, he has been recruited regularly to serve as visiting professor and teacher at almost every major psychoanalytic training center in the United States and throughout the rest of the world. These same qualities commended him to various foundations and scientific journals as an editor, consultant, and adviser. He was the John B. Turner Visiting Professor of Psychiatry at Columbia University College of Physicians and Surgeons, consultant to the Reiss-Davis Child Guidance Clinic, and member of the Editorial Boards of the *Journal of the American Psychoanalytic Association*, *The Journal of the Philadelphia Association for Psychoanalysis*, and *American Imago*—to mention only a handful of the many responsibilities where his talents have been recruited.

Among the many honors and awards Dr. Rangell has received, the following represent special distinction. He was Fellow at the Center for Advanced Study in the Behavioral

Sciences, Stanford, California; Simon H. Guggenheim Foundation Fellow on "The Unconscious Roots of the Decision-Making Process"; he received the Journal Award of the *Journal of the American Psychoanalytic Association* for the best paper of 1981; and the Heinz Hartmann Award of the New York Psychoanalytic Institute for 1985. His medical school recognized his special contributions by presenting him the Medical Alumni Award for Distinguished Service. This distinction was bestowed by the University of Chicago, Division of the Biological Sciences, Pritzker School of Medicine, in 1987.

Most significant and most impressive are his contributions to the science of man. His career as a contributor to the psychoanalytic literature began auspiciously: two of his early papers were awarded the Clinical Essay Prize of the British Psychoanalytical Society—"The Analysis of a Doll Phobia" (1952) and "The Psychology of Poise—with a Special Elaboration of the Psychic Significance of the Snout or Perioral Region" (1954). Since that time, Dr. Rangell has written almost two hundred contributions to the literature, practically every one dealing with some major aspect of the central issues being discussed in the field at the time. He brings to the discussion of controversial questions an original, independent stance, solidly based in clinical relevance and securely founded in the logical structure of psychoanalytic theory. His writings are innovative, yet cautious, never yielding in facile fashion to the popular trends of the time. As in his organizational work, so in his writings Dr. Rangell does not hesitate, when he deems it necessary, to take an unpopular and lonely position in defense of his convictions.

There are a number of areas of psychoanalytic thought where Leo Rangell's writings stand out as particularly significant, areas that may be considered his special domain. These concepts serve as the essential frame of reference for his vision of psychoanalysis. When we trace the history of how and when these major themes appear in his writings, we come to appreciate the progressive expansion of his grasp of the problems confronting psychoanalysis, culminating in his insight into the issues facing

humanity at large. The first challenge Dr. Rangell undertook was to resolve the theoretical impasse that confronted Freud regarding the theory of anxiety. Freud could not find a metapsychological solution to the contradiction between automatic and signal anxiety, and confessed "*non liquet*." In his 1968 paper, "A Further Attempt To Resolve the 'Problem of Anxiety,'" Dr. Rangell proposed an answer which then directed his attention to the theory of affects in general. He seems to have recognized that what was required in psychoanalytic methodology was the persistent, simultaneous application of conceptualization at both the clinical and the metapsychological level. To these issues he devoted a whole series of papers concerning intersystemic versus intrasystemic conflict, and the microscopic and the macroscopic points of view. In effect, he maintains that what is essential is a meticulous, harmonious wedding of theory with clinical experience of the psychoanalytic situation.

Delving into the finer relationships among elements of the several psychic structures and within those structures, Dr. Rangell then focuses attention on that aspect of ego functioning which serves as a final common pathway for the discharge of the potential of the various components of the psychic apparatus, namely, the decision-making process. From these highly refined, specific, idiosyncratic, individual mechanisms, he envisages a progressive elaboration into a holistic concept of the individual upon whom has been placed the stamp of humanity, with the attendant privileges and obligations of parent, friend, and citizen. These ideas come together in rich and challenging form in his papers on the human core (1967), friendship (1963), and the compromise of integrity (1974, 1976, 1980). In this last respect, we observe Dr. Rangell in the role of a true leader, distressed and anguished by the failure of morality and integrity, but, in consistent analytic fashion, exposing the truth for people to see and perhaps to profit from.

What has been said till now is only part of the measure of the man as a professional. On the personal side, there is much to be said, but I will allow myself only one comment. When not bur-

dened by his awesome professional responsibilities, Leo Rangell is a man with an ebullient personality, a marvelous sense of humor, and a great gift for mimicry. All this and much more I know from almost fifty years of friendship. There is, however, one thing more that I know I must say. This stupendous record of achievement and the magnificent contributions that Dr. Rangell has made to us and our profession would not have been possible without the steadfast, loving support of his wife, Anita. In any life, especially one so filled with responsibility and commitment, heavy burdens of fate and conflict are inevitable. Anita was there to share many trials. She protected and made possible that continuing flow of creative energy from which all of us have benefited. So we say thank you to Anita as we express our admiration and gratitude to an outstanding colleague and leader, Dr. Leo Rangell.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Bibliography of Leo Rangell (1942–1987)

To cite this article: (1988) Bibliography of Leo Rangell (1942–1987), The Psychoanalytic Quarterly, 57:3, 302-312, DOI: [10.1080/00332828.1988.12021930](https://doi.org/10.1080/00332828.1988.12021930)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021930>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)



View related articles [↗](#)

BIBLIOGRAPHY OF LEO RANGELL (1942-1987)

- 1942 CEREBRAL AIR EMBOLISM. *J. Nerv. Ment. Dis.*, 96:542-555.
- 1943 (with M. S. Mahler) A PSYCHOSOMATIC STUDY OF "MALADIE DES TICS" (GILLES DE LA TOURETTE'S DISEASE). *Psychiat. Q.*, 17:579-604.
- 1945 (with F. Glassman) ACUTE SPINAL EPIDURAL ABSCESS AS A COMPLICATION OF LUMBAR PUNCTURE. *J. Nerv. Ment. Dis.*, 102:8-18.
- 1947 (with S. H. Nagler) PERONEAL PALSY CAUSED BY CROSSING THE LEGS. *J. Amer. Med. Assn.*, 133:755-761.
- 1950 (with N. Savitsky) THE OCULAR FINDINGS IN MULTIPLE SCLEROSIS. *Multiple Sclerosis and the Demyelinating Diseases*, 28:403-413.
(with N. Savitsky) ON HOMONYMOUS HEMIANOPSIA IN MULTIPLE SCLEROSIS. *J. Nerv. Ment. Dis.*, 111:225-231.
A TREATMENT OF NIGHTMARES IN A SEVEN-YEAR-OLD BOY. *Psychoanal. Study Child*, 5:358-390.
- 1951 THE ROLE OF EMOTIONS IN CARDIOVASCULAR DISORDERS. *Annals West. Med. Surg.*, 5:610-618.
- 1952 THE ANALYSIS OF A DOLL PHOBIA. *Int. J. Psychoanal.*, 33:43-53. [Reprinted in *The Yearbook of Psychoanalysis*, Vol. 9, ed. S. Lorand. New York: Int. Univ. Press, 1953, pp. 178-198; and in *Psychoanalytic Case Studies*, ed. G. P. Sholevar. New York: Int. Univ. Press, 1987.
EL ANÁLISIS DE UNA FOBIA A LAS MUÑECAS. In *Prácticas Psicoanalíticas Comparadas en las Neurosis*, ed. L. Grinberg. Buenos Aires: Editorial Paidós, 1977.]
MACROSCOPIC TRANSMISSION AND THE MACROSCOPIC POINT OF VIEW. *J. Hillside Hosp.*, 1:228-233.

- (Reporter) PANEL ON THE THEORY OF AFFECTS. *Bull. Amer. Psychoanal. Assn.*, 8:300-315.
- 1953 CRITIQUE AND METHODOLOGY. *Annual Survey Psychoanal.*, 4:23-51.
 THE INTERCHANGEABILITY OF PHALLUS AND FEMALE GENITAL. *J. Amer. Psychoanal. Assn.*, 1:504-509.
 PSYCHIATRIC ASPECTS OF PAIN. *Psychosomat. Med.*, 15:22-37.
- 1954 CRITIQUE. *Annual Survey Psychoanal.*, 5:14-30.
 (Reporter) PANEL ON PSYCHOANALYSIS AND DYNAMIC PSYCHOTHERAPY—SIMILARITIES AND DIFFERENCES. *J. Amer. Psychoanal. Assn.*, 2:152-166. [PSICOANÁLISIS Y PSICOTERAPIA DINÁMICA: SIMILITUDES Y DIFERENCIAS. *Revista de Psicoanálisis*, 1971, 28:73-89.
 THE PSYCHOLOGY OF POISE. WITH A SPECIAL ELABORATION ON THE PSYCHIC SIGNIFICANCE OF THE SNOUT OR PERIORAL REGION. *Int. J. Psychoanal.*, 35:313-332.
 SIMILARITIES AND DIFFERENCES BETWEEN PSYCHOANALYSIS AND DYNAMIC PSYCHOTHERAPY. *J. Amer. Psychoanal. Assn.*, 2:734-744.
- 1955 CRITIQUE. *Annual Survey Psychoanal.*, 6:15-54.
 ON THE PSYCHOANALYTIC THEORY OF ANXIETY. A STATEMENT OF A UNITARY THEORY. *J. Amer. Psychoanal. Assn.*, 3:389-414.
 (Reporter) PANEL ON THE BORDERLINE CASE. *J. Amer. Psychoanal. Assn.*, 3:285-298.
 THE ROLE OF THE PARENT IN THE OEDIPUS COMPLEX. *Bull. Menning. Clin.*, 19:9-15.
- 1956 (Reporter) PANEL ON THE DREAM IN THE PRACTICE OF PSYCHOANALYSIS. *J. Amer. Psychoanal. Assn.*, 4:122-137.
- 1957 DISCUSSION of Kubie, L. S.: "The use of psychoanalysis as a research tool." In *Application of Basic Science Techniques to Psychiatric Research*, ed. R. Cleghorn. Washington, DC: Amer. Psychiat. Assn., pp. 143-150.

- 1958 PSYCHOSOMATIC MEDICINE. *Calif. Med.*, 88:357-364.
- 1959 THE NATURE OF CONVERSION. *J. Amer. Psychoanal. Assn.*, 7:632-662. [DIE KONVERSION. *Psyche*, 1969, 23:121-147.]
- 1960 THEY ARE ENTRUSTED TO YOUR CARE. *J. Nursery Ed.*, 15:120-122.
- 1961 PRESIDENTIAL NEWSLETTER. *Amer. Psychoanal. Assn.*, Vol. 2, No. 1 (June); No. 2 (November).
(with R. Ekstein) RECONSTRUCTION AND THEORY FORMATION. *J. Amer. Psychoanal. Assn.*, 9:684-697. [REKONSTRUKTION UND THEORIEBILDUNG. *Psyche*, 1963, 17:414-425.]
THE ROLE OF EARLY PSYCHIC FUNCTIONING IN PSYCHOANALYSIS. *J. Amer. Psychoanal. Assn.*, 9:595-609. [DIE FRÜHEN PSYCHISCHEN FUNKTIONEN IM LICHT DER PSYCHOANALYSE. *Psyche*, 1963, 17:401-413.]
- 1962 THE NEW YORK SOCIETY AND AMERICAN PSYCHOANALYSIS. In *Fruition of an Idea—Fifty Years of Psychoanalysis in New York*, ed. M. Wangh. New York: Int. Univ. Press, pp. 57-60.
PRESIDENTIAL NEWSLETTER. *Amer. Psychoanal. Assn.*, Vol. 2, No. 3 (February); No. 4 (April-May).
PROSPECT AND RETROSPECT: AN INTERIM REPORT BY THE PRESIDENT. *J. Amer. Psychoanal. Assn.*, 10:227-257.
- 1963 BEYOND AND BETWEEN THE NO AND THE YES: A TRIBUTE TO DR. RENÉ A. SPITZ. In *Counterpoint: Libidinal Object and Subject*, ed. H. S. Gaskill. New York: Int. Univ. Press, pp. 29-74.
ON FRIENDSHIP. *J. Amer. Psychoanal. Assn.*, 11:3-54.
THE SCOPE OF INTRAPSYCHIC CONFLICT. MICROSCOPIC AND MACROSCOPIC CONSIDERATIONS. *Psychoanal. Study Child*, 18:75-102.
STRUCTURAL PROBLEMS IN INTRAPSYCHIC CONFLICT. *Psychoanal. Study Child*, 18:103-138.

- 1964 PRESIDENT'S BULLETIN NO. 1. Los Angeles Psychoanal. Soc., July 23.
REVIEW of Greenacre, P.: *The Quest for the Father. A Study of the Darwin-Buller Controversy, as a Contribution to the Understanding of the Creative Individual*. *Psychoanal. Q.*, 33:575-578.
- 1965 THE SCOPE OF HEINZ HARTMANN. SOME SELECTED COMMENTS ON HIS *ESSAYS ON EGO PSYCHOLOGY*. AN APPRECIATIVE SURVEY ON THE OCCASION OF HIS SEVENTIETH BIRTHDAY. *Int. J. Psychoanal.*, 46:5-30.
SOME COMMENTS ON PSYCHOANALYTIC NOSOLOGY: WITH RECOMMENDATIONS FOR IMPROVEMENT. In *Drives, Affects, Behavior, Vol. 2. Essays in Memory of Marie Bonaparte*, ed. M. Schur. New York: Int. Univ. Press, pp. 128-157.
- 1966 DEDICATION (to Dr. Maxwell Gitelson). In *Psychoanalysis in the Americas: Original Contributions from the First Pan-American Congress for Psychoanalysis*, ed. R. E. Litman. New York: Int. Univ. Press, pp. v-vi.
AN OVERVIEW OF THE ENDING OF AN ANALYSIS. In *Op. cit.*, pp. 141-165.
PRESIDENTIAL NEWSLETTER. *Amer. Psychoanal. Assn.*, Vol. 7, No. 1 (October).
RECENT HISTORY OF THE PAN-AMERICAN PSYCHOANALYTIC CONGRESS. In *Psychoanalysis in the Americas: Original Contributions from the First Pan-American Congress for Psychoanalysis*, ed. R. E. Litman. New York: Int. Univ. Press, pp. 9-15.
- 1967 IN MEMORIAM: WILLIAM C. MENNINGER. *J. Amer. Psychoanal. Assn.*, 15:923-929.
A MESSAGE FROM THE PRESIDENT. *Amer. Psychoanal. Assn. Newsletter*, Vol. 1, No. 1 (February).
THE METAPSYCHOLOGY OF PSYCHIC TRAUMA. In *Psychic Trauma*, ed. S. S. Furst. New York: Basic Books, pp. 51-84.

- PSYCHOANALYSIS, AFFECTS, AND THE 'HUMAN CORE.' ON THE RELATIONSHIP OF PSYCHOANALYSIS TO THE BEHAVIORAL SCIENCES. *Psychoanal. Q.*, 36:172-202.
- PSYCHOANALYSIS—A CURRENT LOOK. *J. Amer. Psychoanal. Assn.*, 15:423-431.
- 1968 A FURTHER ATTEMPT TO RESOLVE THE "PROBLEM OF ANXIETY." *J. Amer. Psychoanal. Assn.*, 16:371-404. [NOUVEL ESSAI POUR RESOUDRE LE "PROBLÈME DE L'ANGOISSE." *Revue Française de Psychanalyse*, 1971, 35:161-189. Reprinted in *Dix ans de psychanalyse en Amérique*, ed. H. P. Blum, S. Lebovici & D. Widlöcher. Paris: Presses Universitaires de France, 1981, pp. 179-212.]
- A POINT OF VIEW ON ACTING OUT. *Int. J. Psychoanal.*, 49:195-201.
- PREFACIO. In *Psicoanálisis en las Américas*, ed. L. Grinberg, M. Langer & E. Rodríguez. Buenos Aires: Editorial Paidós, pp. 12-14.
- PSYCHOANALYSIS—ITS PRESENT STANCE. A CURRENT OPINION MEDICAL EDITORIAL. *Med. Tribune*, February 1.
- THE PSYCHOANALYTIC PROCESS. *Int. J. Psychoanal.*, 49:19-26. [EL PROCESO PSICOANALÍTICO. In *Psicoanálisis en las Américas*, ed. L. Grinberg, M. Langer & E. Rodríguez. Buenos Aires: Editorial Paidós, pp. 23-36.]
- 1969 CHOICE-CONFLICT AND THE DECISION-MAKING FUNCTION OF THE EGO: A PSYCHOANALYTIC CONTRIBUTION TO DECISION THEORY. *Int. J. Psychoanal.*, 50:599-602.
- THE INTRAPSYCHIC PROCESS AND ITS ANALYSIS—A RECENT LINE OF THOUGHT AND ITS CURRENT IMPLICATIONS. *Int. J. Psychoanal.*, 50:65-77. [ZUR ANALYSE DES INTRAPSYCHISCHEN PROZESSES. NEUE ÜBERLEGUNGEN ZUR PSYCHOANALYTISCHEN THEORIE UND PRAXIS. *Psyche*, 23:438-460. IL PROCESSO INTRAPSICHICO E LA SUA ANALISI—UNA RECENTE LINEA PENSIERO E LE SUE ATTUALI APPLICAZIONI. *Rivista di psicoanalisi*, 15:119-141.]

- REFLEXIONES SOBRE MI VISITA A BUENOS AIRES—AL CRUZAR EL ECUADOR PSICOANALÍTICA. COMMENTARIOS FINALES. *Revista de Psicoanálisis*, 26:443-462.
- 1970 DISCUSSION OF 'THE INTRAPSYCHIC PROCESS AND ITS ANALYSIS: A RECENT LINE OF THOUGHT AND ITS CURRENT IMPLICATIONS.' *Int. J. Psychoanal.*, 51:195-199, 202-209.
- OBITUARY: DR. HEINZ HARTMANN. 134th *Bull. Int. Psychoanal. Assn.*, 51:567.
- PERSPECTIVE, ROME: THE 'VIEWPOINT' OF THE PSYCHOANALYST. REMARKS OF THE INCOMING PRESIDENT. *Int. J. Psychoanal.*, 51:55-57.
- PRESIDENT'S NEWSLETTER. *Int. Psychoanal. Assn.*, Vol. 3, No. 1 (March).
- PSYCHOANALYSIS AND NEUROPSYCHIATRY—A LOOK AT THEIR INTERFACE. *Amer. J. Psychiat.*, 127:125-131. [Reprinted in *Neurología—Neurocirugía—Psiquiatría* (Mexico) 11:125-131.]
- THE RETURN OF THE REPRESSED "OEDIPUS." In *Parenthood. Its Psychology and Psychopathology*, ed. E. J. Anthony & T. Benedek. Boston: Little, Brown & Co., pp. 325-334.
- 1971 THE DECISION-MAKING PROCESS. A CONTRIBUTION FROM PSYCHOANALYSIS. *Psychoanal. Study Child*, 26:425-452.
- DISCUSSION (COMENTARIO) of Etchegoyen, H.: "La primera sesión de análisis." *Revista de Psicoanálisis*, 28:520-527.
- GRÜSSADRESSEN. PSYCHOANALYSE IN BERLIN. Meisenheim am Glan: Verlag Anton Hain.
- OBITUARY: ELIZABETH R. ZETZEL. *Int. J. Psychoanal.*, 52:229-231.
- PRESIDENT'S NEWSLETTER. *Int. Psychoanal. Assn.*, Vol. 3, No. 2 (April).
- REPLY TO L. H. BEECHER. LETTER TO THE EDITOR ON "INTEGRATING PSYCHOANALYSIS." *Amer. J. Psychiat.*, 127:976.

- TOWARD A COOL LOOK AT BURNING ISSUES. BOOK REVIEW
ESSAY ON PROGRESS AND REVOLUTION (by R. Waelder).
Psychoanal. Q., 40:663-677.
- 1972 ADDRESS TO THE OPENING PLENARY SESSION. 9th Latin-
American Psychoanalytic Congress, Caracas, July 16.
In *Discursos: IX Congreso Latinoamericano de Psicoaná-
lisis, 17/21 Julio*. Publicación del Instituto Venezolano
de los Seguros Sociales.
- AGGRESSION, OEDIPUS, AND HISTORICAL PERSPECTIVE. *Int.
J. Psychoanal.*, 53:3-11. [AGRESSÃO, EDIPO E PERSPEC-
TIVA HISTORICA. *Revista Brasileira de Psicanalise*, 1971,
5:284-302. LA AGRESIÓN, EDIPO Y LA PERSPECTIVA HIS-
TÓRICA. *Revista de Psicoanálisis*, 1972, 29:63-83. DIE
AGGRESSION UND DER ÖDIPUS COMPLEX. *Psyche*, 1973,
27:193-204.]
- PRESIDENT'S NEWSLETTER. *Int. Psychoanal. Assn.*, Vol. 4,
No. 1 (January).
- 1973 CONNECTIONS OF PSYCHOANALYSIS WITH OTHER MEDICAL
FIELDS. *Nosokomiaka Chronika* [Hospitals Chronicle],
35:297-302. (Athens)
- ON THE CACOPHONY OF HUMAN RELATIONS. *Psychoanal.
Q.*, 42:325-348.
- PRESIDENT'S NEWSLETTER. *Int. Psychoanal. Assn.*, Vol. 5,
No. 1 (April).
- 1974 LETTER TO THE EDITOR. *The Academy*, 18:4.
- A PSYCHOANALYTIC PERSPECTIVE LEADING CURRENTLY TO
THE SYNDROME OF THE COMPROMISE OF INTEGRITY. *Int.
J. Psychoanal.*, 55:3-12. [UNE PERSPECTIVE PSYCHAN-
ALYTIQUE MENANT AU SYNDROME DU COMPROMIS D'INTÉ-
GRITÉ. *Revue Française de Psychanalyse*, 38:385-404.
PERSPEKTIVEN DER PSYCHOANALYSE. BEMERKUNGEN
ZUM DROHENDEN VERFALL DER INTEGRITÄT. *Psyche*,
28:933-950. UMA PERSPECTIVA PSICANALITICA A CON-
DUZIR AO SINDROME DA CONCILIAÇÃO DA INTEGRIDADE.
Revista Brasileira de Psicanalise, 8:367-386. UNA PER-

SPECTIVA PSICOANALÍTICA DE LA CUAL SE DEDUCE Y EXPONE EL SINDROME DEL COMPROMISO DE INTEGRIDAD. *Revista de Psicoanálisis*, 31:517-540.]

- 1975 PSYCHOANALYSIS AND THE PROCESS OF CHANGE. AN ESSAY ON THE PAST, PRESENT AND FUTURE. *Int. J. Psychoanal.*, 56:87-98. [PSYCHOANALYSE UND VERÄNDERUNG. EIN VERSUCH ÜBER VERGANGENHEIT, GEGENWART UND ZUKUNFT. *Psyche*, 29:481-502. PSYCHANALYSE ET CHANGEMENT. ESSAI SUR LE PASSÉ, LE PRÉSENT ET L'AVENIR. *Revue Française de Psychanalyse*, 39:315-338. EL PSICOANÁLISIS Y EL PROCESO DE CAMBIO. UN ENSAYO SOBRE EL PASADO, EL PRESENTE Y EL FUTURO. *Revista de Psicoanálisis*, 32:5-32.]
- REVIEW of McGuire, W., Editor: *The Freud/Jung Letters. The Correspondence between Sigmund Freud and C. G. Jung*. *Amer. J. Psychiat.*, 132:980.
- 1976 DISCUSSION OF THE BUFFALO CREEK DISASTER: THE COURSE OF PSYCHIC TRAUMA. *Amer. J. Psychiat.*, 133:313-316.
- GELASSENHEIT UND ANDERE MENSCHLICHE MOGLICHKEITEN. Frankfurt am Main: Suhrkamp Verlag.
- LESSONS FROM WATERGATE. A DERIVATIVE FOR PSYCHOANALYSIS. *Psychoanal. Q.*, 45:37-61.
- 1977 DIFFERENT TYPES OF ANXIETY AND THEIR HANDLING IN THE PSYCHOANALYTIC SITUATION. Precis of paper for dialogue at 30th International Psychoanalytic Congress, Jerusalem. *President's Newsletter (I.P.A.)*, Vol. 9, No. 1, pp. 17-20.
- 1978 THE CREATIVE THRUST: A PSYCHOANALYTIC THEORY. *Amer. Imago*, 35:27-44. [Reprinted in *Myth, Creativity, Psychoanalysis. Essays in Honor of Harry Slochower*, ed. M. Solomon. Detroit: Wayne State Univ. Press, pp. 27-44.]
- ON UNDERSTANDING AND TREATING ANXIETY AND ITS DERIVATIVES. *Int. J. Psychoanal.*, 59:229-236.

- RESPONSE TO OSMAN, M. P.: "Reflections upon hearing Dr. Leo Rangell's Talk. *Bull. So. Calif. Psychoanal. Soc. & Inst.*, No. 52, Spring, pp. 11-14.
- 1979 CONTEMPORARY ISSUES IN THE THEORY OF THERAPY. *J. Amer. Psychoanal. Assn.*, Suppl., 27:81-112. [CRITERIOS CONTEMPORÁNEOS EN LA TEORÍA DE LA TERAPIA. In *Diez años de psicoanálisis en los Estados Unidos (1973-1982)*, ed. H. P. Blum. Madrid: Alianza Universidad, 1983, pp. 221-244. Also published in *Japanese Anthology Collection of the Journal of the American Psychoanalytic Association*, ed. H. P. Blum, 1984.]
- PSYCHOANALYSIS AND DYNAMIC PSYCHIATRY. *Hillside J. Clin. Psychiat.*, 1:5-38.
- REVIEW of Loewald, H. W.: *Psychoanalysis and the History of the Individual*. *Psychoanal. Q.*, 48:116-121.
- 1980 THE MIND OF WATERGATE. AN EXPLORATION OF THE COMPROMISE OF INTEGRITY. New York: Norton.
- A NEGLECTED CLASSIC, X: OTTO FENICHEL'S "PROBLEMS OF PSYCHOANALYTIC TECHNIQUE." *J. Phila. Assn. Psychoanal.*, 7:93-103.
- WHAT'S HAPPENING TO AMERICAN INTEGRITY? *Amer. Med. News Impact*, November 28, pp. 1-4.
- 1981 DAVID BRUNSWICK, PH.D. 1897-1981. *Amer. Psychoanal. Assn. Newsletter*, 15:8.
- FROM INSIGHT TO CHANGE. *J. Amer. Psychoanal. Assn.*, 29:119-141. [VON DER EINSICHT ZUR VERÄNDERUNG. *Sigmund Freud House Bulletin*, Vol. 10, Special Issue, Winter, pp. 237-249.]
- PSYCHOANALYSIS AND DYNAMIC PSYCHOTHERAPY. SIMILARITIES AND DIFFERENCES TWENTY-FIVE YEARS LATER. *Psychoanal. Q.*, 50:665-693.
- REVIEW of Leavy, S. A.: *The Psychoanalytic Dialogue*. *Psychoanal. Q.*, 51:127-132.
- SOME NOTES ON THE POST-ANALYTIC PHASE. DISCUSSION PAPER TO BORENSTEIN, D. B., AND FINTZY, R. T.: "POST-

- ANALYTIC ENCOUNTERS." *Int. J. Psychoanal. Psychother.*, 8:165-170.
- A VIEW ON JOHN GEDO'S REVISION OF PSYCHOANALYTIC THEORY. *Psychoanal. Inquiry*, 1:249-265.
- 1982 THE SELF IN PSYCHOANALYTIC THEORY. *J. Amer. Psychoanal. Assn.*, 30:863-891.
- SOME THOUGHTS ON TERMINATION. *Psychoanal. Inquiry*, 2:367-392.
- TRANSFERENCE TO THEORY: THE RELATIONSHIP OF PSYCHOANALYTIC EDUCATION TO THE ANALYST'S RELATIONSHIP TO PSYCHOANALYSIS. *Annual Psychoanal.*, 10:29-56.
- 1983 DEFENSE AND RESISTANCE IN PSYCHOANALYSIS AND LIFE. *J. Amer. Psychoanal. Assn.*, Suppl., 31:147-174.
- OBITUARY: DAVID LEACH, M.D. *Newsletter, Michigan Psychoanal. Soc. and Inst.*, Vol. 13, No. 1 (November), p. 5.
- REVIEW OF HAFFNER, S.: *The Meaning of Hitler*. *J. Amer. Psychoanal. Assn.*, 31:790-793.
- REVIEW of Klauber, J.: *Difficulties in the Analytic Encounter*. *Psychoanal. Q.*, 52:99-104.
- SOME THOUGHTS ON BARRY SIEGEL'S THOUGHTS ON "THOUGHTS ON TERMINATION," BY LEO RANGELL. *Psychoanal. Inquiry*, 3:705-714.
- 1984 THE ANALYST AT WORK. THE MADRID CONGRESS. SYNTHESIS AND CRITIQUE. *Int. J. Psychoanal.*, 65:125-140.
- THE ANNA FREUD EXPERIENCE. *Psychoanal. Study Child*, 39:29-43.
- GERMAN PSYCHOANALYSIS. THE MORAL ISSUE. *Amer. Psychoanal. Assn. Newsletter*, 18:1-6.
- STRUCTURE, SOMATIC AND PSYCHIC. THE BIOPSYCHOLOGICAL BASE OF INFANCY. In *Frontiers of Infant Psychiatry*, Vol. 2, ed. E. Galenson, J. D. Call & R. L. Tyson. New York: Basic Books, pp. 70-81.

- 1985 ANNA FREUD—1895-1982. In *The Social Science Encyclopedia*, ed. A. Kuper & J. Kuper. London/Boston: Routledge & Keegan Paul, pp. 316-317.
- THE OBJECT IN PSYCHOANALYTIC THEORY. *J. Amer. Psychoanal. Assn.*, 33:301-334.
- ON THE THEORY OF THEORY IN PSYCHOANALYSIS AND THE RELATION OF THEORY TO PSYCHOANALYTIC THERAPY. *J. Amer. Psychoanal. Assn.*, 33:59-92.
- REVIEW of Pontalis, J.-B.: *Frontiers in Psychoanalysis: Between the Dream and Psychic Pain*. *J. Amer. Psychoanal. Assn.*, Suppl., 33:153-158.
- 1986 THE ENDURING ARMATURE OF PSYCHOANALYTIC THEORY AND METHOD. In *Psychoanalysis. The Science of Mental Conflict: Essays in Honor of Charles Brenner*, ed. A. D. Richards & M. S. Willick. Hillsdale, NJ: Analytic Press, pp. 89-106.
- THE EXECUTIVE FUNCTIONS OF THE EGO. AN EXTENSION OF THE CONCEPT OF EGO AUTONOMY. *Psychoanal. Study Child*, 41:1-37.
- PSYCHE UND SOMA—SPRUNGE UND CONTINUITÄTEN. In *Deutsche psychoanalytische Vereinigung. Arbeitstagung. Psychoanalytische Psychosomatik und aktuelle Probleme der Psychoanalyse*. Wiesbaden: Hofheim, pp. 35-59.
- 1987 A CORE PROCESS IN PSYCHOANALYTIC TREATMENT. *Psychoanal. Q.*, 56:222-249.
- PSYCHOANALYSIS—WHERE NEXT? THE BOTTOM LINE. THE ROLE AND RESPONSIBILITY OF THE AMERICAN. PART I. *Amer. Psychoanal. Assn. Newsletter*, 21(1):6-7; PART II, 21(2):6-7.
- HISTORICAL PERSPECTIVES AND CURRENT STATUS OF THE INTERPRETATION OF DREAMS IN CLINICAL WORK. In *The Interpretation of Dreams in Clinical Work*, ed. A. Rothstein. Madison, CT: Int. Univ. Press, pp. 3-24.

The Future of Psychoanalysis: The Scientific Crossroads

Leo Rangell

To cite this article: Leo Rangell (1988) The Future of Psychoanalysis: The Scientific Crossroads, The Psychoanalytic Quarterly, 57:3, 313-340, DOI: [10.1080/00332828.1988.12021931](https://doi.org/10.1080/00332828.1988.12021931)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021931>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)



Citing articles: 5 View citing articles [↗](#)

THE FUTURE OF PSYCHOANALYSIS: THE SCIENTIFIC CROSSROADS

BY LEO RANGELL, M.D.

The invitation of the Editor to contribute this essay on the future of psychoanalysis coincides with my own interest in the subject, and my feelings for some years that this topic is in need of attention. An indication of this was my recent article in the *Newsletter* of the American Psychoanalytic Association, "Psychoanalysis—Where Next?" (Rangell, 1987). I have increasingly felt that it was necessary to ask this question in the face of the history of the last two decades.

In introducing this series (in the January issue of *The Quarterly*), the Editor notes that analysts today range from those who are excited by new developments to those who feel we are at a point of perilous change. While my position in this span is not at the pole of feeling peril, I am nevertheless over the midline on the side of feeling a sense of gravity at our direction, and a concern over the question of the survival of psychoanalysis, at least as it has been and, I feel, should be.

My point of entry into the subject is not administrative, educational, or organizational, but scientific. The focus of my concern is the tension within the science, and what I consider to be a scientific drift. My primary interest is not the status of psychoanalysis within the general or even the intellectual community, but the condition and directions of psychoanalytic theory within psychoanalysis itself. The breakthrough which ushered in "the century of Freud," making the century now coming to a close memorable for its incremental leap in man's knowledge of him-

EDITOR'S NOTE: This is the third invited paper in a series on this topic. For previous papers, see our January and April 1988 issues.

self, stood on the discovery and development of psychoanalytic understanding. The fate of psychoanalysis will stand or fall on the strength of its theory.

Psychoanalytic theory, which has been continuously expanded and modified since its inception, has been subjected to the constant pressure of controversy resulting from alternative theories that would replace it or change its essence. The goal throughout has been to retain the essentials while permitting necessary growth and adaptation to new data, direct or indirect. Until now, the debates and attacks have been characterized by psychoanalysts maintaining a secure belief in the likelihood of survival of the major scientific advance of the past century. This has been called into question by recent developments. A qualitative change has taken place. While there are those who find that the new developments hold great promise and are deserving of exuberant praise, there are others who see a regressive and pessimistic turn of events. I am among those who feel that the essentials of psychoanalysis are in danger of being lost while the presumed gains are transient and opportunistic.

With an increasing crescendo of affective effect, there has been built into the analytic atmosphere in the past two decades a change in what is the essential method and goal of psychoanalysis. While some years ago, even major alternative theories, such as the Kleinian, would claim to be under the rubric of Freudian psychoanalysis, now the separation between competing schools has become all but overt. I say "all but" because in times of accreditation or site visits or similar official testing situations—I am speaking of practices in this country—lines of demarcation are temporarily suspended.

The lines of cleavage are not semantic but substantive, with definitive consequences for the conduct of analysis. The present challenge and critical point is akin to the difference between anxiety and fear. There is an actual possibility that we will see changes of such significant degree as to make us question the preservation of psychoanalysis as it is or was. One hears today, as a positive opinion, that whereas years ago differences led to

separate ways and no communication, in today's psychoanalytic culture, disagreements and divergences are discussed and tolerated, and exist together under the same psychoanalytic organizational umbrella. I wish to start by reporting a different type of experience, which represents another aspect of the contemporary professional milieu.

Just as clinical-theoretical papers usually start with a case report, I will begin in the same spirit with another type of clinical experience in this paper on the clinical-theoretical status of psychoanalysis itself. To give a small example from clinical practice: a patient is referred to me (from another city) and is told that I am an analyst of the highest credentials. The consultation is positive in every way. In the second hour the patient reluctantly reveals a dilemma. She has heard very good things about me, including "and he's such a nice man, but he's heavily Freudian." The patient does not wish a Freudian psychoanalysis. The outcome of this specific clinical instance is not relevant or necessary to pursue. Her explorations among analysts did not help, but impeded her path toward conflict resolution. I am not presenting this vignette for reasons of personal disappointment, for which it would be unnecessary. The larger implication is the problem and the point.

To cite another instance, a young analyst tells the mother of his patient who wants to see me in consultation, "but he's traditional." This again is being reported because it is not unusual but typical. It is, on today's scene, pathognomonic of "the average expectable psychoanalytic environment." The analyst is an average one, unknown beyond his location, and, although trained in the same city, has not often, or perhaps ever, heard me speak. This is being stated not for economic or social or personal reasons but for atmospheric and scientific ones. Reporting this in the spirit of empirical data, I find the lack of respect for, let alone any positive affective link to, the theory of psychoanalysis which I symbolize for him, a theory developed over a century of progress in the field in which he was trained, is ironic, and should be as surprising as it is common. Not that a

theory should be anthropomorphized to command respect; it stands on other grounds and empirical data, and calls for another type of identification and use. This intrinsic orientation is consonant with his analytic surround.

The New York Times, in a widely read article in its Magazine Section, quoted, I am sure, to many analysts by their patients, recently informed its readers that Freudian psychoanalysis is no longer practiced or desirable. This view, in my experience, is commonly declared and represented by analysts. The reactions of the public, I have long felt, accurately mirror the status of psychoanalysis among psychoanalysts. We are mostly responsible for our public relations.

The average psychoanalyst today represents a combination of self psychology and object relations theory, in contrast to traditional or "Freudian" psychoanalysis. The mainstream today is no longer "main." It is a minority position. The fact is that groups of analysts exist together under the same administrative societal umbrella who do not attend each other's meetings, either to criticize or to agree. They do not exchange patients and generally do not consider analysts outside of their subgroups eligible to analyze patients or friends. This condition is so built-in and operates so silently as not to be acknowledged or verbalized. There are, of course, individual exceptions to these and other statements I am making, but I am describing trends and conditions which I consider to exist.

To come to the center of the debate over theory, my thesis in the summary article for the *Newsletter* of the American Psychoanalytic Association (Rangell, 1987) was a position taken on the perennial but currently acute question of one theory or many, a unitary or pluralistic view. In contrast to the succession of alternative theories which has characterized psychoanalysis from the beginning, the view I espouse is for theory by accretion, retaining the enduring while adding the new. My theoretical overview is the presence and desirability of what I call "total composite psychoanalytic theory." This is the result of a steady development of central theory, including all the metapsycho-

logical points of view, culminating in the structural. I have pointed out repeatedly that self, object, interpersonal, preoedipal, all elements which have served as nodal points of alternative theories, are included in this total unitary theory, whereas the converse is not true: that other theories, of self, or object, or the Kleinian view, eliminate variable essentials of the developed, cumulative psychoanalytic theory.

This view stands in contrast to the answer to the same question, "One Psychoanalysis or Many?," posed by Wallerstein (1988) in his recent Montreal address. Wallerstein is in favor of a pluralistic view, i.e., that metapsychology, self psychology, object relations theory, etc., are equal and parallel alternative views derived from the same observed data. What unites us as analysts, Wallerstein feels, is clinical theory, the use and supremacy of transference and resistance. More general explanatory theories, he says, are metaphors, no one of them having any greater claim or validity than any other.

Wallerstein derives support for his views in, and integrates them with, the views of the Sandlers (1984) on present and past unconscious. Clinical theory, they feel, which is unified and universal, addresses itself during the clinical psychoanalytic procedure to the present unconscious, while the general theories, which are more varied and alternative, are directed to the past unconscious. This seems related to Waelder's view of experience-near clinical aspects of theory and more experience-far abstract theory, although I am of the opinion that Waelder (1962) stood for and would support the unitary view. While I speak of "diversity in unity" as meaning multiple phenomena under the umbrella of one explanatory theory, Wallerstein uses the same phrase to mean diversity of theories but one clinical method. Fenichel (1945) has said the opposite, which is in keeping with my view, "There are many ways to treat neuroses, but there is only one way to understand them" (p. 554).

It has been my increasing experience and conviction, long before these two diverging views were expressed, that the science of psychoanalysis has been undergoing not an advance,

but a declining spiral in regard to the respect it evokes and the inspiration it has enjoyed. For the past two decades, I have thought that the divisions within psychoanalysis have reached a point which distinguishes them from controversies in the past. If a paradigm is the acquisition of a qualitatively new valid system of viewing data, what has been accomplished in these last twenty years, in my opinion, has been a successful negative paradigm, if I may coin a new meaning for a term. We have witnessed the near-overthrow of an enduring and scientifically viable paradigm, that of gradually evolving psychoanalytic theory tested on the cumulative clinical experience of a century, and its replacement with formulations destined for transience. The view I am expressing about the future of psychoanalysis has come about not because we are in the midst of another in the repetitive series of challenges between psychoanalysis and its surrounding intellectual world, or between psychoanalysis and its place in the ever-changing *mélange* within psychiatry, psychology, and psychotherapy. The beliefs, convictions, and atmosphere today are of a qualitatively and quantitatively different sort.

Another clinical experience, which contributes further to my point of view, took place at the final Plenary session of the International Congress held in Madrid. I had the privilege of summarizing the week's scientific deliberations, which had been on the theme of "the analyst at work" (Rangell, 1984). Among the data I had the opportunity to survey, at the clinical level and covering the international scene, I pointed to the report of an analytic hour in which I felt that a crucially relevant piece of past history had been left unmentioned while the analyst interpreted weekend separation anxiety in the transference. The patient had come in, agitated and full of self-reproach because he had allowed his dog to be run over and killed during the weekend. Earlier in the presentation we had heard of his lifelong remorse over the fact that a younger brother had had an accident which maimed him for life and for which the patient blamed himself. The analyst interpreted the material as relating

to the weekend separation anxiety: the patient felt like a neglected dog, abandoned by the analyst and afraid that he would be the victim of violence.

My thesis does not depend on the accuracy of this clinical reference, which by now has gone through a number of filters. It rests on the conviction that this clinical extract demonstrating "the analyst at work" is accurately pathognomonic of the analytic times. The discussants in this instance accepted the report uncritically: no question was asked about reconstruction or reference to the past, and the audience responded with warm appreciation. We have all heard clinical case presentations demonstrating such transference interchange quite routinely, with no attention to past events.

Fifty years after the publication of Strachey's (1934) paper on the role of transference in psychoanalytic technique, I reflected editorially on that occasion (Rangell, 1984) that analysts will have to decide one day whether psychoanalysis is reconstructive or interactional. This is the crossroads at which I feel the science of psychoanalysis finds itself today.

All is not peace and harmony in clinical theory any more than in abstract theorizing. Transference, and resistance as well, the pillars of "clinical theory," have become disputable and divisive. They are as much centers of active controversy as the most resisted and opposed structural concepts. The roles of reconstruction and the experience of the transference in the here-and-now have become as much a dividing point between differing schools of psychoanalytic thought as the relative strengths of oedipal and preoedipal factors in neurosogenesis. Not only is transference looked upon differently—by one group as itself the goal of the psychoanalytic procedure, and by another group as the means to the end of reconstruction of the childhood neurosis—but the definitions of what constitutes transference differ in the two points of view. To those who aim at reconstruction of the past, transference still means, as it did to Freud, displacements to present objects from the unconscious repressed past, while to those to whom experience in the here-

and-now is the goal, transference constitutes, in a broader definition, all interactions between patient and analyst. The two are divergent concepts, with corresponding contrasts in interpretations and technique.

The same considerable differences exist in understanding resistance. There is far from the uniformity of opinion that is thought to be the case by the proponents of only a unified clinical theory. By many analysts of the self or object school, resistance analysis is considered to convey a lack of empathy for the patient. "I don't like resistance," one self psychologist theoretician stated at a panel discussion on the subject. "It blames the patient; it accuses him." In similar vein, in some institutes interpretations are also spoken of as confrontations. The analyst is being authoritative, arrogant, dictatorial; not empathic, supportive, corrective.

Strachey's (1934) important paper, now over fifty years old, has never been updated or critically discussed in depth. While this is a task which I have set for myself for a later time, I will comment briefly on its relevance to the subject under discussion. Written shortly after Freud's (1920, 1923, 1926) work on the structural view, at the time of Melanie Klein's initial impact on the British Society and the world scene, and before Anna Freud's (1936) and Hartmann's (1939) expansion of the structural view and delineation of the equidistant stance of the analyst, Strachey's paper became authoritative before the data was in concerning the validity of his position. His views on neurogenesis, and the theory of therapy which evolved from them, were at the time a combination of the early Kleinian and the still-nascent structural views of intrapsychic conflict. Along with the emphasis on the importance of projective, introjective, and identificatory mechanisms in etiology, interaction in the transference became predominant, even exclusive, in the analytic process. Structurally, the superego of the analyst was seen as introjected into the intrapsychic dynamics of the patient, substituting the analyst's less harsh superego for the patient's punitive one. Transference interpretations, given in innumerable

small steps which facilitate this introjection, became the mutative agents in psychoanalysis.

Whether this meant that reconstruction was excluded was not clear; by no means was it summarily excluded. Strachey reasoned from a combination of classical and Kleinian positions: the Kleinian dynamics of projection and introjection, and Strachey's selected extracts from the recently described structural view of Freud's. Confronted by the projection and reintroduction of aggression leading to an increasing cycle of self-destructiveness, Strachey postulates that interpretations by the analyst of the patient's hostile impulses in the transference lead the patient to the insight that his hostile aggression stems from archaic introjected fantasied objects, displaced now onto the analyst. A careful reading of Strachey's paper shows that the role of reconstruction can be read both ways: "... as work proceeded the transference tended, as it were, to eat up the entire analysis. . . . The solution of the transference conflict implies the simultaneous solution of the infantile conflict of which it is a new edition" (p. 132). On the other hand, there can also be "an *insufficient* dose" (p. 145) of interpretation, from which the patient fails to become aware that his hostile impulse was originally directed toward an archaic fantasy object and not toward a real one.

However, in the technique practiced in the wake of this important paper, which was put into effect by many and eventually by most analysts, reconstruction and the role of the historical past took on an increasingly secondary position. The past dealt with "mummified personalities," a phrase which was made much of by those who followed, and was used as justification for an increasing downgrading, to the degree of excluding reconstructive analysis. Intellectualization as a defense was used to discourage intellectual pursuit. Dissociation of affect from ideation in connection with the past was used to turn analysts' interest away from the total cognitive-affective reconstructed experience. It is, of course, always both, interaction and reconstruction. Current interaction reveals patterns to be

reconstructed, and reconstructions are about past interactions. But the claim is never made for reconstruction without transference, the past without the present; it is always for the transference devoid of the past. The equidistant stance, Anna Freud points out, is between the past, present, and future, as well as between psychic systems.

Strachey combined the clinical and the abstract theoretical, mixing classical structural and clinical Kleinian orientations in his formulations. However, his metapsychology was unformed and incomplete; he singles out the superego and leaves the as yet insufficiently explored ego far behind. Strachey's emphasis within the structural view on the role of the newly described superego is off-center with regard to the main direction taken later on the therapeutic action of psychoanalysis. Anna Freud's description of the equidistant stance, Fenichel's (1941) treatise on technique as centered through the ego, both of which followed shortly after Strachey's paper, and the further blossoming of ego psychology from the 1950's to the 1970's, emphasized the role of the ego between id, superego, and external world, rather than the superego's playing the central role. Moreover, Hartmann's (1960) essay on moral conflicts further developed a different direction than Strachey's with regard to the role of the analyst's superego serving as the therapeutic model for the patient.

The division brought about in the psychoanalytic world by the elevation of transference to the point of nearly exclusive importance has altered the nature of theoretical controversy from what it was in previous years. In my opinion, this did not change but obscured the previous lines of cleavage, without effecting reparation or unity. On the contrary, it postponed them. While the Kleinian and object relations schools, at first mainly in Great Britain, became united and indistinguishable with respect to typical automatic transference interpretations, this served to obscure the differences in the contents of interpretation, and what they were considered to point to or derive from in the past genetic history. Different preferences or orientations

from etiologic levels were lost in the convergence on the here-and-now, with the original levels merged and imprecise.

A major shift and addition took place in this ecological split in the analytic world in the recent past when a substantial segment of the "mainstream," "ego-psychological" school subscribed to the transference-mainly school. I am referring to the important and persuasive writings of Gill (1979, 1982), whose opinions, which build upon and extend Strachey's ideas, elicit an equally intense and widespread following.

At a panel discussion on revisiting Fenichel's (1941) classic monograph on technique, Gill (1978), who, with Rapaport, had written authoritative papers on metapsychological and structural issues, criticizes Fenichel for the sequence he gives of resistance and defense over content, i.e., surface before depth, without giving voice to the priority of transference. Gill feels that transference now supersedes resistance. In my view (Rangell, 1980), if resistance is evident within transference material, interpretation of resistance still comes first, and then, consonant with Fenichel and the structural view, interpretation of the contents of the elements resisted in the transference.

In a dialogue with Sandler (1985), revisiting her classic book on defense mechanisms, Anna Freud expresses her disquiet more than once at the trend to "force" everything into the transference, leading to the peculiar impression that the analyst wants to hear only about himself. Transference is "not something that is dragged in by the analyst," states Anna Freud (Sandler, 1985, p. 89), and one should interpret what is "in the patient's mind, not the analyst's" (p. 91). Sandler suggests, softening the subject, that others might say they are "leading" rather than "forcing" the material into the transference.

The division involves clinical and general theory, not one more than the other, transference clinically, and the equidistant interstructural stance from the more abstract but equally splintered and divided view. Clinical and general theory both aim toward the present *and* the past unconscious. There is hardly a line of demarcation between the two. The past unconscious

fuels the present, and the present is re-repressed into the deeper unconscious. With the combination now of Kleinian, object relations, and increasingly the former structurally centered schools, there are fewer and fewer left of those who espouse "Freudian" psychoanalytic theory and technique. The Freudian group in the British Society comprises the smallest number among the three groups, and is decreasing. Since Anna Freud's death, the numbers can be expected to dwindle even more.

The understanding and use of transference is distinctly different in various subgroups of the larger, seemingly cohesive, and now-dominant body. One sector, the Kleinian group, for example, and many of the later-joining North American former metapsychologists, is still assiduously correct in applying the analytic attitude in such a way, corresponding to the original neutral, objective manner, so that the psychic elements displaced to the analyst by transference can still be reliably considered to originate from the patient's repressed past. In this group, countertransference is considered to require self-analysis and to be kept to a minimum. In another segment of this transference-dominated group, the countertransference of the analyst is considered an ever-present phenomenon to be utilized actively as data in the analytic process. Mostly, however, even in this group, the countertransference is considered to have been elicited by unconscious needs of the patient, and to reveal aspects of the patient's unconscious conflicts. The analyst's unconscious in these two groups is still essentially part of the analyst's analyzing instrument, although the data he utilizes comes equally from transference and countertransference.

In a third subgroup, however, composed of self and object theorists, those to whom "empathic immersion" is the center of the therapeutic method, the unconscious of the analyst is allowed to interact in a freely exchanging manner with the patient's conscious and unconscious layers of mentation. These mutually affective interchanges form the essence of "a new experience" which is the essential part of the therapeutic action.

The analytic process here is more of a dialogue than it is in standard analytic procedures. Affects, fantasies, even dreams, of the analyst have been variably reported as shared with the patients in the name of humanism and equality in the analytic relationship. Here analysis approaches what in former years was considered psychoanalytic psychotherapy (and not always recommended methods there either), as contrasted with psychoanalysis.

Clinical reports of this type sound like a continuous question-answer-statement interchange; so many quips, plays on words, jokes, excursions, follow one another, there is little time for a transference neurosis to develop. Transference is a macroscopic as well as microscopic phenomenon, and can be obscured by too-minute phrases, movements, or events. Commenting on how defense mechanisms seem to all blur together when one looks at them too closely, Anna Freud notes that sometimes the analyst has to take his glasses off rather than put them on to get a clearer view. I would say that the appropriate instruments need to be used, sometimes a magnifying glass and at other times a wide-angle lens.

The question of "one theory or many" has undergone different periods of meaning according to the phases of theoretical differences among analysts. To a group of former co-workers of Rapaport's—G. Klein (1970), Gill, Schafer, and others—it was one theory or two, the two being clinical versus metapsychological theory. Following the Kohut and Kernberg differences from "mainstream" psychoanalysis and between themselves, many analysts thought of three separate theories, metapsychological structural theory for structural neuroses, Kohut's self psychology for narcissistic patients, and Kernberg's object relations theory for borderline conditions. For others, such multiple orientation goes further, a different theory tailored for every individual patient. To one analyst the ideal open-minded theoretical position was to entertain the possibility of "a cafeteria of paradigms." Kohut's and Kernberg's theories, like M. Klein's, were applied by this time to all patients, not to one or another

limited diagnostic category. For Wallerstein, the alternative to one unitary theory was not two or three but many theories. Kleinian, Bionian, self psychology, object relations theory, were all considered on a par, with clinical theory bridging them all.

It is not what any of the new alternative theories adds which creates a problem, but what each of them, without exception, eliminates. Kleinian analysis discards the oedipal; the interpersonal and derivative object relations schools turn away from the intrapsychic, the object replaces the drives, the self the ego, and transference supersedes and replaces reconstruction. (In ensuing debates, each school claims later to have left room for what has been downplayed.) Hermeneutics is made exclusive of mental mechanisms. Modern infant observations, the latest field to attract excited attention, is said to "utterly refute Mahler," and, also according to some, much of Kohut, Kernberg, and Freud as well. Straw men are set up: the infant is shown to have active elements, as though it was previously thought to be solely a passive recipient of stimuli from without and within. To Lichtenberg (1983), both "Kohut's baby" and "the baby of observation" replace "the cocoon neonate of the theory of primary narcissism" (p. 191).

All of Rapaport and, in more recent years, the theories of Hartmann have been rejected and shunted aside, together with the second half of Freud's contributions from which their work stemmed. I am speaking of monumental, not trivial, lifetime works, second only to the legacy of Freud. First, it was predominantly in Europe where these works were discarded, now in America as well. It is ironic that psychoanalysis, rooted in the knowledge of the power of the past, has been so careless about allowing its own past history to slip away. To eliminate what was discovered about the human ego, mostly during the second half of the history of psychoanalysis, whatever problems remain in its further conceptualization, is to turn back the advances of scientific knowledge of half a century.

The mistake was made from the beginning. Freud's concept of ego was thought by some to replace, rather than to be added

to, id psychology. This fallacy has become entrenched despite what Freud contributed in the last two decades of his life. In the 1920's and 1930's, Freud structuralized the id, and added the ego and superego, as well as his two major social studies, extending the reach of psychoanalysis into and deriving a further source from the group (1921) and civilization (1930). What Freud did before his death was to round out at least the outline of a total theory.

This scientific drift has resulted in a shifting, unstable theoretical field. The most sought-after analyst in one area is the one who has within the memory of the group moved in succession with changing times, with equal conviction, from Klein to Bion to Fairbairn to Kohut to intersubjectivity. Self theories and object theories are considered not antagonistic to each other but reciprocal, each acceptable to the other. On their common ground, self-object interaction replaces the primacy of the intrapsychic both in neurosogenesis and in the theory of therapy. A cynical, if not sarcastic, eye is cast toward reconstruction, toward an interest in psychodynamics, or toward the intellectual pursuits which formerly were stimulating, effective, even inspirational.

There is a hunger for new paradigms, taking the form of the whole in theory and of the interactional in the treatment process. It is as though theories which are comprised of internal parts result by themselves in a fragmented self, which is the subjective experience in the ultimate state of anxiety, while a theory of the whole, whether of self or object, preserves the self and prevents this fragmentation. Arlow (1981) has described the role of unconscious fantasies in theory formation, and I have elaborated on the role of transferences displaced to theory, which play a part in the history of theoretical divisions, as well as in analysts' group analytic lives.

A major concern for the future is that a generation of candidates, parallel to the mechanism of children's becoming imprinted to their original figures and training conditions, become similarly imprinted to the milieu of the institute and ori-

entation in which they were trained. We already see a generation of analysts trained under the impact of self psychology, who more or less believe that analysis started there. Many of them, prolific and articulate in other fields, have produced elaborate psychoanalytic publications, applied to history, sociology, biography, political science, built essentially upon sophisticated psychoanalytic versions of the psychology of self-esteem. One hears little, if anything, of internal intrapsychic conflicts, of anxiety, guilt, peremptory sexual impulses, unconscious struggles over latent preoedipal urges, aggression, forbidden perversions, fear of punishment, castration anxiety. Psychopathology is viewed one-dimensionally by the self concept, as it once was, for a few brief years, based on the vicissitudes of ego identity, both formulations which border on the existential.

With the theories and schools extant today have come myths brought about by numbers, advertising, word of mouth, excitement, contagious group behavior. Borderline, narcissism, have assumed new, but not more accurate or helpful meanings. The rich original literature of the 1950's, on borderlines, psychotherapy, parameters, the essence of psychoanalysis, the widened scope, was put aside and not built upon. Public interest and vigor do not accurately define and decide such issues. We are still in the age of anxiety, not in a qualitatively new culture of narcissism. Narcissism and anxiety both exist throughout life, and both have normal and pathological forms. The role of anxiety was true not only for Freud's early period; it was a finding about the history of the behavior of man.

There is another way. There is an alternative to the method of gains and losses, advances and repeated undoings. There has also been, although less heralded, a straight and, to me, enduring line of forward development of psychoanalytic theory. Freud continued this himself for sixty years, surely not without changes, deletions, and modifications; but the direction was forward, toward rounding out, filling in, and completing a cohesive and all-inclusive psychology. Robert Waelder (1967), in a

sweeping overview of human history, points out that progress has as many victims as beneficiaries. The same applies to science and knowledge, psychoanalysis included.

The straight line of theoretical progression I consider as having preserved advances and built upon them includes—the list is skeletal, but will convey the nature of the thinking—from Freud, to Anna Freud, Rapaport, Hartmann, Fenichel, Kris, Waelder, Jacobson, Spitz, Greenacre, Mahler; in more recent history, to name a few at the risk of omitting others, Stone, Arlow, Brenner, Blum. It is on this line that I hope I belong, a line consisting of people whose works I have attempted to build upon and extend in almost fifty years of writing. I do not agree with everything that each of these authors has written, but I agree in general with what all of them stand for. I wish to state that a central influence on my own thinking was the work of Otto Fenichel, whose 1941 monograph on technique and 1945 summary treatise on psychoanalysis bisect the century of psychoanalytic history. This influence was the result of his ideas, not of his personality. I consider this a datum relevant to the main thrust of this essay, on the methods of intergenerational effects. I met Fenichel once; he died five months before I returned from the Army and settled in Los Angeles in 1946, where I had made arrangements to work with him.

The combined body of thought represented by this group was constantly evolving. Change and adaptation to continuous new data were central concepts and methods. Their contributions range from the infant to the adult, from inner drives to external world. They encompass the same humanism as Winnicott and Bowlby, the same interest in the mother-child origins of behavior as the preoedipal concepts of Klein, and include the same preservation and protection of the whole, the self and others, as the newer theories.

My own theoretical writings (Rangell, 1988) over many years picked up the discarded line, left to atrophy, of later Freud, Rapaport, and Hartmann, and continued it forward. My goal

throughout was to conserve and extend. Expansions and newly explored areas included: a unification of Freud's two theories of anxiety, the addition of choice conflicts to oppositional conflicts, the unconscious decision-making function of the ego, a psychoanalytic theory of action within the structural view, in contrast to Schafer's (1976) "action language" outside of metapsychology. Unconscious decisions, not only compromise formations, are operative as solutions to conflicts. These active, unconscious ego functions have been resisted in psychoanalytic theory as the theory of drives.

The "executive functions of the ego" extend the concept of autonomy of Freud, Hartmann, and Rapaport. The addition of unconscious ego will to the intrapsychic process of human mentation opens a new vista of coordination with philosophy and academic psychology, on will and psychic determinism, hitherto separated from psychoanalysis. With increased autonomy and self-directedness, with man's active, unconscious initiating functions, comes an increase rather than a decrease in responsibility.

I have added ego-superego conflicts as on a par with ego-id conflicts, producing "the syndrome of the compromise of integrity" on an equal basis with the compromises which are neuroses. Psychoanalytic technique becomes more totally and uniformly equidistant among psychic structures, including the same distance from the superego as from the id. Moral conflicts are as much grist for the analytic mill of understanding as are instinctual ones. Strachey went halfway, to the superego but not to the ego, i.e., the initiation of and therefore responsibility for one's actions. A more inclusive mutative interpretation is one which acts as a stimulant to the patient, to propel the ego beyond the transference or other insights in the here-and-now, back to their infantile points of origin, one that enables the ego to increase its mastery over the unconscious anxiety locked into past dangers. Analysis does not consist of the patient's taking over the condoning functions of the analyst's superego. It consists of the patient's taking over the analyst's analytic functions

into his own analytic ego. Sometimes the superego is too lax rather than too severe, and needs analysis in the opposite direction.

Standard, straight analysis has as many and as effective applied areas as any of the alternative methods. I have extended such areas of application actively to the fields of psychoanalytic therapy and to the sociopolitical scene. The preserved psychoanalytic core of theory and of therapeutic method can be applied in a myriad of satisfactory ways. I have written of remarkable experiences I have had over the years with psychoanalytic approaches to patients which would raise orthodox eyebrows. Analysis allows great flexibility of technique in keeping with varying circumstances, yet still maintaining the essence of the psychoanalytic method. I have reported unusual psychoanalytic treatments under unorthodox conditions when external circumstances have made these necessary, e.g., without the use of the couch, with infrequent meetings, without continuity, in what can still be called analytic therapy, namely, using transference, resistance, and reconstruction to the past in necessary proportions fitted to the reality. While time is not changeable, the sense of time can expand and shrink. Long necessary intervals between visits can be reacted to with the same psychology as the time between daily visits, as either too short or too long, provoking separation anxiety or fears of engulfment.

The goal of theory is to achieve parsimony with completeness, with the maximum conviction of "fit." A clinician can palpably feel the pulls, pushes, and struggles between the psychic structures, not as unconscious fantasies but as an operative guide, as part of his functioning analytic instrument built from cumulative experiences of previous "fits." An analyst can almost visualize the intrapsychic interstructural conflict. In patient after patient I see the ego struggling with the id on one side and the superego on the other. The analyst facilitates resolution and decision, rather than making these for the patient. This is one of the most difficult and subtle skills to impart.

"Main" theory is not monolithic, as charged. Metapsychology consists not of one, but of five or six points of view, from different perspectives and, one hopes, in all necessary directions to understand behavior. Waelder (1930) described the multiple functions of the ego. Total composite theory includes all of the metapsychological points of view, all psychic structures, multiple ego functions, the self and object, internal and external, historical truth as narrative truth, external reality as well as psychic reality. Adaptation alone, the sole and preferred basis of some alternative theories, is incomplete and insufficient.

While theories can be largely metaphoric, the concept of castration anxiety is not a metaphor, but derives its immense power from its literal quality in unconscious fantasy. Castration anxiety is not easily or typically revealed in the transference; its meaning comes mainly from extra-analytic sources, when the analytic atmosphere has achieved a point of permitting it. Transference is more suitable to elicit separation anxiety than castration anxiety. Perhaps that is why the two great anxieties of life have assumed their respective ratios in psychoanalytic theory and technique, separation anxiety being vastly more emphasized.

It is surprising how pejorative political terms are applied with bias to scientific issues. Eclectic is considered democratic. Empathy in self psychology and the interactional aspect of object relations theory are humanistic. Objective "main theory" is regarded as authoritative. There is a pressing element of moral persuasion behind the insistent ethic of object relations theory and of the interactional element in theory and therapy. Even the marriage of theories implies a humanistic and democratic togetherness. Against these, the emphasis on the role of the individual, and even more microscopically on the individual's intrapsychic dynamics, seems pale and narcissistic.

Writing in appreciation of Loewald's contribution of "the new relationship" in psychoanalytic technique, considered a classic rediscovered, Cooper (1988) praises Loewald's "original" contribution as radical, bold, revolutionary, while the fact that he

continued to describe his new thoughts in "old" metapsychological terms stamps him as conservative. If conservative means to conserve, then it is correct; if pejorative, it is a misnomer. Mainstream psychoanalysis, Cooper avers, "turned a deaf ear" to the innovative contributions of Loewald and the connotations they had for object relations theory. The same pejorative political terms are applied to temporal eras of analysis. At the panel discussing Loewald's paper, Schafer (in Panel, 1987) notes that "these were bold propositions to put forward to the ultra-conservative Freudian audience that prevailed around 1960" (p. 11). The Freudian "revolution" of the turn of the century has come full circle.

The opposite is actually more the case. Psychoanalysis now turns a deaf ear to the sequelae of Freud-Anna Freud-Rapaport-Hartmann, to continued efforts to extract the logical consequences of complete structural theory. The passing away of the series of authors I have pointed to, the latest being Anna Freud, is no doubt a factor in the turning from them as models to a new center of psychoanalytic theory.

The stratification within psychoanalytic groups reflects the theoretical fragmentation in psychoanalytic science. I have written often of the reciprocity between theories and groups, each promoting and consolidating the characteristics of the other. Surveying the world scene and what I know about local groups, group formations to preserve and further psychoanalytic theory have never been satisfactorily achieved. Following Freud's interest in the group and civilization, a pursuit of the relationship between problems of integrity and group psychopathology can go far toward converting the politics of science to the science of politics. Neither the original separations of Jung, Adler, Rank, or in later years Lacan, from the official bodies, nor the great splits in the United States in the early 1950's, nor the British arrangement of three different theoretical groups living under one psychoanalytic administration, have produced the desirable ambience for fruitful scientific preservation and development. Psychoanalysis never had a method for groups as

it has for the individual.

Object relations theory, now representing the dominant group, appeared historically as an attempted compromise between Kleinian and Freudian concepts. That is what it was originally to Strachey, and that is what became institutionalized within the British Society. Kohut, Kernberg, and Freudian theory, the parallel theoretical troika in the United States in the 1970's and 1980's, demonstrate the same distribution between two poles and an attempted compromise or fusion. (Kernberg's object relations theory does attempt, with some success, to integrate Kleinian and metapsychological concepts, as well as standing between self and Freudian theories.) It was the British arrangement which was exported throughout much of the psychoanalytic world, with the same ambience that exists in Britain coming to exist in the rest of Europe, in South America, Australia, and wherever the influence not only of "the British school," which is the "middle" group, but of the British way, which is three groups living together, has been strong.

A "middle group," object relations or other, wherever it exists, is not necessarily a solution between the poles it purports to unite, or a satisfactory compromise between their conflicting theories or principles. Each aspect of disputed theory still needs to be solved on its own—early superego, death instinct, the primacy of affects over drives, and the like. Another name assumed by the middle, the "independent" group, is also less than appropriate or accurate. All of the groups on either continent are equally a combination of individual independence and group influence and allegiance. Individuals in one group are no more independent from group pressures, which is the main dependence, than are those in any other group. Independence is what analysis aims at, but one tends "to belong" to a group.

While such group arrangements have prevented further splintering or growing apart, more needs to be done in the future to effect a reliable unification, theoretically and affectively, if this is indeed possible. Psychoanalysis needs to be one thing sufficiently common to be meaningful. With the large influx of analysts to be expected from recent administrative decisions,

problems of the uncritical receptivity to new and changing theories can become more prevalent and acute. Psychoanalysis never aimed at the popular, nor did well with the excitement or contagious nature of group dynamics. Political and socioeconomic problems can be expected to intrude more, and theoretical problems may be expected to become more complicated. The new ecology is not a question of lay versus medical analysis. Anna Freud, Rapaport, Waelder, Ernst Kris, Erikson, are among our most distinguished theoreticians. All of them kept firmly in mind the roots of psychoanalysis in biological science as well.

In 1973, in my final Presidential Address to the International, surveying the controversies, splits, and conflicts among analysts up to that time, I stated that "over the rubble, psychoanalysis still stands, like a colossus, ravaged and gouged but always there, to the relief even of those who attack it" (Rangell, 1974, p. 7). Today, after fifteen years of further strife and dissension, I can be both less sanguine about ultimate outcome and yet say the same as before.

Looking toward the future of psychoanalysis, there is another side to the problems I have conveyed, which can, I believe, make for the survival of psychoanalysis and for continuous cumulative theory to endure. It is more than a cliché to say that knowledge never disappears; it is repressed or denied. Looking at the positive side, I have seen, under certain conditions, that acceptable if inexact training may leave room for a corrective process to take place in the subsequent experience of the practicing analyst. This is akin to the effect of inexact interpretation which Glover (1931) has pointed out with the patient. Unconscious insight can further a reparative process in a positive direction. The analyzed ego, if given even an approximate direction, can sometimes define and find a more thoroughly analytic path. From many experiences, I have come to appreciate and value and place hope on unconscious knowledge and unconscious insight, reversing the direction of unconscious cognitive and affective processes which originally cause neuroses and psychopathology.

Many analysts are imbued with the correctness of basic psychoanalytic insights which they may oppose in theory. Analysts who discard the structural view still strive for structural change. Although Sandler (1983) feels there are many analysts who speak publicly in favor of metapsychology while covertly disagreeing, from experience throughout the analytic world I would venture to say the opposite as well. Analysts conduct interstructural analyses regardless of their spoken theories or socially determined psychoanalytic allegiance. Lebovici (1987) states, which may seem a surprise to many from a distance, that metapsychology is the theoretical position of the majority in France, although there is a large Kleinian clinical view as well. There are many analysts living and practicing in psychoanalytic cultures in which interpersonal theories are dominant, who, in their clinical work, rediscover the advantage of and necessity for objectivity toward the patient, and come to the theoretical knowledge, unconsciously if not consciously, of the propriety and usefulness of the equidistant stance. The psychoanalyst's relation to theory can take a cue from his relation to his patient. The analyst is not a provider of gratification and needed narcissistic supplies, but a facilitator of the capacity to become a self-analyst. Unconscious knowledge and conviction in analysts are facilitated now by the increased exposures to wider international intellectual currents.

Psychoanalytic societies on an entire continent which started originally away from central theory may have an upswing in their histories ahead of them, in contrast to regions which have reached a peak and then declined. Societies in South America are not averse to but eager to hear and share the North American, more "Freudian" view. I have found great receptivity for total interstructural theory in Argentina, Mexico, Brazil, Colombia, Peru. Presenting this total view for discussion and comparison is not imposing it but offering it; it is not imperialistic, to those who think in terms of political metaphors, but democratic. It is not wiser to downplay what has been achieved. Certain processes need to be understood in order to further psychoanalytic education and science according to different cul-

tural psychoanalytic histories.

I am in more agreement with many South American analysts, with Grinberg, Baranger, Etchegoyen, on what they extract from Bion, Racker, Klein, Money-Kyrle, than with many analysts elsewhere who have rejected and moved on from our former common models. I have had a most fruitful and homogeneous time teaching in Peru for a period, among candidates and their colleagues and faculty. Seeded from England, Europe, and South America, the members and candidates mix very positively with my North American point of view. The same might be true in the present phase of our history with candidates who started their training in the atmospheres of alternative theories, who may later find the enduring one. We may have to wait a generation or more for such catch-ups to take place. I have seen societies, many decades after the old splits, begin to find such new directions. Others, however, where the lineage and genealogy continue the deviations of old, prolong the divisive conditions.

As Freud (1900) has stated about a dream, the "good hour" (Kris, 1956) stands on three legs, not one—the transference, the past, and the extra-analytic present. I still have patients who pursue with the analyst the intellectual journey toward insight, and reparation by that route, the path beyond the transference to the historical as well as the narrative, i.e., their personally distorted, truths. These patients experience a liberation of energy, from the lifting and solving of unconscious conflicts, "the old-fashioned way; they earn it!" With this comes a new freedom of having "choices," where this was not present before. Of patients of this type who I am thinking of at the moment, one or two are in analysis, and one or two in psychoanalytic therapy. The emphasis in the latter is on "psychoanalytic." The analytic therapist is not an advocate of the patient's self vis-à-vis its objects, but an ally of the patient's analytic ego, in its relationships to all internal, as well as external, forces impinging upon it. Psychoanalysis is the last stronghold of the interior of the individual, the ultimate respecter of the privacy of the self.

Compromise formations are not the only psychic solutions. I

have pointed out at the heart of psychoanalytic theory that decision and choice are also a universally operative dynamic. The same applies to decisions about theory. Fusion or eclecticism is not always the optimum or most satisfying theoretical, intellectual achievement. One has to also make choices. This applies to choice of theories. With the resumption of elegance of theory and the return of lost inspiration, case histories can again tell what a patient's neurosis came from, not what his dialogue with his analyst was like during treatment.

Straight-line cumulative theory allows for all changes necessary to accommodate new facts. To quote from my "object paper" (1985), "Freud's . . . seminal insight, so often quoted, that 'the finding of an object is in fact a refinding of it' . . . , can be misapplied and overdone. Not every human contact in life is to reestablish a perceptual identity with a mnemonic image. The human mind is also always open to presentations as well as representations, i.e., to fresh perceptions and new experiences. That is why psychoanalysis has the possibility of effecting change" (p. 329).

REFERENCES

- ARLOW, J. A. (1981). Theories of pathogenesis. *Psychoanal. Q.*, 50:488-514.
- COOPER, A. M. (1988). Our changing views of the therapeutic action of psychoanalysis: comparing Strachey and Loewald. *Psychoanal. Q.*, 57:15-27.
- FENICHEL, O. (1941). *Problems of Psychoanalytic Technique*. New York: Psychoanal. Quarterly, 1969.
- (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. New York: Int. Univ. Press, 1946.
- FREUD, S. (1900). The interpretation of dreams. *S.E.*, 4/5.
- (1920). Beyond the pleasure principle. *S.E.*, 18.
- (1921). Group psychology and the analysis of the ego. *S.E.*, 18.
- (1923). The ego and the id. *S.E.*, 19.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- (1930). Civilization and its discontents. *S.E.*, 21.
- GILL, M. M. (1978). The transference in Fenichel's *Problems of Psychoanalytic Technique*. Panel on Psychoanalytic Classics Revisited. American Psychoanalytic Association, December 15.

-
- (1979). The analysis of the transference. *J. Amer. Psychoanal. Assn.*, Suppl., 27:263-288.
- (1982). *Analysis of Transference, Vol. 1. Theory and Technique. Psychol. Issues*, Monogr. 53. New York: Int. Univ. Press.
- GLOVER, E. (1931). The therapeutic effect of inexact interpretation: a contribution to the theory of suggestion. *Int. J. Psychoanal.*, 12:397-411.
- HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*. New York: Int. Univ. Press, 1958.
- (1960). *Psychoanalysis and Moral Values*. New York: Int. Univ. Press.
- KLEIN, G. S. (1970). Two theories or one? In *Psychoanalytic Theory: An Exploration of Essentials*. New York: Int. Univ. Press, 1976, pp. 41-71.
- KRIS, E. (1956). On some vicissitudes of insight in psycho-analysis. *Int. J. Psychoanal.*, 37:445-455.
- LEBOVICI, S. (1987). The place of psychoanalysis in French psychiatry and culture. Paper presented to the Topeka Psychoanalytic Society, September 24.
- LICHTENBERG, J. D. (1983). *Psychoanalysis and Infant Research*. Hillsdale, NJ: Analytic Press.
- PANEL (1987). A reconsideration of Hans Loewald's "On the Therapeutic Action of Psychoanalysis": a classic revisited. K. Kelly, reporter. *Bull. Assn. Psychoanal. Med.*, 27:9-14.
- RANGELL, L. (1974). A psychoanalytic perspective leading currently to the syndrome of the compromise of integrity. *Int. J. Psychoanal.*, 55:3-12.
- (1980). A neglected classic, X: Otto Fenichel's "Problems of Psychoanalytic Technique." *J. Phila. Assn. Psychoanal.*, 7:93-103.
- (1984). The analyst at work. The Madrid Congress. Synthesis and critique. *Int. J. Psychoanal.*, 65:125-140.
- (1985). The object in psychoanalytic theory. *J. Amer. Psychoanal. Assn.*, 33:301-334.
- (1987). Psychoanalysis—Where next? The bottom line. The role and responsibility of the American. Parts 1, 2. *Amer. Psychoanal. Assn. Newsletter*, 21(1):6-7; 21(2):6-7.
- (1988). *The Human Core. The Intrapsychic Base of Behavior*, Vols. 1, 2. Madison, CT: Int. Univ. Press. (In Press.)
- SANDLER, J. (1983). Reflections on some relations between psychoanalytic concepts and psychoanalytic practice. *Int. J. Psychoanal.*, 64:35-45.
- & SANDLER, A.-M. (1984). The past unconscious, the present unconscious and interpretation of the transference. *Psychoanal. Inq.*, 4:367-400.
- with FREUD, A. (1985). *The Analysis of Defense: The Ego and the Mechanisms of Defense Revisited*. New York: Int. Univ. Press.
- SCHAFER, R. (1976). *A New Language for Psychoanalysis*. New Haven: Yale Univ. Press.
- STRACHEY, J. (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 15:127-159.
- WAEGLER, R. (1930). The principle of multiple function. In *Psychoanalysis: Observation, Theory, Application*, ed. S. A. Guttman. New York: Int. Univ. Press, 1976, pp. 68-83.

- (1962). Psychoanalysis, scientific method, and philosophy. *J. Amer. Psychoanal. Assn.*, 10:617-637.
- (1967). *Progress and Revolution. A Study of the Issues of Our Age*. New York: Int. Univ. Press.
- WALLERSTEIN, R. S. (1988). One psychoanalysis or many? *Int. J. Psychoanal.*, 69:5-21.

456 North Carmelina Ave.
Los Angeles, CA 90049

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Warren S. Poland

To link to this article: <https://doi.org/10.1080/00332828.1988.12021932>



Published online: 27 Jun 2018.



Submit your article to this journal



Citing articles: 15 View citing articles

INSIGHT AND THE ANALYTIC DYAD

BY WARREN S. POLAND, M.D.

Insight connects past and present, content and process, into a mental unity not well represented by logical reasoning and theory. Clinical analysis brings to life inner forces within a unique dyadic context that makes implicit meaning meaningful with immediacy and thus permits historical facts to grow into personal truths. The place of the analyst in the work of discovery and the limits of interpretation are also considered.

Insight, always important to analytic thinking, has never found a comfortable place in analytic conceptualizations. However the goal of analysis is described, at its center are self-exploration and self-knowledge, introspection and insight. The building blocks of the work are transference, resistance, associations, and dreams, but these are of concern as tools for the ultimate aim of clinical analytic inquiry: looking within, reflecting, and knowing what is seen. Inquiry for the sake of insight is at the heart of clinical analysis.

Central as it is, insight has never fit neatly into models of theory. It is too large. A mind is more than its structural components; and insight combines aspects of all areas of mental functioning. We study by categorizing, but the parts we examine are ever more distorted as they are removed from context. By narrowing attention to focus on detail, by abstracting, we modify what we are examining. Of the many advantages to current concern with mental activity as compromise formations, one

EDITOR'S NOTE: This paper and the following paper by Dr. James T. McLaughlin were presented to the Michigan Psychoanalytic Society's Symposium on Insight, November 7, 1987.

may be most important, that is, the implication of wholeness, the recognition that intrapsychic experience is unitary, not divided into the pieces we focus on in our discussions. Similarly, in clinical practice the process of working through represents, along with continuing exploration, the need for repeated reconnection of the pieces abstracted in our effort to understand.

In its original general use, insight referred both to the process of looking within and to what is seen. The earliest notion was of insight as the eyes of the mind. Only later did the word come to refer also, and now mainly, to what is seen by the act of looking within (*Oxford English Dictionary*). In analysis we tend to make a division between the process, which we call introspection, and the knowledge acquired, the content, which we then call insight. But there are problems in too neat a division: analytically we know that structure is a relatively stable constellation of functions, that what one knows and the act of knowing are not fully separable. Moreover, when we say someone values insight, we mean he values the knowing of himself, not simply some specific piece of knowledge. I shall use the word insight, therefore, in its broad sense of referring both to looking within and to what is learned by that search.

While clinical analysis is structured to aid the growth of insight, self-knowledge grows in many ways. It can grow in privacy, at times flourishing in the reflections of solitary reverie. It can grow in an interchange with the inanimate, such as in an aesthetic experience. And it can grow in personal relationships. In clinical analysis the forces of private reflection are actualized in the analytic dialogue. Here, the search for insight, while referring to an inner mental process, is manifest in the interpersonal context of the analytic situation.

Insight is internal, an individual's inner viewing. Yet, as there is no portrait without an underlying canvas, there can be no intrapsychic process without a fabric of human connectedness. Drives imply objects, and imagoes of objects are significant in a person's thinking even when he appears to be alone. My aim is to consider the analyst's place in the clinical development of the

patient's insight. My intention is, first, to observe an internal aspect of insight: that self-knowledge becomes insight by connection and integration into the whole cloth of one's psychic reality; and, then, to move toward the two-person clinical context in which analytic insight grows.

The goal of psychoanalysis is the exploration of the mind of the patient. Attention to the dyadic aspects of the development of insight does not imply alteration of that goal or of customary technique. Rather, my purpose is to consider what takes place behind the manifest level while the psychoanalysis proceeds.

ILLUSTRATION

First, an instance of daily work, chosen not for its drama but for its familiar nature in adding to a patient's insight. Most of the preceding work with Mr. N, a bright foreign service officer, dealt with his avoidance of success, his fear of competitiveness, his terror of surpassing his father. He had been born in Eastern Europe about the time the Nazis took over, and a non-Jewish family kept him as their own child while his Jewish parents hid. He had no memory of it but was told that after the war the couple who had kept him had wanted a great deal of money to give him up, so the "true" parents had to kidnap him to get him back. Once he was with his returned parents, the first three years and the lost parents who had raised him were never spoken of, were never even to be mentioned.

Approaching the third summer vacation in the analysis, he was unusually curious about whether I would be in town or going away. He was not so concerned with not seeing me but was preoccupied by *where* I would be. Thoughts turned to the awesome upheaval in his life when he was three and to areas spoken of before, particularly the possibility I had mentioned that the warmth of his personality suggested that in his first years he had known love, not simply meanness, and the possibility that the family that had kept him had wanted to continue

keeping him as their own. Now I said that his concern over where I would be sounded like what he must have felt as a small child taken to strangers, told he must never look back, undergoing his own sudden personal holocaust, that is, the destruction of the whole world he had known all his life, without ever being able to mourn or even speak of what was lost.

His thoughts turned to gaps, with instances of the terror that gaps inspired in him. Again, the question of where I would be. Not knowing that brought back the terror. Knowing that would put it into words; I would still exist. I asked him to consider not only the overwhelming change he must have known as a three-year-old, but the fact that it was for him literally unspeakable. There were no words to name his prior life, not even names for his former parents.

Much of this we had known as it had arisen from his ambivalent struggles with his father. Father, successful and prestigious before the war, was hidden and hunted during the war, then severely disadvantaged after the war. The father's conflicts, as reconstructed from their shadows in the son, were of power and impotence, helplessness and vindication. The possibility that the son had known love in his first three years had been denied to protect the father. Understandable though it seemed now, there were tragic consequences for him of his parents' need to rewrite their own personal history in a way that not only contradicted the truth of his reality but could not even permit him to put such questions into words.

How could he mourn what was not even supposed to have existed? Gaps were filled with terror. Relief would be great if only he could have words, an image and a possibility of words to show that the missing ones did exist. Once when he and his girlfriend were at the library, he went to the bathroom and returned, but when he came back she was on the other side of a post. For the moment that he did not see her he was panicked. Had he imagined the whole thing? Was he alone? In that instant of terror, remembering her name reassured him. Again, would I be in town or would I be away? Last summer, he re-

called, he had gotten a psychological self-help book during the vacation. He had not read it, but it served as a reminder that I really had been present. Over and over came examples of glossing over the gap.

Not only was success, surpassing his father, a threat. He was confronted by the question of whether he would have to deny reality or else threaten and betray his father. To speak of a gap was forbidden. He was required to pretend his life had started at age three. No acknowledgment was made of the existence of a loss. No names were given to what was missing, to the people gone.

Where was I while all of this was going on? When I first sat to write this, the hour had seemed like an ordinary and easy one: I had not been anxious or bored, brilliant or dull, just in a commonplace pre-vacation session. But reflection revealed personal areas on the edge of my conscious thinking. As one example among many, there was the fleeting sense of panic and hatred I had felt as a five-year-old when my father had momentarily hidden in a crowded store so that (as I later realized) he could watch my frightened reaction and share my relief when he then popped out. I could understand a son's ambivalence, fearing and longing for a father seen both as weak and as strong. And I could understand a father's similar ambivalence toward his son, his conflicts that could color and complicate how he treated his son. I could understand these because I had known experiences close enough, yet different enough, to allow me both to see and to distinguish their parallels in the intimacy of the analytic field. From that, I could flash in an instant the results of years of self-analytic work.

The instance with my own childhood and my own father was but one of numberless instances of my edge-of-awareness self-analysis that allowed me to attend consciously to my patient and to engage in the struggle for genuine understanding. There was, of course, more. With the inevitable mixed feelings of any good father, my own father not only accepted but also encouraged my surpassing him, walking the fine line of trying to make

life easy but not too easy for me. Matching of similarities permits partial trial identification. Differences, however, are as vital as similarities to recognition, mastery, and understanding.

None of this did I say to my patient. Indeed, I had seemed to say very little of this consciously to myself. What I said to aid my patient's insight into the workings of his mind appeared as if they were detached offerings only of links between elements *he* had spoken about. But even when I thought I was working in a routine and automatic way, my own personal meanings provided the bond of significance which made understanding possible.

Let us return to Mr. N. A man was struggling against inhibitions, the results of conflicts he knew only from their after-effects. He suffered not only from early trauma but also from having identified with unconscious conflicts in his parents. Those conflicts had deprived him of the words and even of the right to words to deal with such matters in himself. Talking with an analyst, he found his underlying conflicts coming to life in the new relationship. Through his analysis he developed greater ease with himself, increased mastery of his conflicts, and a freer sense of legitimacy. What made the difference? How much could be attributed to the putting into words and how much to reliving the underlying pattern in a new situation? Where is insight to be placed in the analytic situation? To work toward an understanding, let us briefly consider the background of insight and then examine insight and the analytic dyad.

BACKGROUND OF THE CONCEPT OF INSIGHT IN ANALYSIS

Insight is defined by Webster as "seeing into a situation . . . the act *or* result of apprehending the inner nature of things" (emphasis added). Early clinical use of "insight" was more descriptive than analytic: recognizing behavior as abnormal was called

insight. The doctor was apart and above. Michels (1986) only half joked when he said that insight at first referred to whether the patient agreed with the psychiatrist's view of him, while judgment referred to whether the patient agreed with the psychiatrist's view of everyone else.

In early dynamic work the cure was seen as deriving from the patient's becoming aware of traumatic memories previously denied consciousness. Insight thus becomes more internal, the recognition of blocked memories. Though there was greater depth, insight was still seen as purely conscious and in a one-person psychology. A second person's role was limited to that of an outsider who could assist in bringing buried trauma to awareness.

The development of the structural point of view emphasized both unconscious ego functions and intrasystemic conflicts. It was now clear that not only drives but also regulatory functions work in the dark, beyond conscious awareness. The ego as well as the id included unconscious functions: insight was reflected in mastery that did not require conscious attention as well as in that which did. Indeed, purely conscious knowledge of the self fell from its prior prominence to devaluation as intellectual insight. Implicitly, that opened the question of unconscious insight: deep knowledge beyond the reach of words.

In clinical practice, unconscious connections were noted to precede conscious ones, with continuity from one insight to the next maintained only late in analyses (Kris, 1956). Insight has thus come to involve a continuum of ever-expanding stages, not a final point of perfect knowledge. When a defense is interpreted and a patient remembers something previously repressed, we speak of insight. When he recognizes current dynamic implications of that memory, again we speak of insight. When he expands the implications to reconstruct or recall other genetic events, again we speak of insight. When, without consciously thinking of it, he faces new situations in new and more open ways, yet again we speak of insight. Each is insight, yet each is different. There are levels or degrees of insight. Perhaps

the deepest level is that in which understanding is most thoroughly integrated, so integrated that one's character and mental functioning utilize the understanding without having to resort to conscious thought.

Because of the varied subtleties of multiple determination, because of the depth of the unconscious and the limits of conscious capacity to see, insight can be more or less, but it can never be complete. Also, because of the multiple levels of functioning, insight can be valid and simultaneously be used defensively. A partial insight is at times emphasized to protect against the pain threatened by recognition of some deeper insight. The defensive aspect of insight is most clearly suspect whenever it does not lead to further psychic opening or does not translate into new ways of action in the world.

Hatcher (1973) clarified the distinction between self-observation and insight. Observation of the self necessarily precedes insight; it is not necessarily followed by insight. Recognizing the importance of one's reflecting on associations, ego psychology emphasized mastery rather than depth. Attention to regulatory functions raised the question of the relationship of insight to cure. Does insight bring about cure or result from cure? Ego integration, seen by Bibring (1937) as the foundation of cure, is clearly necessary to permit the development of insight. Yet insight clearly promotes ego growth.

As with any developing concept, there were excesses. Ego integration was defined as evidence of mature mental functioning and then, circularly, proclaimed as the cause of the attainment of that state, the cure. The extreme of substituting naming for understanding came in an ever-expanding list of ego functions: organizing, integrating, synthesizing, and many others. (Just as playwright Tom Stoppard's philosopher had suggested there was no problem that could not be solved if only one had a big enough plastic bag, so for a while it seemed that there was no question that could not be answered if only one had enough names.)

Realization that psychic growth required more than intellec-

tual self-observation led Strachey (1934) to address insight in relation to technique. In his classic paper he pointed out that for interpretations to have effect, they must deal with impulses alive in the moment of the transference. Strachey was one of the first to link ego growth to experience and analysis of transference.

Reid and Finesinger (1952) offered the broadest ego psychological view of insight, emphasizing the importance of connections rather than content. Noting that insight can grow outside conscious attention, they observed that insight generalizes, with the good analytic situation serving as "a spreading factor." This is especially important because it suggests insight is not limited to knowledge gained directly from interpretation, but grows internally, perhaps around understanding gained in the seeding crystal of interpretation. Analysis of central currents yields changes in areas not themselves examined.

They went on to question whether it is the truth of an insight that determines efficacy, saying that unless truth is defined very crudely, "It is misleading . . . to talk as if the aim of a therapist in making interpretations is to state hypotheses that are true" (p. 733). They felt the most useful insights the analyst offers are those which stimulate new insights, not which give facts.

The dyad was approached by Richfield (1954), who agreed the analytic goal was not knowledge but the mobilization of mental forces. Distinguishing *knowledge of* by first-hand acquaintance from *knowledge about* by second-hand description, he emphasized that insight requires both the experiential and the descriptive. He said, "When our insights are knowledge by description, we have truths about the repressed enemy, not the enemy itself" (p. 403). Though emphasizing the need for the patient to experience conflicts as actual, he stopped short of addressing the transference neurosis and its dyadic context.

We jump a quarter of a century to the next wave of attention to insight, the end of the seventies. At an international forum on insight in analysis, Anna Freud (1981) suggested that insight, attention to the inner world, be distinguished from orien-

tation to the outside world, which may simply be termed understanding. She pointed out that the barrier against experiencing inner unpleasure is very high, in contrast to the less strong resistance to noticing external unpleasure. People more readily recognize adverse matters on the outside than in the inside. The difference between how one can know oneself and how one can know someone else is vast and crucial. Now put more precisely, how does an analyst's understanding aid the patient's capacity for insight?

INSIGHT AND THE DYAD

In the course of work with the man terrified of gaps, I offered many interpretations. In order to analyze my patient, I privately had to analyze myself. Transference is ubiquitous, and the analyst cannot be defined as the one of the clinical pair without an unconscious. Ideally, he is the one more open to unconscious derivatives and less impelled to their enactment. But just as my own private psychology had to be distinguished from that of the patient, the *way* I could know myself differed from the *way* I could know my patient.

This point is a continuation of Anna Freud's. Appreciation of another person's mind differs vastly from knowing oneself. We aid clarity by accepting the usage of "insight" as limited to oneself, by speaking of an analyst's insight into himself and his understanding of a patient. This is especially important with the current preoccupation with empathy, with views at times sounding as if the analyst could know the patient's mind as well as or in the same way as the patient could know his own mind. Knowing and knowing about are not the same.

Confusion of insight with understanding is reflected in the multiple ways we use the word "analyze." In our self-analyses we analyze ourselves; in clinical work we analyze patients. The use of the same word at times obscures important differences. When two people go through experiences together, we say they

share the experience. But what each of the participants experiences is crucially unique, different from the other's experience. One can never know another in the way one knows oneself, truly from the inside. Stein (1983) put it most provocatively when he said that the only person in an analysis the analyst can analyze is himself. The two uses of the word analyze, personal inner searching and working in the service of another's analysis, are easily confused. The difference between analyzing ourselves and analyzing others is implied in Anna Freud's distinction limiting "insight" to self-knowledge and "understanding" to knowledge of others.

Similarly, an analyst cannot "give" an insight. His interpretations can offer new knowledge, his interactions can provide new emotional experience, but the patient must digest the knowledge or experience to turn these into insights.

1. *Insight and Meaningfulness*

The analytic task involves a specialized form of searching for meanings. Both quantitative and qualitative aspects are essential to the development of insight. A meaning can be cognitively interpreted without resulting in insight if the matter considered has not been brought into the immediacy of meaningfulness.

Let us turn again to Mr. N. When Mr. N. first consulted me, he *told* me both of his fear of unexpected changes and of the unexplained replacement of the world he knew by a new, strange world. He already knew of both, but could not make use of knowing. He spoke *about*, not *from within*, the experience. Engagement in the actuality of the two-person analytic field allowed thoughts and potentials to be experienced, to come to life. The analytic situation made possible the immediate meaningfulness of latent meanings.

Analysis not only exposes, it intensifies. Just as routines are patterned into rites to create traditions, analysis is structured into patterns to intensify the transference experience, to bring

latent meanings into the fuller experience of the examined present. This is so even when what is truly meaningful is disguised by a patient's seeming indifference.

Transference, the carry-over from the past, is universal. The analyst contributes to the formation of the transference neurosis by his recognition of the presence of the past in the immediacy of all that the patient says and does. Thus, as well as referring to the presence of the past, the transference neurosis is also defined by the intensity of the patient's emotional investment in the analysis.

Addressing the immediacy of the psychic moment gives an interpretation its impact, even when it is the historic past that is under discussion. A person's mind is entire. Examination of any part, past or present, content or process, is alive in the experience of the immediate moment if it rings true as an authentic part of discovery and working through.

Meaningfulness is not the same for analyst and patient. Yet meanings for the two touch and in immediacy resonate with the deep. A patient brings a mental life suffused with hidden meanings. In the course of the analytic work the analyst's own meanings come to life as they are informed by and can themselves inform the patient's meanings. It is then that an analyst can understand. Thus, in the analyst's scrutiny of resonances and disharmonies, in his listening to both the music and the words, the truths in the patient's hidden meanings can come to life.

2. Insight and Truth

How valid are the meanings the analyst interprets? Reid and Finesinger (1952) doubted that simple truth is exposed in any analytic interpretation. A vital fact for Mr. N was his sudden change of worlds at age three. Mr. N had known that fact from the start. For that fact to become part of his truths, it had to assume its connections to his personal context. The transfer-

ence neurosis offered the opportunity to link facts to personal truths.

Truth implies a breadth beyond the range of immediate conscious attention, a resonance with deeper levels, distant echoes ringing true. Truth, here, refers to meaningfulness that brings validity to the rest of one's psychic reality. It is not the "Truth with a capital 'T' " of religions or of defensive world views.

Immediacy in the analytic process implies the unconscious come alive. Attention to the actuality, the singularity, of the analysand's mind currently at work evokes the feeling of truth that comes from the act of discovering for one's self, even when discovering with someone else. Analytic truth develops more from discovery than from revelation.

Facts are not the same as truth. Documentary data from extra-analytic sources can be invaluable in writing biographies, but the work of an analysis is that of psychic exploration and integration. Genetic aspects of insight are authentic when they derive from unfolding in the transference. As we reconstruct, we would never say, "*The facts shall set you free.*" Indeed, facts can even be used selectively to obscure truth.

Obviously, we never wish to aim toward the false. Our allegiance to the truth moves to the center of our attention those data which we can know first hand, the data revealed in the transference. A major criticism of reconstruction is that it may be a way the analyst builds his own version of a story that makes him and his patient more comfortable, that it is liberating in a more sophisticated way than paranoid or religious stories, but that it is nevertheless limiting by virtue of being contrived. Protection, as Freud pointed out in distinguishing scientific from religious views, comes from readiness to revise rather than defend explanations. Attention to shifts in the patterns of transference are as valuable as the manifest associations in determining the validity of reconstructions.

Psychic truth is partial but cumulative. As a result, reconstructions may hold true and be of use in opening new possibilities of understanding beyond the question of their external his-

torical validity. How the patient came to see the world as he does is more cogent than how others saw events, though history from others can be valuable to the patient in opening new questions. However, the fidelity of statements to psychic reality, both of the moment and of the background of the moment, matters more than does the picture of past events seen by others.

Just as focus on reconstruction of history without attention to the shared process of the moment can undermine the truth value of interpretations, excess concern with narration can similarly be misleading. Some have suggested that the essence of an analysis is the telling and amendment of a life story. The literary quality of analysis as life narrative is compelling but limited. As the experience of the transference-countertransference in process gives meaning to memories and spoken fantasies, so, too, attention to the analytic dialogue corrects distortions that would develop from special concern with the construction of an autobiography.

3. The Location of the Analyst

Where is the analyst's place in this work of developing insight in the patient, someone who emotionally starts out resisting insight (Joseph, 1986)? The task of the analyst has been compared to that of the fool with Lear (Rose, 1969), or of Teiresias with Oedipus (Abrams, 1981; Michels, 1986). However, those models emphasize the role of the analyst as the one who knows, who knows either the secrets of someone else's mind (as does Teiresias) or the truths of reality (as does Lear's fool).

The analyst does know many things important to the patient. He knows the experience of analysis, and he knows the principles of technique for using the analytic tool to assist someone else with that experience. In a very rough way he knows a bit about how the mind works as well as how analysis works, helping him keep alert to processes and blind spots that otherwise would go unnoticed.

To the extent that the analyst believes that he knows the patient's mind better than the patient does, or that he basically knows reality better than the patient does, to that extent he is likely to fall into countertransference enactments of power. (Implications of this have been studied incisively by Roustang [1983].)

Our basic analytic ideal is of quiet observation followed by neutral interpretation. But to observe is to intervene; to structure an analysis is to suggest delay of discharge; to speak or not is to be active. Despite one model, that of an analyst's absolute detached neutrality, the analyst's very presence is an act of intervention. And despite another currently popular model for the analyst to be warmly understanding, analytic inquiry implies that the patient is understandable, not that he is already understood, or even easily understandable. The struggle toward insight is a shared task, actualized in the transference-countertransference process.

Where is the analyst during the work? One view, stated in the extreme, would have the analyst a separate body, *in* but not *of* the patient's field. Here, the analyst observes from outside the patient, from time to time sending interpretations as cognitive messages to help the patient. It is like the old films in which an untrained person replaces a disabled pilot, informs an expert on the ground of his readings, and is guided to a landing by helpful directions returned by radio. Another view, again in the extreme, considers the two at analytic work a symbiotic union. Here, the two become one, each part of the other as each works to cure both self and other.

These differences carry over to views of how an analyst contributes to a patient's insight. Do the two send verbal messages back and forth from separate psychologic universes or do they share the same mind? Efforts to avoid the extreme of seeing the patient as a mind in a test-tube, removed from actual emotional interactions with the analyst, or the other extreme of seeing patient and analyst as symbiotic have led to the view of the analytic process as a communicative relationship (Southwood, 1974). In

this view, open examination of one takes place in a matrix of a more deeply buried pair of reciprocal self-inquiries (Gardner, 1983). Here, the analyst's mental processes parallel and diverge from those of the patient but do not truly merge.

Clearly, the analyst's mind must be emotionally engaged. Even at the very first moments of psychoanalysis, when introducing the Irma dream, Freud (1900) spoke of transference as the way an observer learns the mind of the other. Freud said, "And now I must ask the reader to make my interests his own for quite a while, and to plunge, along with me, into the minutest details of my life; for a transference of this kind is peremptorily demanded by our interest in the hidden meaning of dreams" (pp. 105-106).

To understand the other is to plunge along with the other. The analyst makes a "transference," however restricted that transference may be. This transference is a purposeful regression in the service of understanding, not the regression of countertransference distortion. The analyst structures the analytic field and becomes a vital part of that field. He experiences a partial regression separately but under influence of the patient, and he consciously and unconsciously has impact on the patient. The analyst does not become a part of the patient's mind.

The view of reciprocating self-inquiries lying behind the manifest inquiry into the patient's mind gives room for the patient to learn *both* from the analyst's manifest words and from the hidden processes structured in and behind those words (Poland, 1986). How meanings flow between the intrapsychic and interpersonal, between inside and outside, remains the question. Although both analyst and patient experience much of the work in the uncertainty of transitional phenomena, there is a crucial difference from other transitional experiences. Describing the intermediate area between inside and outside, Winnicott (1953) emphasized that the question of location of the transitional object between mother and child was not to be asked, not even to be formulated. Yet in an analysis the position

of not asking in whose mind a feeling or thought occurred is always temporary in the course of further exploration. The question of distinguishing the minds of analysand and analyst is always part of the total analytic inquiry.

Knowing that sharing takes place and knowing that shared experiences are never the same for the partners sharing, how can we resolve the paradox of "sharing" with the uniqueness of individual inner worlds? A concept of reciprocating self-inquiries underlying the manifest inquiry into the patient keeps open for further study both the interplay of mental processes in the dyad and the question of how external experience becomes internalized. While problems remain, this view for now allows us to proceed in examining the collaborative analytic work.

4. *The Location of Insightful Ideas*

Describing the analysand's development of insight, Myerson (1965) said that "an attempt at mastery through the use of fantasy and imagination is a prerequisite for meaningful observations of the conflictual impulses which are expressed in the fantasy" (p. 780). What happens in the analyst? The regression of the analyst at work has also been described (Olinick, *et al.*, 1973), but to what extent does his imagination also take part in the development of his understanding?

Let me briefly detour to an observation that started in my early morning commute to the office. Over time I noticed that out of the group of morning roadside runners, one was so regular as to become for me a landmark. After I noticed that I had noticed him, I became curious. Why did he run so much, so hard? How did he come to be a runner? Did he have a wife and children, and where did his running fit into their lives? I wished I could speak with him, interview him. I was full of questions. I had moved from notice and mental attachment to curiosity.

At that time I had a patient who was a novelist. During his analysis he spoke of strangers who caught his eye, but, I real-

ized, with reactions quite different from mine. At first he made mental notes, a study of mannerisms to use for characters in future works. But then he would imagine, creating stories and detailed lives for the strangers. He moved from notice and mental attachment to imagination.

Though each had noticed strangers, each reacted to the unknown differently. I filled the empty mental space with questions; he, with imagined answers. Might our different styles reflect different, complementary, and even partially mutually exclusive functions characteristic of our different careers?

In his parallel partial regression, an analyst allows his own fantasies to be evoked by his experience of the patient's transference. The analyst's pressure to put his own forces in the service of the other leads to his inhibiting his imagination. Instead of the gratifications of reveries, he submits his personal fantasies to the scrutiny of professional curiosity. Thus, the analyst at work uses his private associations not to impose his imaginings but to refine his curiosity to be a route leading ever closer to the patient's meanings.

Analysands learn this skill of submitting imagining to curious reflection without having to learn the content of what the analyst's imaginings were. Though his views are distorted by transference, the analysand is able to read *how* the analyst's mind works more than we generally credit. The analyst's inhibiting his imagination, using it for information rather than gratification, may be a critical model for the patient's coming to take self-inquiry and insight as valued goals for himself. This process of learning emotionally the value of attending to *how* one thinks may be as crucial to the analytic work as learning the analyst's interpretations of *what* one thinks. As insight develops in the course of a successful analysis, the patient develops an increasing capacity for self-analysis. Insight as an ego ideal thus can replace the analyst as the object of longed-for infantile gratifications.

The problem of locating the partners in this enterprise raises also the question of the source of insights. Interpretation is our

model. When the analyst sees a new connection, he tells the analysand. Does interpretation only expose meaning that already exists or does it create new meaning? Where in the dyad does an insight arise? Again, for convenience, let us consider the extremes.

Viderman (1974) wondered where latent ideas come from when first an analyst interprets them. He saw unconscious fantasy as a bare outline of instinct, which the analyst gives a name by interpretation. "It is less a discovery of the instinct that he makes, than a creation" (p. 473). "*To create* is to give a name to and to unify by interpretation that which is only vague desire, nameless, obscure, barely outlined" (p. 474). Were latent thoughts truly in the patient's mind or did they take existence from the analyst's hypothesizing what could be missing? When an analyst says the *six roses* (six roses) in the patient's dream represent feelings about the *cirrrose* (cirrhosis, a homophone in French) that killed the patient's father, Viderman (1979) asked which of the two actually had the idea in mind, adding that it "was more in the mind of the analyst than in that of the patient" (p. 265).

Friedman (1985), in contrast, said, "Freudian theory describes latency and potentiality, not just inevitability and actuality. Potentiality is the roundhouse from which various end points can be reached by an individual. . . . it is a peculiarity of experience that 'actuality' contains various levels of potentiality, such that someone can say, 'That is exactly how I feel, and it wasn't apparent to me until you said it' " (pp. 396-397). The concept of potentiality appears to suggest that whatever an analyst might interpret was already in the patient's mind.

Viderman, suggesting that the latent became manifest and thus arose in the analyst's rather than the patient's mind, seems to void the centrality of the patient's unconscious fantasies. And Friedman seems to minimize the analyst's initiating new knowledge, the patient's learning about himself by being told by the analyst. Interpretations are neither omnipotent nor impotent. I believe that it would be wrong to follow the extreme path that

the unconscious of one person is created by the unconscious of the other, and also wrong to adopt the view that the analyst offers nothing new, that all is already present within the patient's mind. The patient somewhere knew what it was that had to be repressed, or there would have been no repression. But he did not know why he was obliged to maintain repression. The labor of analytic work, of exposing and resolving resistance, belies the view that the analyst does no more than put into words what the patient already knew and was almost ready to acknowledge.

This does not imply that all insight derives from the analyst's understanding. When the analysis has gone far enough for the patient to value insight, he will often arrive at a new connection or realization the analyst has not yet recognized. The analyst contributes valuably by his acceptance of uncertainty and mental exploration even when he is unable to impart new interpretations.

My silence in the face of Mr. N's anxious questions about my absence, plus my remarks about his fear of gaps, explicitly contributed knowledge to him about his conflicts and implicitly evidenced my tolerance of gaps, how I tame my own forces by reflection and mastery. What accounted for Mr. N's gradual insight and freeing up? Would he have benefited if told about his history earlier? Did the reconstruction take effect not because of what it offered but because of what it followed—the prior work by analyst and patient together?

We seem to arrive at a paradox in the evolving definition of insight. The patient's and analyst's minds reflect, resonate, differ, and interact, but they do not merge. The regressive pull to fuse self and object representations yields to a move to a higher level of ego functioning, that of contact, of union through psychological touching while acknowledging essential separateness (Poland, 1975). The clinical engagement is shared, but as in the early definition of insight, the analyst is still an outsider, an other who assists in bringing insight. The analyst's

emotional participation is intrinsic to his work, but he does not "give insight" by becoming a part of the patient's mind.

5. *Insight, Interpretations, and Time*

Collaborative exploration of associations *in* the transferential context makes possible linking past and present in a truthful way. In this process, interpretations, like all human functions, are multiply determined and, consequently, carry multiple levels of messages. Words carry implicit temporal connections even when only one temporal aspect is in the manifest message.

How do insight, language, and time interrelate? Humans have been defined as time-binding, able to form symbols, able to remember. As a result, thought can serve as trial action and a special communicative relationship can become a talking cure. At a mature level, such time-binding brings integration of identity, a sense of continuity of self across time. Psychic structure implies time.

Memories are more than the content of stories. Past experiences shape the *way* the mind works; and memories exist in the manners of thinking, the tones of relating, the accents of thought. The stories of memory are moments of experience in time, organized at the moment and reorganized at later moments. Analytic elucidation of a person's private stories is not, therefore, the improvement of an autobiography, but is a study in current experience of *how* a person's mind works. Clinical analysis is a unique fragment of life in action; it is not merely applied analysis, applied to the history of a person.

In addition to historic time, time flows in the analysis itself. (It is the unconscious which is timeless, not the analysis or the participants.) To the extent that a patient's associations become increasingly free, new and even surprising connections are revealed. As the analyst listens, what the patient says evokes memories of matters the patient had spoken of earlier, even many

years earlier, in the analysis. Old memories, often of something not in the front of the analyst's mind, come back. In order to come back, those memories had had to be allowed to fade from immediate view.

The analyst's memory has been called an indispensable condition for the analytic process, providing the containing matrix for the patient's associations (Rizzuto, 1985). This is so, but it is only part of the story. To work toward insight the analyst at times *partially* forgets in order to come to remember, sets aside in order to discover, to participate with the patient in the work of discovery. The analyst is paradoxically pulled to set aside "memory and desire" so as to follow the patient, and at the same time is pushed to recall memory to permit new integrations and understandings.

An analyst's defensively forgetting, his repressing what he has heard, is neurotic; but it happens there are times when an analyst finds some of what he has heard has moved to a greater distance from attention, moved in memory to a place where it is not immediately known, yet is still reclaimable (Needell, 1987). This partial setting aside is necessary for the analyst to be along with the patient at work. Facts fixed as immutable in the analyst's mind would interfere with analytic inquiry as much as would his being wedded to a favored formulation. Cold data, even that from an initial history, is not the same as insight gained through hard exploration. The facts I had known about Mr. N from early on had faded from my attention. I both knew them and did not know them as they returned in a new and useful way when they came alive in the transference.

Were the analyst not to remember the patient's story, he could not make new connections. However, if the analyst were to keep with total ease immediate access to everything the patient said, it is unlikely he would be together with the patient working toward discovery. Indeed, it is likely that it is the analytic search more than the conclusion that leads to self-analytic abilities.

In contrast, an analyst can appear impressive, making bril-

liant-sounding interpretations using theoretical knowledge as power. Despite their academic accuracy, such explanations obscure important parts of the truth of the dyadic moment. This seems what Bird (1957) meant when he spoke of the "curse of insight," the result, in fact, of insufficient insight. It is attention to immediacy of psychic experience, especially in the transference, that distinguishes analysis from wild analysis, from what Freud (1910, p. 225) called "a distribution of menu-cards in a time of famine."

6. Insight, Interpretations, and Words

What of words and the growth of insight in the talking cure? Mr. N's early terrors were unspeakable. Because they could not be named they were amorphous, overwhelming, and disintegrating. To put names on feeling and experience implies that they not only can be known but can be put in mental bounds. A colleague once told me that the main thing he learned in his own analysis was that even life and death were not "life and death" issues. Matters to be feared need not be disorganizing if they can be put into words. Interpretations offer inner reconstructions: understanding communicated by cognitive explanation implies the possibility of mastery.

Words are the analyst's main tools, the way he tells his understanding to the patient. But words are not concepts crystallized. They are reflections of ideas, carrying their own distortions and limitations. Indeed, the subtle difference between what the analyst tries to capture of the patient's mental experience and what he actually says may be of major importance in the patient's ability to recognize that the analyst is only a different person, a helpful and skilled other person, but not the actualization of an idealized infantile imago.

The structure of words assures they will fall short when expressing mental experiences suffused with feelings. Flaubert expressed a common sentiment when he wrote, "No one can

ever give the exact measure of his needs, his thoughts or his sorrows, and human speech is like a cracked drum on which we beat a tune that sets bears to dance, when we would move the stars to pity."

Experience is whole, but words are fragments, categorical. A mind in process is fluid, with time and urges, wishes and memories, at one in mental experience. At any single moment thoughts work both for the satisfaction of the moment and for that of earlier forces alive in the moment. Multiple determination is our theoretical way of moving from dualistic thinking into a maximal number of smaller categories. But psychic reality is not divided.

While our minds work with fluidity, moving experience, affect, and symbols in free-flowing ways, manifest words work by categories and comparisons, by contrasts and distinctions. Words identify by abstracting, dividing, and subdividing. Language is categorical; human experience is undivided. Language is substantially fixed; human experience is fluid. Language is linear; human experience is circular, indirect, overlapping with self and time and other experience.

General semanticists have summarized this in comparing the word and phenomena represented to the map and territory. They describe principles:

- (1) The map is not the territory; the word is not the thing.
- (2) The map does not represent *all* of the territory; the word does not represent *all* of the thing.
- (3) The word, like the map, is self-reflective, that is, it reflects itself and its maker.

We face yet another paradox. The partial nature of words plus the integrity of the human mind allow interpretations both to miss the point, to fall short, and yet simultaneously to have impact in broad areas of the patient's mind. If the word is not the thing, then our language returns us to our earlier problem of how interpretation works, how a verbal message converts to insight. Clearly, what the analyst says can only be a part truth, stated with limited precision. Insight is not submission; a con-

cept simply swallowed remains a foreign body. Yet a person can digest an understanding, altering it to render it assimilable. Meaning comes to life only as the specific textual meaning of interpretive words is placed by the patient into the context of his mental life, both in the past and in the psychoanalytic relationship.

The manifest message of words and their deeper communicative impact are not the same. Both are essential in analysis. However, the manifest content of words has limits that speech transcends. The self-reflective nature of words may provide an important means by which interpretive words can succeed in aiding insight despite the innate limits of words. It seems likely that the words that carry partial answers to questions under overt examination by the patient also carry buried information valuable for the patient's introspection.

When a statement is heard, it is heard with the listener's connotations. The speaker's buried messages, self-reflective aspects of an analyst's words, can be heard by the patient, at times outside of conscious awareness. What is heard is then digested for the patient's own meanings. The word taken in is not the same as the word spoken. As a result, though they cannot give insight, interpretations can facilitate insight.

Words, as products of mental functioning, have a place in time. Despite our preference for fixity and precision, words themselves change, though with less fluidity than do our minds. This disparity, too, may add to the ways in which words help tame inner forces. Just as words change in their general use over time, their meanings are ever in flux in the analytic work. The changing import of words in an analysis reflects the history of dyadic analytic progress.

Words, thus, have performative as well as informative effects (Péraldi, 1986). They carry manifest messages but also act through their implicit messages. Even the kinesthetic experience of speech may carry information to deepest levels, reverberating with early preverbal communication between mother and child.

Words do more than just offer the patient the means of

saying it. They are, in addition, new acts, new life events which add fresh experience to the patient's life beyond that of increased cognitive ways of dealing with old unconscious processes (Leavy, 1980). Words do both less and more than they are intended to do. They do less because of built-in inadequacies of expressing and identifying. And they do more by adding modifications of experience and understanding beyond those consciously intended. Words diminish by abstracting, removing from context. But they add the new collaborative experience of analytic inquiry.

CONCLUSION

To stay true to the larger nature of insight, let us conclude by stepping back to the clinical overview. All insight is partial. Self-exploration, the search for insight, threatens one by exposing both dangerous impulses and vulnerability. Great trust in the reality principle is necessary to engage in such introspection, and, as with any development of the reality principle, is possible only as a refinement of the preference for pleasure.

In everyday speech, being understanding implies being sympathetic. To feel understood is to feel comforted. Though the analyst's attitude toward the patient differs from that longed for in childhood desires, the analyst's tolerance of free association is rooted in his acceptance of the patient. Might not insight, self-understanding, evidence a parallel? Being at-one-with in authentic understanding, that is, while two are engaged together in ruthlessly honest searching, may be internalized as a model for valuing introspection and insight as important parts of the ego ideal.

As a patient discovers greater comfort from insights gained, he becomes more willing to risk danger in the search for ever greater freedom. Insight can increase immediate pain, yet ultimately insight strengthens. The first-hand experience of growing insight leads to faith in the value of further insight,

and that faith allows the risk of further pain in exploration. It is from the experience of beginning insights that the sense develops that maximum knowledge of oneself is worth both the danger and the labor.

Insight relieves anxiety by extending perspective, placing immediate inner conflicts in the context of a broader view of one's dynamic and genetic self. As a result, insight enlarges, giving comfort not by closure but by opening. But also as a result, insight raises ever more questions, ever greater possibilities of self-understanding, and the tolerance for broader uncertainties.

The psychoanalytic building of insight comes in collaborative work. The analyst is the patient's professional assistant participating in the patient's search for insight, even though that may not have been the patient's original wish, even though the journey is at times rough and painful, and even though most of the analyst's work is done silently, mentally, behind the scenes.

SUMMARY

Insight reflects the unitary nature of psychic activity in contrast to the fragmentation created in abstracting categories for the purpose of study and discussion. The unique analytic clinical dyad offers a structure in which intrapsychic fragments can be actualized and integrated. As a result, the analyst's contribution is more crucially one of exploration than of revelation.

Whatever the area of examination, past or present, the link to analytic immediacy offers the opportunity to make meanings meaningful, to convert known facts to psychic truths. The analyst's clinical task requires his private self-analysis as part of the collaborative exploration of how the patient's mind works. Higher level ego functioning, including acutely active remembering, is at times transiently loosened in order for the analyst to share in the clinical work of discovery.

The words the analyst uses to communicate his understanding convey only approximate manifest meanings, though

they structurally reveal deeper messages of importance to the patient. These verbal approximations help stimulate self-reflection in the analysand as a step in the process of gaining insight.

REFERENCES

- ABRAMS, S. (1981). Insight. The Teiresian gift. *Psychoanal. Study Child*, 36:251-270.
- BIBRING, E. (1937). Discussant. Symposium on the theory of the results of psychoanalysis. *Int. J. Psychoanal.*, 18:170-189.
- BIRD, B. (1957). The curse of insight. *Bull. Phila. Assn. Psychoanal.*, 7:101-104.
- FREUD, A. (1981). Insight. Its presence and absence as a factor in normal development. *Psychoanal. Study Child*, 36:241-249.
- FREUD, S. (1900). The interpretation of dreams. *S.E.*, 4/5.
- (1910). 'Wild' psychoanalysis. *S.E.*, 11.
- FRIEDMAN, L. (1985). Potentiality shrouded: how the newer theories work. *Psychoanal. Q.*, 54:379-414.
- GARDNER, M. R. (1983). *Self Inquiry*. Hillsdale, N.J./London: Analytic Press, 1987.
- HATCHER, R. L. (1973). Insight and self-observation. *J. Amer. Psychoanal. Assn.*, 21:377-398.
- JOSEPH, E. D. (1986). Psychoanalytic concepts of insight. In *Psychoanalysis. The Science of Mental Conflict. Essays in Honor of Charles Brenner*, ed. A. D. Richards & M. S. Willick. Hillsdale, N.J./London: Analytic Press, pp. 263-280.
- KRIS, E. (1956). On some vicissitudes of insight in psychoanalysis. In *Selected Papers of Ernst Kris*. New Haven: Yale Univ. Press, 1975, pp. 252-271.
- LEAVY, S. A. (1980). *The Psychoanalytic Dialogue*. New Haven/London: Yale Univ. Press.
- MICHELS, R. (1986). Oedipus and insight. *Psychoanal. Q.*, 55:599-617.
- MYERSON, P. G. (1965). Modes of insight. *J. Amer. Psychoanal. Assn.*, 13:771-792.
- NEEDELL, S. S. (1987). Personal communication.
- OLINICK, S. L., POLAND, W. S., GRIGG, K. A., & GRANATIR, W. L. (1973). The psychoanalytic work ego: process and interpretation. *Int. J. Psychoanal.*, 54:143-151.
- PÉRALDI, F. (1986). Discussion. Franco-American Psychoanalytic Encounter, II. Paris. (Unpublished.)
- POLAND, W. S. (1975). Tact as a psychoanalytic function. *Int. J. Psychoanal.*, 56:155-162.
- (1986). The analyst's words. *Psychoanal. Q.*, 55:244-272.
- REID, J. R. & FINESINGER, J. E. (1952). The role of insight in psychotherapy. *Amer. J. Psychiat.*, 108:726-734.
- RICHFIELD, J. (1954). An analysis of the concept of insight. *Psychoanal. Q.*, 23:390-408.
- RIZZUTO, A. -M. (1985). The function of the analyst's memory in the analytic process. Presented to the American Psychoanalytic Association, May.

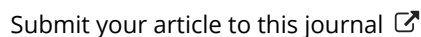
- ROSE, G. J. (1969). *King Lear* and the use of humor in treatment. *J. Amer. Psychoanal. Assn.*, 17:927-940.
- ROUSTANG, F. (1983). *Psychoanalysis Never Lets Go*. Translated by N. Lukacher. Baltimore/London: John Hopkins Univ. Press.
- SOUTHWOOD, H. M. (1974). The communicative relationship. *Int. J. Psychoanal.*, 55:417-423.
- STEIN, C. (1983). Discussion. Franco-American Psychoanalytic Encounter, Paris. (Unpublished.)
- STRACHEY, J. (1934). The nature of the therapeutic action of psychoanalysis. Reprinted. *Int. J. Psychoanal.*, 1969, 50:275-292.
- VIDERMAN, S. (1974). Interpretation in the analytical space. *Int. Rev. Psychoanal.*, 1:467-480.
- (1979). The analytic space: meaning and problems. *Psychoanal. Q.*, 48:257-291.
- WINNICOTT, D. W. (1953). Transitional objects and transitional phenomena. A study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.

5225 Connecticut Avenue
Washington, D.C. 20015

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

James T. McLaughlin

To link to this article: <https://doi.org/10.1080/00332828.1988.12021933>



THE ANALYST'S INSIGHTS

BY JAMES T. MC LAUGHLIN, M.D.

The patient's fresh perceptions of himself come through mutative work shared with the analyst in the focused intimacy of their interaction. In finding transferential expectancies realized, the patient can experience these as yet different, providing he has the analyst's optimal participation. In this concurrence of crucial differences he can discount and discard the old perceptions that had shaped his psychic reality, and build out of them fresh insights. The analyst's regressive lapses in his best work are a liability inherent in the compromise formations comprising his work ego, built as it is out of the needs and motives of his own transferential past. The stagnation and tensions his regressive transferences contribute to the analytic work produce vivid actualization of the intrapsychic conflicts of both, now intertwined and mutually reinforcing. The analyst's self-analysis at such times can lead to resolving insights about himself that redress the impasse and restore the analytic work both must do.

Insight, as concept, process, and goal, has had an uncertain place in psychoanalysis, as well as in the larger world of discourse from which we borrowed it. Webster's (1952) defines it as the act or fact of seeing into a situation—or into oneself; of apprehending the inner nature of things immediately, intuitively; of encompassing man's reach to the "mystical contemplation of the ultimate verities" as well as his sad grasp of his own madness.

Within American psychoanalysis we have formally, even officially, appropriated the term to designate "the subjective experiential knowledge acquired during psychoanalysis of previously unconscious pathogenic content and conflict" (Moore

and Fine, 1967, p. 55). Such insight "differs from other cognitive understanding in that it cannot occur without being preceded by dynamic changes" (made through analytic work) which alter resistances and drive energies so as to augment an array of autonomous ego functions that make insight possible.

This emphasis upon insight as result and fact throws scant light on how insights are formed in the course of analytic work. Poland (1988) has sampled the contributions of others regarding insight as process, as part of his searching exploration of how the patient is assisted in forming his insights through the evocative power and subtlety of the verbal dialogue within the analytic dyad.

I wish to provide a complementarity to his viewpoint, one that will focus upon the insights that the analyst shapes about himself in the course of his efforts to understand his patient. My stress will be upon the vicissitudes of the analyst's work ego as he strives to sustain its optimal functioning in the face of inner turbulence stirred by the patient and by concurrent stresses in the rest of the analyst's personal world.

Such matters as these are usually designated as countertransference. For reasons that I have proposed elsewhere (McLaughlin, 1981), I would prefer to delete the "counter" and refer to the analyst's vicissitudes as his regressive transferences, his falling back from his best evolved analytic functioning. Such lapses are multiply determined by whatever there may be in the analyst's personal life, as well as the manifold impingements of the private worlds of his patients—in particular the one he is with at any given analytic moment. For such reasons of multiple causality, the term countertransference is simply inadequate.

Each party brings to the analytic task a reality view shaped and skewed by the transferential forces from his own developmental past. The analyst's claim to an advantaged perception of reality rests mainly upon his trained analytic perspective on human behavior. This achieved perspective, and the analyzing capabilities based upon it, are inherently unstable functions, like all the other compromise solutions by which we live—yet

developmentally even newer and more vulnerable. These specialized functions of the work ego are subject to fluctuation, regressively and progressively, induced by the work itself, as well as by the stresses and gratifications in the rest of our lives. While we may strive to bring to our task only our best capacities of knowing self and other, we necessarily stir our own transferential depth as we join with our patient in the shaping of the analyzing instrument (Isakower, 1963).

The insights that I have come upon in my own analyses, that I have encountered in my patients and in myself in the day-to-day analytic work in the past forty years, have been fitful happenstance, nothing that I set out deliberately to achieve. They have been as fireflies: elusive on the wing and enigmatic in the grasp—illuminating in the moment seen, rather dull and diminished when closely scrutinized. Was the guiding glow really there, or imagined in my head? Once in hand, how to keep it glowing? Rather than encountering dramatic enlightenment, I learned to expect the insights of my patients, and my own about me, to be small-scale, scattered glimmers, extinguished almost as often as sustained. Those that are mine I often expect to encounter in moments of relaxed immersion in some routine task in garden or shop, when I can drift over unsettled matters between my patients and me, and others of importance to me.

I regard insight, in the broadest sense and however gained, as any fresh perception of oneself. In the specific context of clinical psychoanalysis I would see mutative insight¹ as that fresh perception of self, conscious or unconscious, which accompanies small or large developmental increments in the patient's psychic organization in consequence of analytic work. And I would describe such mutative analytic work as that in which

¹ We are all too familiar with the differences between mutative and intellectual insight. In the *Glossary's* words, "Pseudo-insight may occur in which there is an apparent intellectual understanding of the forces involved, but instead of an integrative, energy-releasing function, the knowledge serves a libidinal or aggressive purpose in respect to the analyst, e.g., to please and to deceive and defeat him" (Moore and Fine, 1967, p. 55).

very real struggles around old issues are replayed in new contexts of high emotional intensity, certainly for the patient and often for the analyst. Without such intensity, whereby intrapsychic conflict in one or both can be "really" brought into the light, there will be little psychic growth and structural change—and precious few felt insights. With such intensities, the patient has the chance to experience old matters in new variations, and thereby to see more of himself and his others than he had previously been free to see, given the constraints and skewings of his transferentially derived fears and expectations.

There is an old Chinese proverb (for all I know, begot in Brooklyn): "I heard it and forgot it. I read it and I remembered it. I did it and I understood it."

Whatever its origins, the proverb captures the essence of what Strachey (1934) was pointing to in his emphasis upon the necessity to interpret issues alive in the patient's transference relationship to the analyst. It echoes Ferenczi's even earlier (1924) insistence upon the importance of the patient's living out his transference in relation to the analyst, in order that the analyst can help his patient to understand both cognitively and experientially how present and past have become convergent in the analytic relationship.

By struggle I mean the heart of the analytic matter: what it takes for the pair to bring about and live through present versions of how the patient had shaped, and been shaped by, his relationships to key others in his developmental past. These moment-to-moment experiences in the analytic dyad become, as Poland (1988) has deftly elucidated, the base upon which the analytic relationship grows. These are the bits and pieces that affectively/effectively stir the patient, and often the analyst, to experience past and present in a fashion that promotes those fresh recognitions that we call insight, along with those capacities for finer discrimination and fuller integration which we link to structural change and psychic growth.

However differently in degree the struggle stirs and sounds both participants, it is the richness and vitality of what goes on

in this struggle that must be joined, this match that must be made, that strikes the faint sparks of insight to be fanned in the tinder of relating.

Two related and commonplace observations can be made at this point about how insight takes and makes its shape. They are not thereby the less useful in supporting the importance of the experiences in the dyadic relationship for effecting analytic change and its accompanying insights.

1. No fresh and mutative insight occurs in our work excepting as some previous and compelling insight, i.e., some former understanding of one's self by which one has lived, is worked over and discounted.

2. In this working-through process of discounting and abandoning older views, the patient, as well as the analyst, is apt to respond to his accretion of fresh awareness not only with pleasure and release, but also with anxiety and something akin to mourning.

I look upon these paired phenomena as tentative but significant indications that both intrapsychic change and an altered self-perspective (insight) are occurring in the analytic work. Perhaps they can be demonstrated in the clinical data that follow.

CLINICAL SAMPLE

This vignette reflects a particular instance of analytic stagnation that had been created by the patient and myself through the intermeshing of the patient's transferentially shaped behaviors with regressive transferences of my own. A prolonged state of tensional distancing reflecting our shared dynamic concerns was first experienced by both of us until it could be resolved by self-insights stirred in me by a startling moment in the impasse.

Mr. B came to analysis in his late twenties for reasons of chronic anxiety going back some six years when his father had sickened and slowly died with cancer. More recently he was

troubled with episodes of depression and conscious remorse over bouts of savage inner rage toward his unruly six-year-old son. He also was ashamed and guilty that he had grown distant from his wife and longed for extramarital sex. He held strongly idealized convictions about how good a husband he should be, how loving a father to his son and cherished infant daughter. He had fled into early marriage during his father's illness, almost consciously bent on escaping closeness to his distraught mother, who had grown even more stickily dependent on him than she had been in his boyhood. Then she had openly preferred him over his younger brother, made him her confidant to her emotional and sexual dissatisfactions with his rough and ready father. At the latter's death he resolutely put aside all grieving so as to be the strong support his mother and brother sought in him.

Several months into a five-times-per-week analysis Mr. B began often to lower himself onto the couch in an unusual fashion. He would seat himself with legs outstretched upon it, bringing both forearms stiffly to horizontal extension paralleling his legs. Then he would slowly lower himself backward so as to lie for a moment or two with his forearms and hands now pointed to the ceiling. Hands brought gently onto his chest, and legs still rigidly extended, Mr. B would launch into a circumscribed set of topics in flat repetition: his failed struggles to be a good husband and father—the distance and frustration imposed upon him by his wife's graduate studies and immersion in the children. He dwelt in dull misery upon his constricting burdens both at work and at home where his need to divide his time fairly between the two brought shortfall and dissatisfaction in both. He was pained by his anxious warding-off of his too emotional, demanding, intrusive mother, dimly aware of his ashamed dependency on her. He made infrequent and flat reference to his deceased father. He always had admired and feared his dad, was never close to him or sure of how the latter regarded him. At those times when he spoke of either parent in these conflicted terms he often raised his forearms to vertical,

for moments on end—the only motility he allowed himself in the first year or so of our work. At such times his baritone voice took on an odd quality: as he began or ended speaking, there would be a high-pitched, brief squeak, like the break-voice of an adolescent—or a pinched-off cry. Dreams were dutifully and flatly related on the rare occasions of his remembering them. He could do nothing with them associatively, and became more tense and taciturn if I drew attention to elements of them or tried to interest him in his evident anxiety and distancing.

During the early months of this strained work I came to have less to say. Silences were long between us. He seemed to me, in his boyishness and skittishness, to be quite vulnerable, someone to be approached carefully, not prodded or challenged. Although I could hear veiled allusions to themes of competitive aggression and passive yearnings, his wariness and fending off made them seem inaccessible and justified my conscious bent to remain hovering and watchful.

From what he did say, I gradually acquired a cautious impression that his constricted content and repetitive kinesics reflected two possible and related fantasy themes: that in settling himself onto my couch he was lowering himself into his father's grave; and that once there, he felt literally stuck and helpless, even as he felt stuck with and held by his clutching mother through an unresolved and paralyzing sense of likeness to her.

Then came a day, as I struggled in the face of my growing boredom and flatness, that I drifted into reverie. I had suddenly a powerful visual image, close up, of a stretch of sand or sandy soil broken only by what seemed like a living tube—like a clam siphon perhaps, pulsating slowly in breathing fashion. With the image came feeling tones of immense bleakness, sadness, a little dread. As I pulled back from the fantasy with some mild anxiety, Mr. B broke his silence to speak of a fantasy that had briefly flashed in his head: something about someone buried alive—maybe like torture—maybe something he had read. It left him anxious and bewildered. As he spoke, I had a powerful sense of the uncanny: strong vigilance, hair on back of

neck on end and tingling; a sense of being in the presence of something powerfully known but not identifiable. As this subsided I too felt bewildered and fascinated. Words and even images from the epilogue of *Shogun* flashed by.²

I wanted to hold onto the close simultaneity of the two sets of images, his and mine, to come to grips with what was in me. But I was aware that the patient, perhaps in acknowledging his bewilderment, seemed to be making an oblique plea for my help, a rare reaching out. I managed to say I could imagine how bleak and painful it could be for him to keep trying to be a good and loving father while he had to go on being aware of his covered over anger and discontent. He made little response excepting to resume his recital with somewhat less intensity. As the hour ended, I continued to feel an uneasy need to return to the experience even as it seemed to be receding into relative flatness.

That evening, while doing some mindless woodworking task in my cellar shop—some hand-sanding chore—I returned to thoughts about the hour, my startle and tingle in hearing the patient's buried-alive imagery so close on the heels of my own. I couldn't retrieve with clarity the stark visual picture of the breathing protrusion, clam in sand—I do not ordinarily have much visual imaging capacity in the fully awakened state. But the sadness and bleakness came back to me, along with theme fragments from *Shogun*: sons against father, uncles; revolt and parricide, aggrandizement of violence, the sanction of open sadism and destructiveness as casual solution to all problems. How often I had heard the patient's dulled pain over his unwanted aggression toward wife and children—his wish to be only the loving husband and father, his air of heavy burden—the deadness in me that I felt at times with him. Somehow, in

² "Three days later Ishido was captured alive and Toranaga genially reminded him of the prophecy and sent him in chains to Osaka for public viewing, ordering the eta to plant the General Lord Ishido's feet firm in the earth, with only his head outside the earth, and to invite passersby to saw at the most famous neck in the realm with a bamboo saw. Ishido lingered three days and died very old" (Clavell, 1975, p. 1152).

my oscillation between his and mine at that moment, it struck me that I was caught up in something very difficult for both of us: that from almost the start of his analysis I had a muted impression of Mr. B as brave and weighted down, boyish and vulnerable—that I needed to go slowly with him, not add to the pressures, but rather sustain him in a quiet holding. Yet for whom? I felt suddenly foolish, taken in by the patient and by me, even as I got absorbed in a network of branching ideas and feelings, threading here and there in a tangle this linear description cannot capture; as I sanded away.

I became quite immersed in and emotionally gripped by the array of historical and dynamic symmetries I had allowed to take shape in my perception of us both.

Mr. B's loss of his father in his early twenties, while still caught up in adolescent tensions toward both parents, brought him even more intensely into his too-close entwinement with his loving-dependent mother. She often had told how, at his birth, she had exulted: "Now I will never be lonely again." I had lost my physician father in the great flu epidemic shortly after my birth. My mother for a long time was grieving and sometimes depressed, yet overall a warm and lively, loving woman who devoted herself to my sisters and me. I had learned a lot about how to comfort and hover when mother was down (Olinick, 1969). At the same time I was fortunate in having frequent contact with a paternal outdoorsman uncle, a journeyman carpenter and ingenious craftsman, who summered with us and taught me much until his abrupt and permanent departure to the west coast in my early adolescence. His leaving complicated and deepened my relation to my mother and added fresh conflict to my sense of being special to her.

Mr. B had lost his father around the time of his son's birth, and often lamented that boy and grandfather had no chance to know each other. Some twenty years earlier my mother had died a few months before my wife and I had our son, our only child. I grieved that she had not lived to know him, a yearning linked to much earlier longings to have known my own father.

I remembered a months-past dream of Mr. B's which should readily have come back to me during the *Shogun* hour. (I retrieved it later from my notes.) In his words: "I had replaced Sonny and was doing a risqué dance with Cher—one breast exposed. Then on a beach running north-south, walking with my son back and forth past a lifeguard. He seemed to be trying to resuscitate a body on the sand. I wanted to get in there and help, but felt I needed to take care of my son. Later we encountered bears with big teeth that frightened my little boy."

Mr. B had done little with the dream at that time, as was his wont, beyond commenting on his admiration for Cher and abashed uncertainty in thinking of "making it" with her. This part of the dream and his association had reminded me of his embarrassed recall, in our initial interview, of how his mother had offered him her breast to suckle when he was about six, then stopped him because "it tickled good." I had reminded him of this at the time of the Cher dream, but he responded with only intellectualized contemplation of how wrong it was that she had done this and how hard it had become for him to keep his wife separated, in his head, from his mother as a desirable sex object now that wife was twice a mother herself.

Still sanding away, I recalled that we had done nothing with the body-on-the-beach segment of the dream. This was especially startling to me, for I had long since come to look upon beach imagery in dreams as often a reliable primary process referent to the pull and mystery of mother's depths, to pregenital fusion and merger, as well as to oedipal wishes to see and explore mother's body—all this as glimpsed from the uncertain safety of identification with father's high ground to stand on.

I had rich personal reasons to be especially attuned to these multiple resonances of beach imagery, having often been told how I had been born at our summer home when my mother lingered too long into the autumn, my father off in his city practice. Ours was a small lake resort, a beckoning surround of woods and water in which my first twenty summers of most active and enduring relationships were rooted, and where I

learned as well to deal with autumnal loneliness and the quiet pleasure of solitary foraging in still places.

What I could recall of Mr. B's beach dream coupled quickly with his imagery and mine of the hour that day.

I drifted back to old memories, some long with me and others only painfully dredged up in my analyses: hints of anger at a father who died for his patients rather than living for us; old wonderings of where was my father, really—perhaps in the Northern Lights that drove the wild geese southward?—in the bottom of our lake? What riches to discover were it suddenly one morning to lie drained. I had had latency fantasies of myself, people around me, buried alive. Why had my uncle left in anger? Fresh intensities in familiar old ideas surprised and puzzled me, now grown more than middle-aged.

Somewhere between closing up shop and showering for bed, it became clear to me that I was not doing at all well in handling a specific and painful tension in my family life during roughly the same time span Mr. B had been in analysis. Our son, now passing twenty and moving steadily toward new levels of independence and maturing, had removed himself rather abruptly from our household, for advanced studies in medicine and women. While I continued to support his spunky adaptiveness and quietly effective rebellion, I saw that it had become indeed hard work to be a good father in the face of my envy of his youth and the wide horizons opened to him, my anger at him and at my wife for what his move had taken from me in triggering my wife's mourning and depression around the empty nest. I had not been facing up to the intensity of my anger toward those I most deeply cared for. I had become enmeshed in a tangle of identifications and displacements that I had created between my son, Mr. B, and myself. Son to father, son to father and mother, father to son of wife-mother, had me in a whole webwork of love and rage, envy and guilt. My domestic tensions had rekindled in me old conflicts of competition, hurt, and anger at being deserted and shut out, yet needing reactively

to stand by, rescue, and make up so that contact and love might be restored. I had displaced these onto my patient through the trivial and substantial likenesses and symmetries I had shaped between us. I had responded with a definite shift to a more reserved, quietly contained and cautious stance, a more watchfully contemplative mode quite familiar to me as part of a near-lifelong adaptation when under stress; but not my optimal analyzing stance—nor, I think, my usual stance toward living.

The realizations of that evening were neither dramatic nor shaking, and did not lead to sudden changes in my family relationships. I did find that I gradually grew more aware of and comfortable about my anger and the shaping of more realistic and less idealizing perceptions of my family and myself than those I had been attempting to preserve.

With Mr. B I experienced rather quickly a return to a more free and active stance. For example, in the hour following what I have described, he had launched into pained self-recriminations about his shortcomings as husband and father—maybe he/they would be better off if he were to remove himself from the scene. He couldn't find anything to say and fell silent—and very still. I pointed out to him, as I had only once previously attempted, that he had lowered himself onto the couch, just a few moments before, with his arms upraised in his idiosyncratic gesture. This time I added: could he in his stillness be saying he should just be dead and buried? Mr. B gave a tense little jerk, paused at length, and then glumly said he'd have to think about it. I remarked: "And meanwhile be flat and empty here with me, a way of being dead?" He reddened a little and said, "I don't like it when you get *to* me—I *do* watch what I say and try to keep things quiet and peaceful between us." He moved on to somewhat familiar ground, but this time with growing animation and intensity: his adolescent years when he avoided contact with his father, wanted more active interplay, but felt too loyal to his mother and also vaguely anxious. Then his father had sickened and died and it was too late. Yes, he did feel he wanted

more from me, but was wary and afraid of letting down his guard, and of being let down by my not responding. His voice conveyed more feeling than had before been evident.

Two days later he remarked: "Something is different here—don't know—is it you or is it me?—I feel more relaxed, like more room to move in—and you don't seem so removed—I think I've been afraid of you, of your making some kind of move toward me if I made any move—this has me going in both directions—and you're just sitting there—it is something in *me*—[long pause]—this frees me up—but a little shaky and sad—I just don't know. . . ."

We were into the beginning of a slow but effective movement into an eventually affectively intense reworking of the father's final year, dealing for the first time with the patient's grieving, and behind it the guilt, hostility, love, and competitiveness toward his father and excessive attachment to his mother that became the work of his later analysis. Our work together on his peculiar gesture was a useful component of coming to understand his conflict over beseeching love and intimacy versus fearing shameful dependency, as he became more comfortable in letting me engage *him* about it and be close to him about more of his withheld conflicts in a fashion he, and I as well, had earlier been too anxious and distanced to tolerate.

DISCUSSION

I think it is evident from this vignette that the necessary analytic work to be done by us had been slowed down by the cautious and passive distancing modes of the patient, reinforced by the increasingly similar stance I took in responding with my own conflicts.

In the tangle of tensions that Mr. B brought to our work I had quickly found likeness and symmetry between us. His rich range of conflicts about his son, wife, mother, deceased father, and himself—as well as his being close to my son's age—al-

lowed me the opportunity and liability to respond regressively. I was in a heightened readiness to do so in my struggle to ward off my own painful conflicts involving my wife, son, and myself. These had set off in me resonances of very old problems I thought my two analyses had long since settled: my overly cautious behavior: too passive hovering in the first year of analytic work, rationalized as concern for his vulnerability, covered my over-identification with him as the grieving orphan. It masked my conflicted anger and competitiveness toward him/son, and supported my falling back into old defensive/adaptive ways to be removed from the swirl of anger, hurt, and needing that was alive in both of us.

How to understand the uncanny episode of the similar and simultaneous fantasies shaped by us and between us becomes a matter for absorbing but inconclusive conjecture, one that would direct us to matters lying in the roots of empathy and identification, as well as at the heart of shared analytic work.

That the event heralded the emergence of gut-level fresh awareness for me and then for the patient, gradually shaping into mutative insights as we struggled toward a closer working, of this I carry considerable conviction. That the concurrence of our separate imagery of buried-aliveness was uncanny and shocking lay only in my experiencing of it, of course. The *doppelgänger* resonances it held for me allow me some confidence that the event marked my first awareness, not yet in consciousness, of the swirl of likenesses I had built up about us, the beginning of the web of understanding and insights fashioned later in my workshop.

I was barely able, at that moment of startled awareness, to hear in the patient's voice a new quality of pleading and reaching out to me, and could respond to him with modest adequacy. This second concurrence could be considered an indication that both of us were moving closer toward addressing the conflicts that had been shaping our interactions. Yet, were those fresh-altered qualities there in his voice that spoke, or in my ear that heard? It surely was the latter. If the former and

therefore in both, it could have been that the patient, like me, could now make this move, having needed and used the preceding period of shared and safe frustration to build up the transference actualization of past relationships with fathers living, now dead. What we had created between us, during those months, could be viewed as the living reality in which both of us worked through strong resistances against grappling with our separate mordant concerns, now intertwined. The patient's small responsiveness in the hour allowed me no closure on this.

I have a deeper conviction that the insights I sanded my way to that evening were part of and party to the reshaping of my behaviors with the patient in the next hour and thereafter. Certainly they were reflected in the specific content of the two interventions I have cited. While these were more abrupt and confrontative than I would in retrospect have wished, I do regard them as being on target. And whatever their cogency, they conveyed a shift in me which the patient perceived and could react to. I see in his response, with its stresses, "I don't like it when you get *to* me—I *do* watch what I say," a heightened awareness of his defensiveness and acknowledgment of its purpose; in these I see the kind of self-observation preceding insight that Hatcher (1973) has written about. Mr. B's later remark of that hour, about wanting more from me than he was getting, but being afraid to admit this, extended this self-knowledge while allowing me to be part of it. His comment from the subsequent hour, about noting some change toward liveliness in or between us, carried some small increment of insight in his recognizing his fear/wish of prompting me to move toward him.

This, then, is how I see insight derived from analytic work being accomplished: from bits and pieces of experiential self-recognition gained, at times for both parties, in the immediacy of the actual relationship between the analytic pair, acquiring shape, meaning, and eventual articulation over analytic time.

I do not wish to assert that it is optimal that the analyst become so caught up, as I was, in his own regressive transferences. I would endorse a quieter working of the analyst's share of the

analyzing instrument, as Poland (1988) has described—and can make my claim to analytic work accomplished in relative equanimity. Yet there is something to be acknowledged about the power and impact of such events—perhaps the vividness and intensity that are reached in one or both participants, something that carries considerable therapeutic potential, when impasses can be lived through and resolved.

The ponderous phrase often used to designate such times and moments—the actualized transference—is accurate enough, as this vignette attests for both the patient and me. Yet it does not capture the complementary and necessary component of what is experienced in these same moments by both patient and analyst as something crucially different from the old expectations both had brought to the encounter. For Mr. B and for me, this fresh experiencing involved finding, in self and other, an opening and a way to transcend the limitations we had jointly enacted, to make the needed contact in optimal closeness that allowed the shared intimacy necessary to analytic work.

Mr. B had to live out his old psychic realities with me in order to find them no longer valid and inevitable. Then he could face and see differently those painful experiences and fantasies of his past that were shaping his current view of himself in his world. Such sequences as these allow me some conviction about the truism, earlier stated, that mutative insight requires the working over and discounting of previously acquired self-knowledge; that new insight is built upon and out of the stuff of the past.

He did not conspicuously live out the second and correlated truism about states of anxiety and loss often encountered in the abandonment of past expectations: anxiety expressed as fear of being too far out, at risk of being exposed and vulnerable, attacked or lost; grieving manifested as loss and inner emptiness over the giving up of old and accustomed ways of maintaining a safe surround. He only hinted at these: “shaky and sad.” Subsequently, as he could gradually hang onto his insights and gains, he did experience and work with both anxiety and loss, along with pleasure and expansion, in his changed ways of seeking.

To pursue these truisms from my side of this piece of troubled analytic work: it is evident that my need to regain an optimal analytic stance shaped into insights as I reworked and altered old concerns and aspirations about myself as husband and father—and analyst. I had displaced these onto the relationship with Mr. B in a fashion made easy by his experiencing of parent loss and his struggles to deny his aggression. This is not a gloss on the fact that my regressive experiencing of my troubled past and present in this way fell short of Fliess's (1942) ideal of only trial sampling.

The anxiety and startle that were my part of the uncanny experience stand as testimony to my reluctance to recognize the fresh truths behind my defensive distancing. My subsequent feelings: a rueful acceptance once again of the imperfectibility of my analytic capacities, sadness and unsettledness in the further relinquishing of idealizations about self and family—these affective states I would construe as substantial evidence of the abandonment of previous self-perceptions for the eventual relief and freedom of the new.

While some few may do their work in sustained equanimity, I think it is the lot of most of us to fluctuate (Olinick, et al., 1973) as we struggle for fit and relevance. Our deeper motivations for self-searching when our efforts falter are, to my best knowing, those same and primary reasons for why we are analysts in the first place (McLaughlin, 1961). These have to do with needing to counter and repair old and unwanted urges, aggressive and sexual, toward our primary others, extended through life as a reaching out to and caring for the later others we must keep finding. In finding them, we seek to find ourselves. And invariably we do, for better and for worse.

That I was fortunate on this occasion to find ways to work usefully on this constriction of my analytic span, without conscious intent or direction, attests to the perennial value of some kind of self-analyzing commitment carrying us through our years, however fragile and unsure our fresh knowings may prove to be.

I have no quarrel with those who stress the limits and uncertainty of self-analysis. I would assert, however, that an acceptance of the instability of our best analytic competence, and an openness, however rueful, to look for and work with the falterings that must be, can allow us a greater range and depth in seeing what we need to see.

SUMMARY

Insight in analysis has come to refer both to the fact of some fresh perception of the self, experientially attained by the patient, and to the act of his experiencing the analytic work necessary to its shaping. Such mutative work builds upon a shared focus on what happens in and between both members of the analytic dyad. How patient and analyst experience this intimacy reflects and enlivens the psychic reality, the transferentially shaped expectations about the world and themselves, which each brings to the task.

In the regression of the analytic situation the patient finds his old fears and expectancies realized, his intrapsychic past and present now made real. In the simultaneity of differences which is uniquely analytic he can experience the old as realized, yet also crucially different, insofar as the analyst is able to sustain his optimal analytic stance.

Re-experiencing the old in the new, over analytic time, the patient gathers his bits and pieces of insight, often small and quickly commonplace, and as easily lost as gained in the to-and-fro of enacted conflicts. He can arrive at fresh and meaningful perceptions about himself only by having experientially re-worked, re-evaluated, and discarded previously necessary and guiding perceptions from his troubled past. This giving up the old for the newly perceived is truly a developmental step that often is marked clinically by transitory states of anxiety and grieving, along with release and vigor, subsequent to re-

nouncing the security of familiar ways.

For this work the patient needs an analyst able to join in forming the analyzing instrument and sustaining its working in the face of manifold pressures to abandon or alter the modes of his best-trained competence. The analyst must bring to the venture the asset and liability of old motivations to rescue, help, and heal, rooted in his own transferential past. The compromise behaviors and traits embodied in his work ego thus are vulnerable to fluctuation, particularly the liability of the analyst's regression to less evolved working capacities. The analytic stagnation and tensions consequent to this regression embody in their detail and specific enactment the shared and intertwined dynamic concerns specific to both members of the pair. Their actualization and eventual working through by both parties, while short of ideal, can provide significant levels of experiential knowing furthering the analytic process and its attendant insights.

A case vignette was presented to exemplify the foregoing, and to show how fortuitous self-analysis by the beleaguered analyst can at times afford resolving insights for him that help free the way for the patient to arrive at his.

REFERENCES

- CLAVELL, J. (1975). *Shogun*. New York: Dell Publ.
- FERENCZI, S. with RANK, O. (1924). *The Development of Psychoanalysis*. New York: Nerv. & Ment. Dis. Publ. Co., 1925.
- FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.*, 11:211-227.
- HATCHER, R. L. (1973). Insight and self-observation. *J. Amer. Psychoanal. Assn.*, 21:377-398.
- ISAKOWER, O. (1963). Minutes of the Faculty Meeting, New York Psychoanalytic Institute, Nov. 20.
- MC LAUGHLIN, J. T. (1961). The analyst and the Hippocratic oath. *J. Amer. Psychoanal. Assn.*, 9:106-123.
- (1981). Transference, psychic reality, and countertransference. *Psychoanal. Q.*, 50:639-664.
- MOORE, B. E. & FINE, B. D., Editors (1967). *A Glossary of Psychoanalytic Terms and Concepts*. Second Edition. New York: Amer. Psychoanal. Assn., 1968.
- OLINICK, S. L. (1969). On empathy, and regression in the service of the other. *Brit. J. Med. Psychol.*, 42:41-49.

-
- POLAND, W. S., GRIGG, K. A. & GRANATIR, W. L. (1973). The psychoanalytic work ego: process and interpretation. *Int. J. Psychoanal.*, 54:143-151.
- POLAND, W. S. (1988). Insight and the analytic dyad. *Psychoanal. Q.*, 57:341-369.
- STRACHEY, J. (1934). The nature of the psychotherapeutic action of psychoanalysis. *Int. J. Psychoanal.*, 15:127-159.
- Webster's New International Dictionary of the English Language*. Second Edition. Unabridged. Springfield, MA: Merriam Co., 1952.

820 Devonshire St.
Pittsburgh, PA 15213

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Dickens, Little Dorrit, and Soul Murder

Leonard Shengold

To cite this article: Leonard Shengold (1988) Dickens, Little Dorrit, and Soul Murder, The Psychoanalytic Quarterly, 57:3, 390-421, DOI: [10.1080/00332828.1988.12021934](https://doi.org/10.1080/00332828.1988.12021934)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021934>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)



Citing articles: 3 View citing articles [↗](#)

DICKENS, LITTLE DORRIT, AND SOUL MURDER

BY LEONARD SHENGOLD, M.D.

The effects of moderate psychological child abuse by parents and parental substitutes on Charles Dickens's life and work are examined.

A certain quantity of lack of care and even of torment is inevitable in the course of everyone's growing up. Soul murder is the term I have used for the abuse and neglect of children by adults that is of sufficient intensity and frequency to be traumatic—to affect profoundly their intellectual and especially their emotional development; to color their motivational unconscious fantasies; and to subject them to the compulsion to repeat their injurious past (see Shengold, 1979). The traumatic events can range from the horrible to the ordinary—from savage beatings or repeated overt incestuous contact and/or criminal neglect of essential needs at one extreme, to more common circumstances, such as parental affectless indifference, or—to cite a specific description by Spruiell (1986)—“prolonged, dainty mistreatment by parents . . . perhaps behind ‘nice’ façades” (p. 2).

The complexity and the unpredictability of the effects of such pathogenic events become obvious to those who have had the opportunity to study victims of child abuse in depth. Psychoanalysts would, of course, be likely to see the healthiest of these former victims and not the great numbers whose “souls” have succumbed to cruel and criminal treatment and who would not be strong enough to bear with analytic scrutiny. (We have learned, in this century of the concentration camp and state-approved torture, that prolonged and unbearable overstimulation and pain can break the spirit of even the strongest adult.) I found it a surprise in my work with formerly abused children

whose souls had not been irreversibly damaged that some had come through with enough innate strength that, despite their terrible and tragic crippling scars, their adaptive and creative powers had in some respect been strengthened by their adversity.

My literary example concerns such a person—a great genius whose childhood experiences we can only know distantly, who does not appear to have been overtly seduced or beaten, and for whom the term, soul murder, would refer to more ordinary (albeit dramatic) circumstances of psychological abuse and empathic neglect.

THE UNDEVELOPED HEART

Murder and soul murder are recurrent motifs in Dickens's works. Humor and sentimentality are suddenly mixed with violence. There is a persistent repetition of murder in all his novels—from *Pickwick Papers* (where it appears in the melodramatic interpolated stories) to his last, unfinished *The Mystery of Edwin Drood*. Edmund Wilson (1941) points out how acute Dickens can be in revealing the psychology of a murderer, like that of Jonas Chuzzlewit in *Martin Chuzzlewit*:

... for example, after the murder . . . Jonas is "not only fearful *for* himself but *of* himself" and half-expects when he returns to his bedroom, to find himself asleep in the bed (p. 23).

The themes of abandoned and neglected children, and unfeeling and negligent parents and institutions, appear as obsessive interests during Dickens's life and recur throughout his fiction. The great novelist has created a gallery of monstrous parents and parent-substitutes, as well as some good—often unbelievably good—ones.¹

¹ There are more good fathers than good mothers. Even a good mother-substitute, like Betsy Trotwood in his autobiographical novel, *David Copperfield*, is given the quality of masculine (for Dickens) decisiveness, which both Copperfield's and Dickens's own mothers lacked. On the other hand, David Copperfield's father is dead—and killing off fathers in his fiction is another of Dickens's obsessions.

In so many of his novels Dickens portrays a human characteristic that was called by E. M. Forster (who felt it was especially applicable to the English) "the undeveloped heart" (in *The Longest Journey*, 1907). Forster was describing the inability to care enough about another person, a paucity of the capacity for love, joy, and empathy. This impoverishment of soul is both the result and the cause of soul murder; it can evoke in the deprived and frustrated child a terrible intensity of rage that can burst out into actual murder if it is not frozen by isolating defenses. And the parent's undeveloped heart can, of course, be expressed not only by indifference to the child but also by hatred and cruelty.

Our psychic patterns derive from congenital givens and defects that contribute to our instinctual drives and ego functions as these interact with actual events to effect the motivating fantasy life of a child. Soul murder is involved when the external events have a preponderant destructive influence. I am going to speculate about the impact on Dickens's psychic development of hearing terrifying stories in early childhood (as gleaned from the screen memories/fantasies he wrote about in *The Uncommercial Traveller* [1840a]) and about the consequences of parental emotional desertion and neglect when he was approaching puberty. These experiences had a profound pathological effect on his emotional life which was reflected in obsessive themes in his fiction. The reactions to those early traumata may also have motivated the development of his wonderful talents and contributed to his creativity.

NURSES' STORIES

Freud frequently wrote of the seductive and destructive effect of the ministrations of servants, especially nurses, on the fantasy life of children. He himself had such a nurse, an old Catholic woman who had told him stories about God and hell—and whom he accused of seducing him (Freud, 1897): "She was my

teacher in sexual matters . . ." (p. 262). "... the 'prime originator' [of my troubles] . . ." (p. 261). Charles Dickens described the lasting effect on his imagination of stories heard and read in childhood. He wrote of these providing places for the mind to go, and people to be revisited; in these recurrent psychic journeys, the wonderful and terrible settings and characters retain something of their original perfervid psychic reality:

[There were] utterly impossible places and people, but none the less *absolutely real*—that I found had been introduced to me by my nurse *before I was six years old*, and used to be *forced* to go back to at night without at all wanting to go. If we all knew our own minds . . . I suspect we should find our nurses responsible for most of the dark corners we are forced to go back to, against our wills (Dickens, 1840b, p. 150, italics added).

Dickens is reporting a compulsion to repeat early traumatic experiences—the horrible and the overwhelming accompanied, for him, by something exciting and fascinating. His essay, "Nurses' Stories," was inspired by his first return as an adult to Chatham (where he had lived from ages five to nine), "revisiting the associations of my childhood" (1840b, p. 150). The years in Chatham before the family's descent into poverty were perhaps the happiest years of Dickens's life.

Dickens's nursemaid there was a young woman named Mary Weller (her name was to reappear in *Pickwick Papers*). She seems to have been kind as well as mischievous and frightening, and Dickens had strong, ambivalent feelings about her. She was in the habit of taking him along to visit friends who had given birth:

In my very young days I was taken to so many lyings-in, that I wonder I escaped from becoming a professional martyr to them in after life (1840a, p. 118).

On one occasion, Dickens remembered visiting a lady who had been delivered of stillborn quadruplets or quintuplets and seeing

how the four or five deceased young people lay, side by side, on a clean cloth on a chest of drawers; reminding me by a homely association, which I suspect their complexion to have assisted, of pigs' feet as they are usually displayed at a neat tripe-shop (1840a, p. 119).

This, despite Dickens's jocular tone, indicates the association with death and cannibalism that the birth process acquired on these enforced visits. During these years Dickens's own mother was frequently having a "lying-in." Dickens was born in 1812; three younger siblings had come into the world by 1820—there were to be ten in all. A brother, born when Charles was two, died after a few months. I assume that confounding his nurse-maid Mary (an obvious prototype for the horrid, dishonest nurse Sairey Gamp² in *Martin Chuzzlewit*) with his mother contributed to the child's (and later, the man's) fear of women. But alongside the awful Mrs. Gamp, there is the beloved nurse, Peggotty, in *David Copperfield*, who probably also stemmed from Mary Weller; here the compounding of nurse with mother would have influenced Dickens's love of women.

Dickens gives lengthy accounts of two of Mary Weller's terrifying stories. Both involve murder and cannibalism, and one features rats.

The first story, told to him "hundreds of times" (1840b, p. 153), concerned a certain Captain Murderer, who was given to murdering his many wives. First he would insist that they make pie crust for a meat pie:

Then said the lovely bride, "Dear Captain Murderer, I see no meat." The Captain humorously retorted, "Look in the glass". . . . And the bride looked up at the glass, just in time to

² Sairey and her friend, Betsey Prig, are two humorously presented coarse, selfish, and sadistic nurses. Sairey is also both a midwife and a "layer out" of dead bodies. (She is depicted as straightening out the arms of one of her sleeping charges to see what a "beautiful" corpse he will make.) Sairey is wont to praise herself and make indirect demands for food, money, and gin by constantly quoting, in endless circumstantial detail, from a "friend," Mrs. Harris (who turns out to be a person of Sairey's invention).

see the Captain cutting her head off; and he chopped her in pieces, and peppered her, and salted her, and put her in the pie and sent it to the baker's, and ate it all, and picked the bones (p. 151).

His last wife was the dark-haired twin sister of one of the victims; she had seen the murder through the window. She poisoned the pie crust before the Captain killed her:

And Captain Murderer had hardly picked her last bone, when he began to swell, and to turn blue, and to be all over spots, and to scream. And he went on . . . until he reached from floor to ceiling and from wall to wall; and then . . . he blew up with a loud explosion (184ob, pp. 152-153).

Mary Weller loved to tell this story to the frightened but fascinated boy:

Hundreds of times did I hear this legend of Captain Murderer, in my early youth, and added hundreds of times was there a mental compulsion upon me in bed, to peep in at his window as the dark twin peeped [Charles was sharing the sexual curiosity that had led to "the dark twin's" death] and to revisit his horrible house, and look at him in his blue and spotty and screaming stage, as he reached from floor to ceiling and from wall to wall. The young woman who brought me acquainted with Captain Murderer had a fiendish enjoyment of my terrors, and used to begin, I remember—as a sort of introductory overture—by clawing the air with both hands, and uttering a long hollow groan. So acutely did I suffer from this ceremony in combination with this infernal Captain, that I sometimes used to plead I thought I was hardly strong and old enough to hear the story again just yet. *But she never spared me one word of it . . .* (184ob, p. 153, italics added).

The cheerful tone runs in counterpoint to the frightening subject matter until the last sentence, where his bitterness toward the nurse takes over. It is a shade of feeling we will come across again in relation to his mother.

Then there was the story of Chips and the rats. Chips, like his

father and grandfather, sold himself to the Devil for an iron pot and a bushel of nails and a half ton of copper and a rat that could speak. He did not want the rat, but he had no choice. The rat could read Chips's mind. Chips tried to kill it by pouring boiling pitch on it, but the rat would not die. The rat said, instead (as the Devil had said before him):

A Lemon has pips
And a Yard has ships,
And I'll have Chips (1840b, p. 155).

The rat then disappeared, but a terrible thing happened the next day—Chips found a rat in his pocket:

And in his hat he found another; and in his pocket handkerchief, another, and in the sleeves of his coat, when he pulled it on to go to dinner, two more. And from that time he found himself so frightfully intimate with all the rats in the Yard, that they climbed up his legs when he was at work and sat on his tools while he used them. And they could all speak to one another, and he understood what they said. And they got into his lodging, and into his bed, and into his teapot, and into his beer, and into his boots (p. 155).

The rats, by appearing to the prospective bride, interfere with Chips's getting married. Dickens adds this aside:

By this time *a special cascade of rats was rolling down my back*, and the whole of my small listening person was overrun with them. At intervals since, I have been morbidly afraid of my own pocket, lest my exploring hand should find a specimen or two of those vermin in it (p. 156, italics added).

(Cf., Freud's Rat Man. "Rolling down my back" and the fear of "my own pocket" show the characteristic "rat fear" of loss of control of the anal sphincter that is central to Chips's story and is clearly connoted by the listening child's sympathetic identification, bringing on the psychological "*cascade of rats*.")

Chips tried to run off to be a sailor, but the rats infested the ship and started to eat the planks. When Chips told the Captain

that the rats were "nibbling a grave for every man on board" (p. 157), the Captain thought him mad. But the rats did sink the ship and drown the crew:

And what the rats—being water rats—left of Chips at last floated to shore, and sitting on him was an immense overgrown rat laughing . . . (p. 157).

The invasive, murderous, and cannibalistic rat image emerges fully in this story; these rat meanings involve psychic evocation of, and subjection to, the primal parent—the Parent-as-Sphinx who eats its children (see Shengold, 1963).

Mary Weller, who summoned up the Devil and the ghoulish rats, had another characteristic of the primal parent—mendaciousness (although it appears here in a playful, pretended, but still intimidating way):

This same female bard . . . made a standing pretence which greatly assisted in forcing me back to a number of hideous places that I would by all means have avoided. This pretence was, that all her ghost stories had occurred to her relations. [This resembles Sairey Gamp and the fictitious Mrs. Harris.] Politeness towards a meritorious family, therefore, forbade my doubting them, and they acquired an authentication that impaired my *digestive* powers for life (pp. 157-158, italics added).

Dickens as a boy was subject to abdominal colic, especially when under stress. He had a series of these attacks when he was working at a blacking factory "infested with rats" (Wilson, 1941, p. 14), where, to his lasting shame and rage, he had to work when his father was put in debtors' prison. Dickens wrote of Mary's recitation of the story of Chips and the rats:

As it always recurs to me in a vague association with calomel pills, I believe it to have been reserved for dull nights when I was low with medicine (p. 153).

Calomel was used as a purgative, and Dickens's "association" shows another linkage between the rat imago and the bowels.

Dickens ends his essay with a demonstration of what we would call brainwashing:

There was another narrative describing the apparition of a young woman who came out of a glass-case and haunted another young woman until the other young woman questioned it and elicited that its bones (Lord! To think of its being so particular about its bones!) were buried under the glass-case, whereas she required them to be interred, with every Undertaking solemnity up to twenty-four pound ten, in another particular place. This narrative I considered I had a personal interest in disproving, because we had glass-cases at home, and how, otherwise, was I to be guaranteed from the intrusion of young women requiring *me* to bury them up to twenty-four pound ten, when I had only twopence a week? But my remorseless nurse cut the ground from under my tender feet [this metaphor describing the confrontation evokes that of both Jocasta and the child Oedipus she crippled, and the Sphinx with the adult Oedipus], *by informing me that She was the other young woman; and I couldn't say "I don't believe you"; it was not possible* (p. 158).

DICKENS'S PARENTS AND THE BLACKING FACTORY

As far as can be gathered from Dickens's biographers, his parents appear to have been weak rather than cruel. At crucial times, they did not care enough; "the undeveloped heart." His mother, Elizabeth Barrow Dickens, and his father, John Dickens, were in their twenties and had been married three years when their first son and second child was born in 1812. Charles may have been fond of his mother in his earliest years. He told his friend, John Forster, that she had taught him to read, and had coached him in English and even in the beginnings of Latin. Mary Weller, interviewed in her old age, called Elizabeth Dickens "a dear good mother and a fine woman"

(Johnson, 1952, p. 13), but one wonders how objective the creator of Captain Murderer was.³

John Forster (1872-1874) says that Dickens was

a very little and a very sickly boy. He was subject to attacks of violent spasm which disabled him from any active exertion . . . but he had great pleasure in watching other boys at [active] games, reading while they played (pp. 5-6).

The attacks are believed to have been either intestinal or kidney colic; he also had migraine—both conditions came on when he was under stress. It is not known if his mother tended to him when he was sick, although Charles specifically praised his father for sitting up nights with him when he was afflicted. Some of the fictional characterizations of his mother, and Dickens's recorded bitterness about his mother's ineffectuality and irresponsibility, suggest that she might have left his care to others in times of real need. He described himself in a letter to Washington Irving as having been a "not-over-particularly-taken-care-of-boy" (J. Forster, 1872-1874, p. 6). As a man, his writings show him to have at least remembered himself as much more fond of his father, who was also irresponsible (he is the model for Mr. Micawber in *David Copperfield*). He particularly liked taking long walks and going on excursions with his father during the early years in Chatham (ages five to nine).

THE BLACKING FACTORY

In 1822, when Charles was ten, his father's debts were increasing with his family. John Dickens was transferred to London. Charles stayed in Chatham to finish the school term and was separated from the rest of the family for several

³ Dickens produced a cruel and hilarious satirical picture of his mother as the silly and unempathic, although not unloving, Mrs. Nickleby in *Nicholas Nickleby*, written when Dickens was twenty-six. He was astonished and amused when his mother did not recognize her fictional portrait.

months. During this time the family fortunes sank further. Mary Weller, leaving the family service and now about to be married, was also lost to Charles. Altogether, it was a traumatic separation experience for a ten-year-old. When the boy re-joined the family in London, their debts were getting worse; he found them living—all eight (now), plus an orphan girl from the workhouse taken on as servant—in four rooms with a little back garret.

Dickens was intensely resentful that neither parent seemed to have had any idea of sending him to continue his schooling. (They were, of course, intensely taken up with how to make ends meet.) When Dickens was in his mid-thirties, he wrote about this time to John Forster:

I know my father to be as kindhearted and generous a man as ever lived in the world. Everything that I can remember of his conduct to his wife, or children, or friends, in sickness or affliction is beyond all praise. By me, as a sick child, he has watched night and day, unweariedly and patiently, many nights and days. . . . He was proud of me, in his way, and had a great admiration of [my] comic singing. But, in the ease of his temper, and the straitness of his means, he appeared to have utterly lost at this time the idea of educating me at all, and to have utterly put from him the notion that I had any claim upon him, in that regard, whatever. So I degenerated into cleaning his boots of a morning, and my own; and making myself useful in the work of the little house; and looking after my younger brothers and sisters (we were now six in all); and going on such poor errands as arose out of our poor way of living (Forster, 1872-1874, p. 13).

It made things much worse for the boy during these almost two years of "degeneration" that he did not know what was going on—why was his father not making everything all right? He did not understand his parents' whispered references to financial matters. Johnson (1952) comments:

Charles began to hear of a mysterious and ominous something

called "The Deed," which he tremblingly confounded with one of those satanic compacts in the tales with which Mary Weller had terrified him or with the dark deed of the witches in *Macbeth*. [Forster simply says Dickens "confounded it with parchment of a much more demoniacal description" (1872-1874, p. 9).] What dreadful thing had his kind father done? What awful fate was about to descend upon him: The child's imagination shuddered with uncertainty and apprehension (p. 28).

"The Deed," of course, had to do with his father's debts—these were steadily growing. During this time there was a recurrence of the boy's abdominal spasms and fever. But worse was to come. When Charles was twelve, a relative of his mother's offered to give Charles a job at a blacking factory (which made paste-blackening for boots and fire grates): Charles's task was wrapping and putting labels on the blacking pots. He was to work twelve hours a day in a rat-infested old warehouse. (This must have revived the story of Chips.) In fictional form this terrible blacking factory episode was assigned to David Copperfield. But *he* was cast away by his stepfather and his stepfather's sister, the awful Murdstones. In life, the unbearable fact was that Charles's real parents had sent him, a small boy in precarious health, to do menial work—a "young gentleman" thrown among common lower-class boys with no future, who jeered at him for his way of speaking and being. And both his mother and father were willing to send him to this! In the autobiographical fragment written for Forster in 1846 and included in Forster's (1872-1874) "Life" of Dickens, the mature man says:

It is wonderful to me how I could have been so easily cast away at such an age. It is wonderful to me, that, even after my descent into the poor little drudge I had been since we came to London, no one had compassion enough on me—a child of singular abilities, quick, eager, delicate, and soon hurt, bodily or mentally—to suggest that something might have been spared, as certainly it might have been, to place me at any common school. . . . My father and mother were quite satisfied. They could hardly have been more so, if I had been

twenty years of age, distinguished at a grammar-school, and going to Cambridge (p. 21).

The adult is still feeling the child's pain and reproach. (It was not the least of the child's bitterness that while he was thus "cast away" with no thought of his further education, his older sister Fanny was allowed to stay at the Royal Academy of Music, where she had won a boarding scholarship.)

Soon after the humiliating drudgery at the factory began came the worst of all: John Dickens was put into debtors' prison, the Marshalsea (this was to figure largely in Dickens's novel, *Little Dorrit*). When he saw the doors close on his father as a prisoner, Dickens wrote many years later, "I really believed at the time that they had broken my heart" (Forster, 1872-1974, p. 16). Some weeks after this, all the family and the orphan servant went into the prison to stay with the father (a not uncommon practice then)—all, except for Charles and Fanny. His father arranged for Charles to be lodged near the factory but quite far from the family in the prison. He spent Sundays at the Marshalsea with the family; he had barely enough to eat for the rest of the week. He had to pay for his own food out of what he earned at the blacking factory:

I know I do not exaggerate, unconsciously and unintentionally, the scantiness of my resources and the difficulties of my life. I know that if a shilling or so were given me by anyone, I spent it in a dinner or a tea. I know that I worked, from morning to night, with common men and boys, a shabby child. I know that I tried, but ineffectually, not to anticipate my money, and to make it last the week through. . . . I know that I lounged about the streets, insufficiently and unsatisfactorily fed. I know that, but for the mercy of God, I might easily have been, *for any care that was taken of me*, a little robber or a little vagabond (Forster, 1872-1874, p. 25, italics added).

Here, again, it is the lack of parental empathy which is hardest of all to bear—harder than the separation, harder by far than the attacks of colic which kept occurring, even at the factory

where one of the boys tried to ease his pain by filling some of the blacking bottles with hot water and applying them to his side.

After about three months in the Marshalsea, John Dickens was suddenly able to pay his debts and leave prison when his mother died and left him some money. The family then moved to a small house. But nothing was done about taking Charles out of the blacking warehouse. By this time the boy had become so skilled at tying up the blacking pots that crowds would gather to watch him at the window. His father once came to visit him:

I saw my father coming in at the door one day when we were very busy, and wondered how he could bear it (p. 32).

Perhaps this public display caused his father to quarrel with the relative, James Lamert, who had hired Charles. In reaction to an angry letter from John Dickens, Lamert dismissed the boy. His mother was distressed by this—probably the extra money was still needed—and arranged for the boy to be taken back. But his father now was set on ending the boy's working and sending him to school. Dicken's autobiographical fragment comes to an emotional climax with the words he uses to record his mother's "undeveloped heart":

I do not write resentfully or angrily for I know how all these things have worked together to make me what I am: but I never afterwards forgot, I never shall forget, I never can forget, that my mother was warm for having me sent back (p. 32).

Dickens appears to have excused his father (whose bad aspects do come out in "the Father of the Marshalsea" in *Little Dorrit*), but not his mother. The residue of feelings about the blacking factory he describes in the autobiographical fragment sent to Forster:

From that hour until this at which I write, no word of that part of my childhood which I have now gladly brought to a close, has passed my lips to any human being. I have no idea how

long it lasted; whether for a year, or much more, or less. *From that hour, until this, my father and mother have been stricken dumb upon it. I have never heard the least allusion to it, however far off and remote, from either of them.* I have never, until I now impart it to this paper, in any burst of confidence with any one, my own wife not excepted, raised the curtain I then dropped, thank God (pp. 32-33, italics added).

My italics emphasize what made this terrible time a soul murdering business for Dickens: the denial of what had happened. The soul murder was partial—he did not entirely repudiate his feeling. Indeed, he could not forget what had happened to him, what he felt they had done to him:

The deep remembrance of the sense I had of being utterly neglected and hopeless; of the shame I felt in my position; of the misery it was to my young heart to believe that, day by day, what I had learned, and thought, and delighted in, and raised my fancy and my emulation up by, was passing away from me, never to be brought back any more; cannot be written. My whole nature was so penetrated with the grief and humiliation of such considerations, that even now, famous and caressed and happy, *I often forget in my dreams that I have a dear wife and children; even that I am a man; and wander desolately back to that time of my life* (pp. 22-23, italics added).

And yet he followed their unspoken commands and could not talk about this “trauma from which he suffered all his life” (Wilson, 1941, p. 15) with his parents. He could not deal effectively with his hatred of them, and a large part of it must have turned to guilt and to self-hatred and self-destructiveness. There were also positive and strengthening results—Dickens became determined never again to suffer such helplessness and misery; the trauma fed an intense ambition. But he was left with terrible conflicts: he needed both to idealize his parents and to accuse them—this made for splits in his inner image of his parents and in his own identity that can be seen projected into

his fiction, particularly *Little Dorrit* (1857), written when he was in his early forties.

LITTLE DORRIT

Little Dorrit is perhaps the most profound transcription of Dickens's experience of this terrible time into his fiction. But as a novel, it transcends this genetic personal source. It is one of the most telling of Dickens's studies of the English social and economic conditions of his time; although predominantly somber, it has much of Dickens's wonderful humor—and it presents a picture of soul murder, as do most of Dickens's books. *Dombey and Son* is a particularly apt example.

In *Little Dorrit*, Dickens examines a series of instances of emotional deprivation and demonstrates how the “undeveloped heart” can warp the development of character and inhibit the ability to love. It is a novel of terrible accusation—of parents, of society, and of the capitalist system in mid-nineteenth century England. Bernard Shaw says:

Little Dorrit is a more seditious book than *Das Kapital*. All over Europe men and women are in prison for pamphlets and speeches which are to *Little Dorrit* as red pepper to dynamite (quoted in Johnson, 1952, p. 883).

Little Dorrit contains the great metaphor of the governmental bureaucracy of England as “The Circumlocution Office,” whose motto is “How Not To Do It.” In a masterful sublimation to effective social criticism, Dickens generalizes his parents’ “undeveloped heart” and their ineffectuality, and transfers these qualities onto those who rule England. Edmund Wilson (1941) says:

In his novels from beginning to end, Dickens is making the same point always: that to the English governing classes the people they govern are not real (p. 30).

This lack of empathy is portrayed in those who govern families

and institutions as well as the nation. Dickens's novels provided for his readers the sensory details of what it was like to be dependent, to be poor, to be in prison, to be a neglected child or a servant or a clerk or a workman.

The novels are marred by Dickens's defensive need for splitting and denial; the accusations are accompanied by reassurances and falsifications. There are the compulsively happy endings that threaten to (and sometime do) violate verisimilitude. *Little Dorrit*'s bleak realism is partly spoiled by sentimentality, one of Dickens's chronic weaknesses. Sentimentality can be used in furthering denial, which makes it a trait often found in the victims of soul murder. Probably as a result of how it became necessary to regard his parents, Dickens characteristically needed to deny something of the effects of the evil he was also able to portray and hate—typical soul murder split registration.

In this novel, the two main sufferers from lack of love and empathy as children—Arthur Clennam and (especially) Little Dorrit—are depicted as too noble and good to be true, considering the parental neglect and abuse they have been subjected to. The badness that they would also have had (as would any human being) is, in similar monolithic fashion, split off and projected onto other characters who are completely villainous (e.g., the hypocritical murderer, Rigaud, and the rage-filled, quasi-lesbian, and paranoid feminist, Miss Wade). This kind of juxtaposition starts as early as in *Pickwick Papers* (1836) where the predominantly cheerful and humorous adventures of Mr. Pickwick and his friends are interrupted by strikingly contrasting interpolated tales with a predominant melodramatic content that is full of violence and murder (see Wilson, 1941).⁴ The influence of Mary Weller's bedtime stories (her last name is used for Pickwick's servant, Sam, and her first for the girl Sam is to wed) is clearly continuing.

The central image of *Little Dorrit* is that of a prison: the Marshalsea, the debtors' jail in which Little Dorrit's father, William,

⁴ And Mr. Pickwick gets thrown into debtors' prison, like Mr. Micawber, Little Dorrit's father, and, of course, Dickens's father, John.

was put, and into which he took his wife and family (paralleling the experiences of the Dickens family). Dickens had an obsessive interest in prisons. They appear throughout his *oeuvre*, beginning with his first book, *Sketches by Boz*; he visited prisons wherever he went (Wilson, 1941, p. 22).

Little Dorrit begins in "a villanous prison" (p. 2) in Marseilles:

A prison taint was on everything there. The imprisoned air, the imprisoned light, the imprisoned damp, the imprisoned men, were all deteriorated by confinement. As the captive men were faded and haggard, so the iron was rusty, the stone was slimy, the wood was rotten, the air was faint, the light was dim. Like a well, like a vault, like a tomb, the prison had no knowledge of the brightness outside . . . (p. 3).

In the last-quoted sentence, the prison is fully anthropomorphized and characterized as denying what it cannot control. The whole passage alludes to the blacking factory (which could have been described in similar terms). The prison also evokes aspects of Dickens's childhood—symbolically depicted with falsification and exaggeration as all bad, and referring to domination by emotionally restrictive and depriving parents. Perhaps its basic symbolic meaning stems from the body as the confining house of the soul; the prison in this sense representing most specifically a projection onto the environment of the anus (the organ which closes and holds) conceived of as a terrible, dirty, and destructive cloacal place (see Shengold, 1987).

The prison in Marseilles contains the murderer, Rigaud. Outside the prison, but also *confined*—in quarantine with the rest of the passengers from a vacation cruise ship that had stopped at a plague-ridden port in the East—is the novel's hero, Arthur Clennam. He describes himself to his cruise acquaintance, Mr. Meagles, a *paterfamilias* whose doting behavior is so different from what Clennam has experienced:

'I'm the son, Mr. Meagles, of a hard father and mother. I am the only child of parents who weighed, measured, and priced everything; for whom what could not be weighed, measured,

and priced, had no existence. Strict people as the phrase is, professors of a stern religion, their very religion was a gloomy sacrifice of tastes and sympathies that were never their own, offered up as a part of the bargain for the security of *their possessions*. Austere facts, inexorable discipline, penance in this world and terror in the next—nothing graceful or gentle anywhere, and *the void in my cowed heart everywhere*—this was my childhood, if I may so misuse the word as to apply it to such a beginning of life' (p. 20, italics added).

The child had been treated as his parents' possession. He is now a man of about forty, who feels that life offers him nothing to look forward to. The following self-description shows his awareness of having been subjected to soul murder:

'I have no will. That is to say,' he coloured a little, 'next to none that I can put in action now. Trained by main force; broken, not bent; heavily ironed with an object on which I was never consulted and which was never mine; shipped away to the other end of the world before I was of age, and exiled there until my father's death there, a year ago; always grinding in a mill I always hated; what is to be expected from *me* in middle life? Will, purpose, hope? All those lights were extinguished before I could sound the words' (p. 20).

When Arthur Clennam returns to his mother's home after years of absence, he finds everything unchanged—the dark, bare, and grim prison-like interior of his childhood home evokes the poverty of his mother's heart. She turns out to be as hard and rejecting as ever:

'How weak am I,' said Arthur Clennam . . . 'that I could shed tears at this reception! I, who have never experienced anything else; who have never expected anything else.'

He not only could, but did. It was the momentary yielding of a nature that had been disappointed from the dawn of its perceptions, but had not quite given up all its hopeful yearnings yet (p. 31).

The abused and rejected child cannot help hoping that *the next*

time his mother will have changed, and will love him. Waiting for her to appear, Arthur looks around the familiar rooms:

The old articles of furniture were in their old places; the Plagues of Egypt, much the dimmer for the fly and smoke plagues of London, were framed and glazed upon the walls. [These pictures of the Plagues of Egypt would, of course, have included the murder of the firstborn sons. Arthur was an only child.] There was the old cellerat with nothing in it, lined with lead, like a sort of coffin in compartments; there was the old dark closet, also with nothing in it, of which he had been many a time the sole contents, in days of punishment, when he had regarded it as the veritable entrance to that bourne to which the [biblical] tract had found him galloping (p. 32).

Like his creator, Arthur has literally believed in the stories his religious parents forced on him:

There was the dreary Sunday of his childhood, when he sat with his hands before him, scared out of his senses by a horrible tract which commenced business with the poor child by asking him in its title, why he was going to Perdition?—a piece of curiosity that he really in a frock and drawers was not in a condition to satisfy . . . (p. 28).

Arthur recalls his parents:

[His mother] and his father had been at variance from his earliest remembrance. To sit speechless himself in the midst of rigid silence, glancing in dread from the one averted face to the other, had been the peace fullest occupation of his childhood (p. 32).

His mother proceeds with her compulsive routine despite the return of the son she had not seen for so many years. Her servants bring in her usual evening refreshment at precisely nine o'clock. Her manservant/partner, the sinister Flintwich,

filled a tumbler with a hot and odorous mixture, measured out and compounded with as much nicety as a physician's prescription. Into this mixture, Mrs. Clennam dipped certain of

the rusks and ate them; while the [maidservant] buttered certain other of the rusks, which were to be eaten alone. When the invalid had eaten all the rusks and drunk all the mixture, the two trays were removed; and the books and the candle, watch, handkerchief, and spectacles were replaced upon the table. She then put on the spectacles and read certain passages aloud from a book—sternly, fiercely, wrathfully—praying that her enemies (she made them by her tone and manner expressly hers) might be put to the edge of the sword, consumed by fire, smitten by plagues and leprosy, that their bones might be ground to dust, and that they might be utterly exterminated. As she read on, years seemed to fall away from her son like the imaginings of a dream, and all the old dark horrors of his usual preparation for the sleep of an innocent child to overshadow him. (pp. 34-35).

Dickens wonderfully evokes the obsessive, oppressive, joyless atmosphere of a home in which the parents sadistically identify with the wrathful God of the Old Testament, to maintain and fortify themselves while they exclude and terrify their child.

Later on, Arthur gently defies his mother by refusing to continue in the family business. It is an unaccustomed defiance:

'[I] represent to you that I have lived the half of a long term of life, and have never before set my own will against yours. [While obeying her in action, his soul has not completely given in; but he has been robbed of joy.] I cannot say that I have been able to conform myself, in heart and spirit, to your rules. I cannot say that I believe my forty years have been profitable or pleasant to myself, or any one; but I have habitually submitted, and I only ask you to remember it, (p. 44).

Arthur tells his mother she has always been stronger than his father, and he has never understood why she sent first her husband and then her son to the Orient to take care of the family business there. He suspects that his father had some gnawing guilt, and this is part of the reason Arthur is renouncing his rights in the family business. He asks his mother about his father: " 'Is it possible that he had unhappily wronged any one,

and made no reparation?' " (p. 46). His mother, enraged by the question, calls for a Bible, and for Flintwich to stand witness:

'Reparation! . . . let him look at me, *in prison and in bonds* here. I endure without murmuring, because it is appointed that I shall so make reparation for my sins. . . . [She picks up the Bible and resumes.] In the days of old, Arthur, treated of in this commentary, there were pious men, beloved of the Lord, who would have cursed their sons for less than this; who would have sent them forth, and sent whole nations forth if such had supported them, to be avoided of God and Man, and perish, *down to the baby at the breast*. But I only tell you that if you ever renew that theme with me, I will renounce you; I will so dismiss you through that doorway, that you had better have been motherless from your cradle. I will never see or know you more. *And if, after all, you were to come into this darkened room to look upon me lying dead, my body should bleed, if I could make it, when you came near me* (pp. 47-48, italics added).

It is, according to legend, the murderer who causes the dead body of his victim to bleed, so the mother is accusing the son of killing her. Like Jocasta, she is prohibiting him from proceeding toward the truth of his origins. And here Dickens exhibits a mother the reader cannot help but want to get rid of: she is presented without any of the guilt-producing love that was part of the ambivalence he had toward his own mother. But her son, Arthur, is incapable of hating her (just as Little Dorrit, who is introduced a page or two after Arthur's mother's diatribe, is maddeningly incapable of resenting her selfish and insufferable father's domination and unacknowledged abuse of her).

Later in the novel, before Clennam himself has lost his money, he wants to help his mother:

It was like the oppression of a dream, to believe that shame and exposure were impending over her and his father's memory, and to be shut out, as by a brazen wall, from the possibility of coming to their aid. . . . His advice, energy, activity, money, credit, all of his resources whatsoever, *were all made useless. If she had been possessed of the old fabled influence, and*

had turned those who looked upon her into stone, she could not have rendered him more completely powerless (so it seemed to him in his distress of mind) *than she did, when she turned her unyielding face to his, in her gloomy room* (pp. 648-649, italics added).

The imagery gives the mother the power of the Gorgon, of Medusa—the monster-mother whose exhibitionism is used to entrap, excite, and castrate the son.

Arthur himself ends up in the Marshalsea; the prison swallows him up and he begins to decline; he is symbolically trapped with, by, and as his invalid mother. In this “unmanned” state, he is sought out and tended to by Little Dorrit.

The novel ends happily, in that Little Dorrit and Arthur Clennam marry, but the ending is bad artistically: Dickens brings in too many melodramatic and unbelievable plot devices to try to punish the wicked and reward the good. Mrs. Clennam, who suddenly ends her hysterical paralysis and gets up and not only walks but runs, is revealed—to others but not to her son—as not Arthur’s natural mother. Arthur was an illegitimate child of Mrs. Clennam’s husband and a young girl from whom the wronged wife took the child. She subsequently had the younger woman put in an asylum and persecuted her to her grave. She also claims (not too convincingly) to have cared about him in her own way—and to have wanted to be loved by him. I speculate that Dicken’s conflicts about his own natural mother may have contributed to his problems with the novel’s ending, which mixes the psychologically false with the true. As her “crimes” are being revealed, Mrs. Clennam offers this justification for her acts: she had been

brought up strictly and straitly. I was so brought up. Mine was no light youth of sinful gaiety and pleasure. Mine were days of *wholesome* repression, punishment, and fear. The corruption of our hearts, the evil of our ways, the curse that is upon us, the terrors that surround us—these were the themes of my childhood. They formed my character *and filled me with an abhorrence of evildoers* (p. 740, italics added).

Thus Mrs. Clennam justifies as "wholesome" the soul murder practiced upon her by her parents. She repeated her relationship with her parents—actively reproducing her childhood enforced passivity—by becoming "righteous" while abusing and depriving her "son." Her last-minute, partial conversion into a loving and caring person in connection with her softness toward Little Dorrit is simply not credible. The Victorian plot contrivances that make for an ending that ties everything up (stolen documents, unknown twin brothers, sudden miraculous character changes, the timely accidental death of the villain, Rigaud, the *deus ex machina* of Arthur's rescue from the prison by the suddenly rich, impossibly good Daniel Doyce, etc.) are false to the truth of individual psychology. However, they still leave Dickens scope to serve, at least unconsciously, the truth of the psychology of soul murder.

Mrs. Clennam is, at the end, portrayed as the Theban Sphinx. The motivation for her sudden conversion from hysterical paralysis to locomotion goes to the heart of soul murder. The child she has abused must not know the truth. This Jocasta had not been impelled to see or to help her son when he was crippled by imprisonment for debt and was lying ill in the Marshalsea. But like Jocasta and the Sphinx, she cannot bear to have her son solve her riddle. She literally runs off (after astounding her servants and Rigaud by first rising from her wheelchair and standing) to keep Arthur from learning the truth. And she gets Little Dorrit to promise never, while the mother lives, to reveal the truth of his parentage to Arthur—the Sphinx must keep the symbiosis intact. Finally, further paralleling the fate of Jocasta and the Sphinx, Dickens has her destroyed when her secret is revealed. As Mrs. Clennam is watching the unexpected and terrifying explosion of her house (like Captain Murderer's house!), symbol becomes what is symbolized when she has an inner explosion and is felled by a stroke. Thus Dickens punishes her with true paralysis—followed by some years as an immobile, uncommunicating living "statue" (p. 738) before killing her off. As author he is able to

become the triumphant Oedipus, reversing the usual course of events by depriving the Sphinx of locomotion and of life.

One feels that Dickens knows that he hates Mrs. Clennam, even though some denial compulsively forces itself through at the end. But more of Dickens's hatred of women peeks through in his revelation (which he seems unaware of) of the suppressed anger of Little Dorrit that simultaneously expresses Dickens's suppressed anger toward Little Dorrit. She seems only too delighted to be able to nurse the depressed and sick Arthur Clennam, as she once had her father. The decline and imprisonment of Clennam at the end of the novel bring out Little Dorrit as the *nurse*:

[She] *nursed* him as lovingly, and GOD knows as *innocently*, as she had *nursed* her father in that room when she had been but a baby, needing all the care from others that she took of them (p. 723, italics added).

The capitalization of "GOD" is Dickens's—I speculate that an extraordinary amount of idealization in the service of denial might have been necessary here to produce the "innocently." Innocence is appropriate neither to the soul murder of Little Dorrit herself nor to her reappearance as the *nurse*—bringing Dickens and us back to Mary Weller.

There is a compulsive controlling masochism in Little Dorrit; she is trapped by her fixation on her father, and now she turns to a man almost old enough to be her father, who had been wont to call her jestingly his "daughter." She, although now supposedly rich, even dresses in her old prison clothes when she first goes to see the imprisoned Clennam. But her suppressed sadistic side is exposed in her cooperating with Mrs. Clennam's disavowing purpose (showing Little Dorrit's own identification with the soul murderer) by agreeing never to tell Arthur about his real mother until his false mother is dead. Even after she marries Arthur, Little Dorrit does not reveal the truth of his lineage to him. She was similarly never able to face the evil in her father. Just before they marry, Little Dorrit even has Arthur

unknowingly burn the documents that would have revealed Mrs. Clennam's secret:

'My dear love,' said Arthur. 'Why does Maggy light the fire? We shall be gone directly.'

'I asked her to do it. I have taken such an odd fancy. I want you to burn something for me.'

'What?'

'Only this folded paper. If you will put it in the fire with your own hand, just as it is, my fancy will be gratified.'

'Superstitious, darling Little Dorrit? Is it a charm?'

'It is anything you like best, my own,' she answered, laughing with glistening eyes and standing on tiptoe to kiss him, 'if you will only humour me when the fire burns up.'

So they stood before the fire waiting: Clennam with his arm about her waist, and the fire shining, as the fire in that same place had often shone, in Little Dorrit's eyes. 'Is it bright enough now?' said Arthur. 'Quite bright enough now,' said Little Dorrit. 'Does the charm want any words to be said?' asked Arthur, as he held the paper over the flame. 'You can say (if you don't mind) "I love you!"' answered Little Dorrit. So he said it, and the paper burned away (p. 787).

Little Dorrit obviously feels she is acting for Arthur's good in keeping the truth from him as Mrs. Clennam felt she was; Dickens goes along by clearly portraying this castrative and mendacious protectiveness as a loving act. The legacy of soul murder in Dickens, so closely associated for him with the feminine and his mother—a split in the registration of what is happening and has happened that makes it possible to love "Big Brother" or "Bad Nurse" or "Bad Mother"—is perhaps most apparent in this passage. Dickens himself is Little Dorrit and cannot tell himself the whole truth.

I have not dealt adequately with so many aspects of Dickens—especially his strengths: his generosity, kindness, capacity for enjoyment, his amazing industry and marvelous imagination. Some of the latter and of the quality of his writing and his humor do come through in the excerpts I have quoted. I have

said nothing about the intensity of his attachment to his wife's sisters, and his idealization of innocent young girls (see Kligerman, 1970), and I have not dealt with his marital troubles, his desertion of his wife,⁵ his affair with the young actress, Ellen Ternan, or with his qualities as a father of his ten children. The picture I have drawn connecting Dickens with soul murder is not a balanced one. (However, his talents and strengths as well as his subject matter might also be linked genetically to his early traumatic experiences if one had the facts.)

After *Little Dorrit*, Charles Dickens had thirteen productive years. The obsession with murder and murderers continued up to the end. It has frequently been observed (e.g., Wilson, 1941) that by continuing with his public readings—against his doctors' advice after heart disease had been diagnosed—he committed murder against himself. These readings, which ranged from the comic to the horrific, were wildly successful.

It was especially taxing for him to do an excerpt from *Oliver Twist* that culminated in Nancy's murder by Bill Sikes and Sikes's flight and death. Johnson (1952) writes:

He had indeed made something appalling. One warm afternoon [Dickens's son] Charley was working in the library with the windows open when he heard a sound of violent wrangling from outside. At first he dismissed it as some tramp beating his

⁵ Dickens separated from his wife, Catherine, in 1858, after he had completed *Little Dorrit*. Among the charges he made in self-justifying letters to his friends was that she had never been a good mother to their children: "If the children loved her, or ever had loved her, this severance would have been a far easier thing than it is. But she has *never* attached one of them to herself, *never* played with them in their infancy, *never* attracted their confidence as they have grown older, *never* presented herself before them in the aspect of a mother" (Dupee, 1960, p. 235, italics added). "I will merely remark of her that the peculiarity of her character has thrown all the children on someone else" (p. 237). The repeated "nevers" evoke the terrible "I never afterwards forgot, I never shall forget, I never *can* forget," which Dickens applied to his mother in relation to the blacking factory (see above). There were many and complex reasons for the separation, but part of it seems to have been based on Dickens's unconsciously confounding his wife with his mother. Toward both he became implacably hostile. Once he separated from his wife, he lived on for twelve more years, but he never saw her again—and, as with his mother, he never forgave her (Dupee, 1960, p. 161).

wife, but as the noise swelled into an alternation of brutal yells and dreadful screams Charley leaped to his feet, convinced that he must interfere. He dashed out of the door. There, at the other end of the meadow, was his father—murdering an imaginary Nancy with ferocious gestures (p. 1102).

Dickens added this frightening item to his repertory during the last year of his life. Already exhausted by the readings, he was entreated by family and friends not to include the *Oliver Twist* excerpt; everyone agreed he did it marvelously—but the vivid enactment took so much out of him. His pulse would race afterwards—it was routinely taken by his doctor friend, Frank Beard, after his readings, and was at its highest after “Sikes and Nancy.” During his last tour of Britain, his manager, Dolby, was appalled to learn that Dickens intended to include the murder scene in three nights out of every four and tried to persuade him to reserve it for the larger towns:

Dickens bounded up from his chair and threw his knife and fork so violently on his plate that it was smashed to pieces. “Dolby!” he shouted, “your infernal caution will be your ruin one of these days!” It was the only time Dolby had ever heard him address an angry word to anyone. . . . Then [Dolby] saw that his Chief was crying. “Forgive me, Dolby!” he exclaimed between sobs, going toward him and embracing him affectionately. “I really didn’t mean it; and I know you are right” (Johnson, 1952, p. 1108)

But he continued to include “Sikes and Nancy” in his performances. It was his doctor’s opinion that the repeated readings of this violent and melodramatic scene did hasten Dickens’s death.

The prostitute, Nancy (Dickens removed the specific word “prostitute” after the first edition), is the soul murder victim of her lover, Bill Sikes, who treats her with a demeaning and terrifying jealous possessiveness. In the novel, soul murder culminates in actual murder. Sikes brutally clubs Nancy to death after he learns that she has betrayed him and others of Fagin’s gang.

This betrayal is more than the primitive and ferocious Sikes can bear: the one person he is close to (in his own savage, narcissistic way) does not really care for him, can contemplate separating from him. This motivation is one Dickens could share; and killing Nancy provided a cathartic outlet for the author's suppressed murderous feelings.

Doing the readings brought on a kind of feverish, addictive arousal in Dickens that reached its height with Sikes's murder of Nancy. Reading and acting out the scene (Wilson calls the latter "an obsessive hallucination" [1941, p. 85]) involved him in a fascinating horror that made him his own Mary Weller. Knowing that it was destructive for him, Dickens felt compelled to repeat the excitement of the murderous encounter and its hysterical reception by the audiences; he was both participating in and looking on at the killing, a murderous primal scene in which he could play both roles. It was like his empathizing with the dark-haired twin sister looking on at Captain Murderer.

Wilson believes that reading "Sikes and Nancy" enabled Dickens to re-enact symbolically the banishment of his wife, Catherine. This is probably true, but it scants the terrible destructive intensity from the world of childhood nightmare that reading the scene allowed him to discharge in sublimation: the pent-up, cannibalistic hatred toward his betraying mother and toward all such "bad" (prostitute) women. At the same time, Dickens could impersonate and become the murdered Nancy succumbing to a brutal man—a feminine, masochistic identification that both provided gratification and fulfilled a need to be punished. Becoming the woman he both loved and hated meant turning the destructive rage on himself—being Sikes to his own Nancy; this was a suicidal course, and his compulsive, passionate involvement in it probably did contribute to his death. Three months after his last reading—a time during which there were many premonitory symptoms—he died at fifty-eight of a paralytic stroke, the fate he had assigned to Mrs. Clennam.

The American poet, Randall Jarrell, wrote about another English writer, Kipling, whose mother and father abandoned him,

from the ages of six to twelve, to the care of unempathic and sadistic substitute parents. He called Kipling "someone who [had] been for some time the occupant of one of God's concentration camps" (Jarrell, 1962, p. 146; see also Shengold, 1975). In an article published after his tragic suicide, the writer, Primo Levi, discusses how, after the appearance of his book about being a prisoner in Auschwitz, he was asked by an eight-year-old in a fifth-grade class, where he was lecturing, why he had not tried to escape. He attempted to explain to the children how the inmates had felt escape was impossible. The relatively well-fed American and British prisoners of war (who had been able to sustain themselves physically with Red Cross packages and to keep up their morale through a system of discipline respected by the Germans) had made repeated escape attempts. In contrast, the concentration camp inmates were weak and starving, covered with sores—especially on their feet. *Their* morale had been undermined by the implacable torture by the Nazis who guarded, fed, and despised them, but on whose whim their lives depended. This dependence, we know, made the prisoners prone to identify with their torturers and turn the guilt on themselves. They had to love Big Brother: the very source of their torment was their only hope for rescue and survival. The incompatibility of this need for love with the inevitable hate splits the soul and makes for brainwashing and a break with reality. The concentration camp prisoners found it almost impossibly difficult to maintain any kind of bond of mutuality; instead, they had been divided by clever manipulation and forced toward turning on one another in suspicion and betrayal. An attempt at escape was treated as the worst of crimes and punished with brutal torture leading to certain death. So escape was almost physically and psychologically impossible. Above all, there was no place to escape *to*. The Jews especially had no relatives or friends to provide refuge: they were regarded after years of propaganda as evil and hated enemies of the state. No foreign border was open to them. They felt trapped like helpless children.

The eight-year-old who had asked the question went on to

request that Levi draw the concentration camp, the position of the fences, guards, etc.

My interlocutor studied the drawings for a few instants . . . then he presented to me the plan he had worked out: here, at night, cut the throat of the sentinel; then, put on his clothes; immediately after this, run over there to the power station and cut off the electricity, so the search lights would go out and the high tension fence would be deactivated; after that I could leave without any trouble. He added seriously: "If it should happen to you again, do as I told you. You'll see that you'll be able to do it" (Levi, 1987, p. 12).

It is not only an eight-year-old who cannot bear to feel what it is like to be in a concentration camp, to be a child neglected and unprotected by a benevolent God or Fate and in the complete power of tyrannical authority. The experience of overwhelming pain and torture cannot be kept in mind very long. And we can all regress to the time when it was insupportable to feel that we had a Bad Parent, which evokes the rage that leads to the possibility of having no parent. The danger of the loss of a parent and of parental love is one of the greatest resistances to change in the adult. The reading of Dickens (also, like Levi and Jarrell, a kind of suicide) can help us to feel that terrible empathy with the victim of soul murder, which he struggled for so manfully in his life and projected so vividly in his writings.

REFERENCES

- DICKENS, C. (1840a). Dullborough town. In *The Uncommercial Traveller & Reprinted Pieces, etc.* London: Oxford Univ. Press, 1958, pp. 116-129.
- (1840b). Nurses' stories. In *Op. cit.*, pp. 147-159.
- (1843). *The Life and Adventures of Martin Chuzzlewit*. London: Macmillan, 1892.
- (1857). *Little Dorrit*. Clinton, MA: Colonial Press, undated.
- DUPEE, F. W., Editor (1960). *The Selected Letters of Charles Dickens*. New York: Farrar, Straus & Giroux.
- FORSTER, E. M. (1907). *The Longest Journey*. New York: Knopf, 1922.
- FORSTER, J. (1872-1874). *The Life of Charles Dickens, Vol. 1*. London: Everyman's Library (Dent), 1966.

- FREUD, S. (1897). Extracts from the Fliess papers. Letter 70. *S.E.*, 1.
- JARRELL, R. (1962). On preparing to read Kipling. In *Kipling and the Critics*, ed. E. Gilbert. New York Univ. Press, 1965, pp. 133-149.
- JOHNSON, E. (1952). *Charles Dickens. His Tragedy and Triumph*. New York: Simon & Schuster.
- KLIGERMAN, C. (1970). The dream of Charles Dickens. *J. Amer. Psychoanal. Assn.*, 18:783-799.
- LEVI, P. (1987). Beyond judgment. *New York Review of Books*, Vol. 34, No. 20, pp. 10-14.
- SHENGOLD, L. (1963). The parent as sphinx. *J. Amer. Psychoanal. Assn.*, 11:725-751.
- (1975). An attempt at soul murder: Rudyard Kipling's early life and work. *Psychoanal. Study Child*, 30:683-724.
- (1979). Child abuse and deprivation: soul murder. *J. Amer. Psychoanal. Assn.*, 27:533-559.
- (1987). *Halo in the Sky*. New York: Guilford.
- SPRUIELL, V. (1986). Trying to understand the consequences or lack of consequences of overt sexuality between adults and children. Panel presentation. American Psychoanalytic Association, December.
- WILSON, E. (1941). Dickens and the two Scrooges. In *Eight Essays*. Garden City, NY: Doubleday Anchor, 1945, pp. 11-91.

1199 Park Avenue
New York, NY 10128

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Jeanne Lampl-De Groot 1895–1987

E. C. M. Frijling-Schreuder

To cite this article: E. C. M. Frijling-Schreuder (1988) Jeanne Lampl-De Groot 1895–1987, The Psychoanalytic Quarterly, 57:3, 422-425, DOI: [10.1080/00332828.1988.12021935](https://doi.org/10.1080/00332828.1988.12021935)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021935>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)



View related articles [↗](#)

JEANNE LAMPL-DE GROOT

1895-1987

In 1985 the Dutch Psychoanalytical Society celebrated Jeanne Lampl's ninetieth birthday with a display of respect and friendship that culminated in the presentation of her newly published complete works, *Man and Mind*. She was still taking part in scientific activities, leading a seminar, giving supervision, and opening the courses every year with a personal historical survey.

As a young and independent woman, she went to Vienna in 1922 to study psychoanalysis. Freud was her personal analyst. His influence is to be felt in all her work. After her training, she went to Berlin where she married Hans Lampl, an Austrian analyst. Both Lampls were personal friends of the Freud family. Jeanne Lampl enjoyed to the full a range of scientific psychoanalytic and cultural pursuits, until she and Hans had to flee because of the rise of Nazism, first to Vienna and later, in 1938, to Holland. Here she started organizing psychoanalytic training with the help of a few Dutch psychoanalysts, most of whom, up to that time, had also been trained in Vienna. During the war the Dutch Society was dissolved. Clandestinely, Jeanne Lampl continued her teaching and her case seminars at her own house or at the home of some friends.

When the Dutch Society could resume its work, she and her husband took a very active part in its reorganization and in the founding of its Institute, where she chaired a training committee. As a vice president of the International Psychoanalytical Association, she regulated Dutch training on the I.P.A. level long before minimal standards had been proposed.

An important event in her personal life was the acquisition of "Wapenveld," a large property near a small Dutch village, sur-

rounded by woods and heath. Here she walked, played her grand piano, and wrote. It was also here that she received her scientific and musical friends. Long discussions about current psychoanalytic problems accompanied the extensive walks, or were held in the evening before the open fire. Small study groups might come for a day to discuss special facets of the psychoanalytic process, or a course might be rounded off with a long session there. About her writings one can refer to Andrew Schiffman's excellent review of her collected papers in this *Quarterly* (Vol. 56, 1987, pp. 528-532).

Jeanne Lampl started writing in 1927 by amplifying Freud's concept of the oedipus complex with the description of the young girl's relationship with her mother (see *Man and Mind*, Chapter 1). The change of object which is deemed necessary for the positive oedipal constellation makes feminine development more complicated than that of the boy. The stimulation of Freud's agreement, and his citing her twice, encouraged her to go on with her careful observations (*Standard Edition*, Vol. 21, pp. 226-227; Vol. 22, pp. 130-131).

In many of her papers her empathy with the young child is palpable.

She continued writing about femininity, and in 1982 she published a survey of the development of our understanding of that subject during the last half-century (*Man and Mind*, Chapter 46). For the sake of brevity, I will limit myself to those of her papers in which she went into the helplessness of the young child and the demands which the consequences of the helplessness may later make on psychoanalytic technique. She amplified the concept of castration anxiety with the description of the feelings of inadequacy of both boys and girls during and even before the oedipal period. Feelings, and later on fantasies, of grandeur are a great help to the child in mastering its helplessness, and are at the base of later ego ideal formation (*Man and Mind*, Chapters 2-11, 24, 27, 31, 35, 37). However, their persistence in the unconscious may lead to narcissistic character

formation. We need to have empathy with preverbal development to be able to deal with these disturbances.

Jeanne Lampl first described the required attitude as the ability to reactivate our own "coenesthetic organization" (Spitz) in order to understand the nonverbal signals of the patient, analogous to the mother's rapport with the infant. Later on, she described how cautiously and tentatively she would bring into the analysis her reconstructions of the earliest period. Confirmation may come with fragments of very early memories. The patient may develop fleeting bodily symptoms, suggestive of the way in which the young child reacts to stress. Temper tantrums and periods of obstinacy may alternate with strong longings for merging. Sometimes the patient would bring confirmations from the observation of the behavior of his or her parents' way of dealing with their grandchildren in the present.

The sincerity of her empathy with her patients is to be felt in all her papers, as well as in her involvement with the development of psychoanalytic knowledge and technique. She hardly ever wrote polemically, and she never stressed personal priority. As a rule, she first described what was known about a given subject, and then amplified it with her own observations. She wrote clearly and factually, and what she said was always directly clinically applicable. She liked to describe the normal outcome of a process along with the abnormal development.

As in her papers on narcissism, this is also very clear in her paper on multiple personality, which appeared first in this *Quarterly* (1981, Vol. 50, pp. 614-624). She thought that the abnormality of splitting was stressed too strongly and that signs of it were used too easily as a contraindication for psychoanalysis; this was a subject on which she made her views known to me in personal discussions. In her paper she stressed splitting as a normal process which can be used abnormally.

The contrast between the early and forceful development of the drives and the long physiological dependency of the human young fascinated her. The essential misunderstandings between parents and their young children which arise from the difficulty

adults have in empathizing with childhood thought and feelings may deflect the child from normal development. Her views on this make it clear why she strongly advocated child analysis. Her lifelong friendship with Anna Freud and Marianne Kris—which began when all were in Vienna together—may also have contributed to this interest. She maintained careful contact with the parents during the analysis of a child to help clear up some of these misunderstandings. However, she emphasized that we should realize that they are unavoidable, and are already integrated in the child's development when the child comes for our help.

How sensitive she was to young children may be illustrated by a quotation. When she was nearly eighty years old, she wrote: "Looking back, I must however admit that it took many, many years before I could really experience intensively the world of a child. I cannot evaluate how well I have succeeded and where there are still blind spots in my own personality. I do notice, however, that I daily acquire new dimensions in empathy" (*Man and Mind*, p. 340).

She was a very vital woman, a generous colleague, and a true and faithful friend.

E. C. M. FRIJLING-SCHREUDER

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Book Reviews

Lesley K. Braasch, Morton Shane, Estelle Shane, Dinora Pines, Ronald Fleischman, Paula P. Bernstein, H. Gunther Perdigão, Helmut Thomä, Jacques Szaluta & Louis B. Schlesinger

To cite this article: Lesley K. Braasch, Morton Shane, Estelle Shane, Dinora Pines, Ronald Fleischman, Paula P. Bernstein, H. Gunther Perdigão, Helmut Thomä, Jacques Szaluta & Louis B. Schlesinger (1988) Book Reviews, The Psychoanalytic Quarterly, 57:3, 426-461, DOI: [10.1080/00332828.1988.12021936](https://doi.org/10.1080/00332828.1988.12021936)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021936>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)



View related articles [↗](#)

BOOK REVIEWS

THE RECONSTRUCTION OF TRAUMA: ITS SIGNIFICANCE IN CLINICAL WORK. Workshop Series of The American Psychoanalytic Association, Monograph 2. Edited by Arnold Rothstein, M.D. Madison, CT: International Universities Press, Inc., 1986. 268 pp.

To borrow liberally from computer vernacular, *The Reconstruction of Trauma* is "reader friendly." Everything about the book is "reader friendly"—its organization, its format, its extensive bibliography, even the print size and the length of the text. This second monograph in the Workshop Series of The American Psychoanalytic Association is an exceptional book adaptation of discussions that took place during a two-day Workshop for Mental Health Professionals. Its significance as a contribution to the literature resides in its bringing together in one volume a variety of conceptualizations and theoretical views of psychic trauma and its reconstruction.

The body of the book is divided into three sections: "Theoretical Considerations" (three chapters), "The Reconstruction of Specific Traumata" (eight chapters), and "Discussion" (three chapters). The book closes with a summary of "The Spontaneous Discussion" among the panelists and an excellent bibliography.

In the Introduction, Rothstein discusses the contributors' different theoretical orientations. He wonders if the differences in their points of view actually contribute to significant differences in the way they treat their patients. He asks them a number of questions intended to facilitate the development of their contributions.

- (1) How did your organizing theory influence your thinking on the subject of reconstruction of trauma in your work with the patient? . . .
- (2) In those subjects who experienced shock trauma, how had previous strain trauma shaped the child's reactions to the shockingly traumatic event? . . .
- (3) How did the developmental task in progress at the time of the trauma influence the subject's experience of it? . . .
- (4) What effect did the trauma have on the child's character development and the resulting clinical pictures? . . .
- (5) Did you encounter clinical material of the type Greenacre suggested? . . .
- (6) Finally, what did you seek to accomplish with your reconstruction? (p. 3).

Harold Blum, Sidney Furst, and Arnold Cooper, in the first section, struggle with the definition of psychic trauma. There is some

repetitiveness in Blum's and Cooper's tracing of the development of Freud's changing theoretical position with regard to trauma and to the differences between the actual trauma and the intrapsychic response to it. Blum foreshadows the themes of trauma and reconstruction that are to be expanded upon by the other panelists. He offers a lengthy but clear definition of trauma in its various facets and dimensions. Both Furst and Cooper, with some success, try to differentiate trauma from "adverse experiences" and "upsetting events." They focus on the degree to which the trauma overwhelms the psychic apparatus, rendering it inoperative rather than merely compromising its functioning. Furst explores the meaning of traumata that are experienced in adult life. His emphasis is on "massive" trauma and the continuation of psychic development during adult life (with reference to Erikson's work). Cooper's focus is on elaborating a narrow definition of trauma.

The clinical papers comprising the second section describe the psychodynamics of specific traumata and their reconstruction in psychoanalytically oriented treatment or psychoanalysis. Brandt Steele presents the treatment of a woman multiply abused in childhood. Robert Gillman, in "Physical Trauma and Actual Seduction," details the treatment of a severely and multiply traumatized six-and-a-half-year-old boy. He focuses on the reconstruction of specific events. Sander Abend discusses sibling loss, illustrating his perspective with material from the analysis of a male patient. George Pollock, drawing on experience with patients and on personal vignettes, explores a spectrum of responses to abandonment. Eleanor Galenson describes the effects of divorce on children. Joyce McDougall presents the second analysis of a man whose father died when the patient was seven years old. The material demonstrates how the trauma served to consolidate earlier pathology. Milton Jucovy presents several vignettes describing Holocaust victims who manifested diverse responses to their massive traumata. Anna Ornstein demonstrates, in her description of three Holocaust victims, the importance of taking a "longitudinal view" and of recognizing post-traumatic adaptations. Generally, the authors state their theoretical orientation clearly and respond meaningfully to Rothstein's organizing questions.

The third section, "Discussion," summarizes, reviews, and at-

tempts to synthesize the preceding contributions. Its three chapters, by Charles Brenner, Scott Dowling, and Arnold Rothstein, are excellent. In addition to discussing and reviewing what has come before, the three discussants clearly present their own positions.

Brenner provides a clear, brief, precise discussion in which he states that trauma is defined by "the impingement on the traumatized individual's pre-existing psychic conflicts" (p. 197). He supports his position with a brief clinical example. Brenner is critical of the imprecise terminology of several of the contributors. He focuses his discussion largely on the papers of Abend, McDougall, Pollock, Ornstein, and Gillman. His position is very much in agreement with that presented by Abend. I would agree with Brenner about his reconstruction and his conceptualization of the patients he and Abend describe. Both are patients with well-defined psychic structure and clear oedipal conflicts. In generalizing from these clinical presentations, however, Brenner does not take into account that the process of reconstruction may be different with patients who do not have well-defined oedipal development and internalized psychic structure.

Dowling's discussion is both thoughtful and thought-provoking. He discusses the difficulty we have in referring to trauma as a single entity, and he is concerned lest this term, borrowed from physical medicine, be taken too literally, rather than being understood as only a metaphor. He suggests viewing psychic traumata "as environmental-individual interactions with particular meaning to each of us" (p. 216).

In the concluding chapter, Rothstein asks whether the fundamental questions he had raised about the reconstruction of trauma were answered. He states that the panelists have by "their distinct emphasis" offered three relatively different theoretical perspectives, which he refers to as the hermeneutic, the developmental, and the adaptational. He distinguishes among the panelists' views as follows:

A hermeneutic definition of trauma that stresses the mind's interpretation of the meaning of external event is presented by Abend, Brenner, and Dowling. Although all contributors to this book would affirm the profound importance of the subjective meaning of an event to an individual, some would stress other factors. Steele, from a developmental perspective, suggests that it is the absence

of the maternal protective shield that determines an event's traumatic importance. Cooper and Pollock, while also affirming the importance of the meaning of an event, stress overwhelming of the ego's adaptive capacity in response to the "massive" psychic trauma (p. 222).

With regard to the mode of therapeutic action of the reconstruction of trauma, he states that the various approaches conceive of the analyst as offering something different to the patient. From the hermeneutic perspective, what is provided is "a more rational understanding of experience" (p. 225). From the developmental perspective, "reconstruction facilitates a reconstitution of the maternal care-giving function" (p. 225). From the adaptational perspective, the therapist "facilitates the restoration of an adaptive organization" or reorganization (p. 225).

But are these three views mutually exclusive? The possibility of integrating them is addressed briefly in the appendix, but it is not explored in the body of the book. They can be coordinated as follows, for example. The traumatic effect of a powerful experience is shaped by multiple variables, such as the age of the victim, the surrounding life circumstances (physical and emotional), past life experiences, past traumata, and the intensity, duration, and destructiveness of the experience. A young child (up to approximately three years) has only the beginnings of a developing internal psychic structure. Very early childhood experiences can only be processed within the context of a high degree of dependence upon mainly parental, outside forces. Traumata during the earliest period of life are partly intrapsychic but largely interpersonal. With continuing development, into and beyond the oedipal period, the intrapsychic component increasingly predominates.

With consolidation of internal psychic structure, the processing and conceptualizing of trauma becomes primarily intrapsychic, in the sense referred to by Brenner and Abend (the hermeneutic view). For individuals with less complete intrapsychic development, e.g., very young children, a more relational model of reconstruction is appropriate, as illustrated in the presentations of Steele and Gillman (the developmental view). Regression can blur this distinction, of course.

The character of the trauma itself can override these considerations. Traumata of catastrophic magnitude are universally experienced as overwhelming. Coping with such massive trauma involves

relational and intrapsychic dimensions, but an additional consideration, as stressed by Cooper and Pollock, is the overwhelming of adaptational capacity (the adaptational view).

This volume on the concept of trauma and its reconstruction is extremely stimulating. Not since Furst's 1967 book have we been offered such a thorough and useful presentation on this important clinical and theoretical topic.

LESLEY K. BRAASCH (DURHAM, NC)

THE INTERPERSONAL WORLD OF THE INFANT. A VIEW FROM PSYCHO-ANALYSIS AND DEVELOPMENTAL PSYCHOLOGY. By Daniel N. Stern. New York: Basic Books, 1985. 304 pp.

Daniel Stern has performed a service for psychoanalysis: as a psychoanalyst and developmentalist, he has, turning to the infant, asked the important questions clinicians want answered about early development. To quote him, he wonders, "How do infants experience themselves and others? Is there a self to begin with, or an other, or some amalgam of both? How do they bring together separate sounds, movements, touches, sights, and feelings to form a whole person? Or is the whole person grasped immediately? How do infants experience the social events of 'being with' an other? How is 'being with' someone remembered, or forgotten, or represented mentally? What might the experience of relatedness be like as development proceeds? In sum what kind of interpersonal world or worlds does the infant create?" (p. 3). The book as a whole is an attempt to answer these questions, and it concludes with a section on the clinical implications to be drawn from viewing the developing infant in the manner described.

Stern has carried out his purpose in a careful yet creative and always closely reasoned fashion. The careful aspect is his precise and documented attention to extensive data derived from infant observation and experimentation; the creative aspect is his consistent view of the developing person from the perspective of the subjective vantage point of the self, alone and in interaction with others.

On the basis of research findings only, then, Stern invents a new taxonomy of self development, and it is a measure of the recogni-

tion his work has received by the professional world that the terms he uses are gradually being assimilated into the lexicon of those involved with psychoanalytic developmental theory. How extensively his views will replace the theory he challenges is a more open question, but the challenge he makes is an important, powerful, and provocative one.

Identifying the "observed infant" of developmental psychology, as contrasted with the reconstructed "clinical infant" derived from adult analysis, and attempting to utilize both approaches as he devises, through inference, his own developmental schema, Stern warns that in the current scientific atmosphere, where observational methods are favored, such respect for experimental findings is mandatory. "It will ultimately be a cause for uneasiness and questioning," he tells us, "if the psychoanalytic view of infancy becomes too divergent and contradictory relative to the observational approach. As related fields, presumably about the same subject matter even though from different perspectives, they will not tolerate too much dissonance, and it currently appears that it is psychoanalysis that will have to give way" (pp. 16-17).

Briefly, in his conception of development, organized as it is around subjective perspectives of the self which, once present, remain as higher organizing principles throughout life, Stern refutes the classical analytic model of development which he views as retrospective and pathomorphic. That is, Stern challenges the notion of normal development as being best understood through a layered, hierarchical sequence of developmental phases revolving around specific clinical issues to be seen in pathological form later in life, such as orality and anality or dependence and autonomy. While he accepts the importance of many of these concepts to psychoanalytic understanding, Stern views them, not as phase-linked descriptors of prospective normal development, but instead as clinical issues that occupy the individual throughout the life cycle.

Furthermore, Stern pointedly attempts to disprove the concepts of "autism" and "symbiosis" as normal phases of development; he denounces the utility of a drive-based motivational system; and he rejects the concept of the infant as a fantasy-ridden, pleasure-principle-driven disdainer of reality. Stern's infant, based on infant observation and experimentation, is reality oriented, connected to and actively seeking of people, and capable of forming separate

schemas of self and other virtually from the beginning of life. He uses the term "predesigned [that is, prewired] emergent structures" to account for these capacities beginning so early in the life of an infant.

It is obvious, then, that Stern challenges significant aspects of the developmental theory of psychoanalysis as conceptualized by Freud, Melanie Klein, and Margaret Mahler, to name an important few. It is clear, also, why Stern is obligated to present his readers with as complete and convincing an array of experimental evidence as he can amass to support his contentions. And, while he does not go to any great lengths to ally himself with alternative psychoanalytic views, he does address the areas of agreement (as well as points of disagreement) he shares with Harry Stack Sullivan, Fairbairn, Winnicott, Bowlby, and Kohut. In addition, he does imply a significant concurrence with the general body of mainstream psychoanalytic theory, with its focus on psychic conflict and pathogenic defense. He does not specifically address these formulations, however, for two reasons: first, Stern is concerned almost exclusively with normal developmental progression rather than pathomorphic reconstructions; and, second, Stern ends his close view of development before the full advent of capacities for wishful fantasy and symbolic thinking, without which capacities, according to Stern, reality can be neither transcended nor neurotically distorted, and thus psychoanalytic conflict and the usual repertoire of defenses are not germane.

What sets Stern apart from most other psychoanalytic developmentalists, past and present, is not only his attempt to consistently focus on the infant's subjective perspective, but also his placement of the self at the center of his inquiry without using the organizing perspective of id and ego. As he indicates, his entire enterprise requires leaps of inference. It also requires courage and imagination, and Stern is well equipped with both.

Stern postulates four sequentially developing senses of the self, which occur in four sequentially developing domains of social experience. Once the sense of self and related domain has been established, it remains as part of one's experience throughout life. Stern explains that what he means by "sense" is a non-reflexive awareness of one's own experience. "Self" involves a sense of agency, coherence, affectivity, and history, which capacities are a

part of what Stern calls the core self, forming between two and six months of life. Before the advent of the sense of the core self (and the domain of core relatedness), in the period from birth to two months of life, Stern somewhat tentatively establishes the first sense of the self, the sense of the emergent self, the essence of which is the process of coming into being, for forming islands of perceptual invariance of the self and the other. The third sense of self to emerge is the subjective self, between seven and fifteen months, and the fourth, the verbal self, from sixteen to thirty-two months.

Contrary to the older classical view of the infant driven to discharge tension and to reach a stimulus-free state, Stern presents the now more familiar, generally accepted view of the infant as stimulus seeking, novelty seeking, and object engaging. He contends, in fact, that the newborn is predesigned to form a sense of self distinct from other, neither experiencing an autistic isolation from the environment, nor, later, an undifferentiated merger with it. Therefore, there exists no developmental task for the individual to differentiate out of a symbiotic unity. Stern also emphasizes the capacity of the infant for cross-modal perception: for example, knowing immediately how something which is only felt will appear to the eye. That is, the infant becomes able during the first month of life to select visually the nubby nipple over the smooth one once the child has had the experience of mouthing it. This innate capacity for cross-modal perception is important because it facilitates a direct global grasp of the surround, with quantum leaps in learning about invariant features of the self and the other facilitated beyond what would be made possible through the slower process of associational, or constructionist, learning alone. The period of the emergent self, then, is a global subjective world of emerging organization, remaining active throughout life, and serving as the ultimate reservoir for all creative experience and learning.

It is during the emergence of the organizing perspective of the core self, from two to six months, that the invariant structures of the self encompass a sense of separate and distinct agency, coherence, affectivity, and continuity in time. The other during this period functions exclusively to regulate the self, forms a part of the self experience, and is yet perceived as distinct from the self. To repeat, this core sense of self operating in the domain of the core

other is conceptualized as continuing throughout life, just as does each succeeding sense of self in relation to its corresponding other. It is during the period of the core self, also, that the infant becomes capable of remembering the other in interaction with the self, even in the absence of the other. Such memories of the self in interaction with the other are the basis for the psychic representation of the primary caretaker, as well as of the self, the core of which, always subject to modification and change, lasts throughout life. It is this always available representation of self in interaction with other that leads Stern to speculate that the individual is always and forever a social being, whether alone or not.

It is during the period of emergence of the subjective sense of self, from seven to fifteen months, that the infant achieves the all-important capacity for shared intersubjective intimacy with another which sustains the individual throughout life. According to Stern, failure to achieve the ability for such intersubjectivity leads to psychic isolation, non-membership in the human community. At the other extreme lies the perceived danger of psychic transparency, where the individual feels incapable of psychic privacy from the intruding other. Stern identifies three types of sharing with the other—sharing attention, sharing intention, and, most crucial to his view, sharing affect. It is through such affect attunement that the parent can shape the infant's affectivity and authenticity. Stern provides fascinating experimental data detailing ways in which all caretakers, intentionally or out of awareness, inevitably shape, probably for life, the child's experience of himself or herself.

Once reaching the origin of the verbal self, from seventeen to thirty-two months, we are on ground made familiar to us by other psychoanalytic observers, but Stern nevertheless continues to be original and inventive, almost poetic, in his understanding of what language does to the preverbal experiences of the self. This new domain of relatedness of the verbal self in interaction with what he terms the self-affirming verbal other has the capacity to recast and transform some experiences in the core and intersubjective senses of the self, leading to both an enormous expansion of symbolic capacity, and wider cultural membership. At the same time, there is an unavoidable risk of loss of certain ineffable and powerful preverbal experiences when such experiences cannot be captured by verbal expression and thus remain buried in the self. Such alien-

ation of self experience may be recaptured in later artistic appreciation or production, or may remain lost forever.

The last section of Stern's book is an ambitious and often successful and satisfying attempt to integrate the observed infant as described in earlier chapters with the clinical infant familiar to psychoanalysts. It builds to a final chapter in which theory is applied to clinical work with adults. We are led inevitably to expect much from the last chapter, but perhaps because the bulk of the book is so elegant and so authoritative, his application to adult therapy falls short of one's high expectations. The difficulty may be in his pointed attempt to show the relevance of his formulations without embedding them in the full complexity of the psychoanalytic situation as we know it. In his highlighting his own ideas, the clinical situation he presents becomes somewhat artificial, and appears thin and forced. We would hate to end the review of this outstanding contribution with carping criticism regarding a single chapter. We are confident that, given time, the clinical usefulness of Stern's discoveries and formulations will prove themselves, and, in any case, it should not be left to Stern to do all of the work himself. Others, no doubt, will apply his ideas clinically and expand them theoretically. In the meantime Stern has given us a new, enlightened view of the observed infant that should from now on significantly influence the reconstructions of his colleagues.

MORTON SHANE

ESTELLE SHANE (LOS ANGELES)

THE THERAPIST'S PREGNANCY. INTRUSION IN THE ANALYTIC SPACE.

By Sheri Fenster, Suzanne B. Phillips, and Estelle R. G. Rapoport. Hillsdale, NJ: The Analytic Press, 1986. 142 pp.

This is the first book written by women therapists concerning the impact of pregnancy on themselves, their patients, their supervisors, and their colleagues. It is a most welcome addition to psychoanalytic literature and will be read and used by many clinicians. The authors, who themselves have experienced the manifold dilemmas of therapist mothers, have extended their research by adding the experience of twenty-two other psychotherapist mothers. This contribution extends the scope of the pioneer papers written by women therapists, such as Van Leeuwen in

1966¹ and Lax in 1969,² describing some of their personal experiences as pregnant analysts, which have been so helpful to other psychotherapists faced with this situation in themselves or in their colleagues.

Great medical strides in the treatment of infertility and the prolongation of women's child-bearing years have enabled women to become mothers after their professional lives have been well established. Many of the previous generation of analysts waited to embark on their professional training until their children were emotionally able to separate from them and go to school. Today the number of women applying for training is increasing, and, although they are not necessarily younger than their predecessors, many women candidates can now hope to become mothers during their training. It seems that a new type of woman psychoanalyst is emerging, one who wishes to combine active motherhood and professional life. Institutions, training analysts, supervisors, and candidates face these new issues, as do their patients.

The authors begin by defining their view of contemporary psychoanalytic technique. They define psychoanalytic treatment as "the thorough analysis of transference and resistance independent of a strict adherence to external criteria and the totally neutral and anonymous stance of the therapist" (p. xi). They go on to say that external deviations can be absorbed in the analytic process if the internal integrity of the analysis is maintained. These statements immediately highlight the special difficulties of pregnant therapists and their patients, since, unavoidably, countertransference and transference feelings will be affected, altering with each trimester of the therapist's pregnancy. We may question their views of the differences between psychoanalysis and psychotherapy, but their observations about the impact of the analyst's or therapist's pregnancy are nonetheless cogent.

We select candidates whom we consider to be sensitive to the emotional needs of the child in their patients as well as to the emo-

¹ Van Leeuwen, K. (1966): Pregnancy envy in the male. *Int. J. Psychoanal.*, 47:319-324.

² Lax, R. F. (1969): Some considerations about transference and countertransference manifestations evoked by the analyst's pregnancy. *Int. J. Psychoanal.*, 50:363-372.

tional needs of the child within themselves. This definition corresponds to Winnicott's description of the "ordinary devoted mother who devotes herself elegantly and sensitively to the needs of her baby."³ How, then, can a young woman imbued with the traditional stance of analytic self-concealment in order to facilitate the emergence of the patient's internal world into the analytic space find a compromise between her needs and those of her patient. How will she be able to reconcile the two roles of the ordinary devoted mother and the ordinary devoted therapist?

First, pregnancy, a normal developmental phase of the life cycle, is a crisis point in the search for a feminine identity; and it is a point of no return. It is a normal, critical, transitional phase that necessitates a move from being a single woman to the self-object stage of pregnancy, ending in the irrevocable mother-child relationship. The young woman must also accept the internal representation of her sexual partner, both physically and mentally. This entails a fusion of new libidinal and aggressive feelings with those already established by her childhood experiences and in particular by her relationship to her parents, her siblings, and her own body.

It is an important developmental phase in a woman's life-long task of separation and individuation from her own mother, and, as at every crisis point in human life, uneasy conflicts belonging to past developmental stages are revived. The young mother has to achieve a new adaptive position within both her inner world and the outer object world, which now includes her patients. For many young women the achievement of a successful first pregnancy is a matter of pride, a move toward greater maturity and an increase of self-esteem. For the primigravida, pregnancy offers proof of her sexual identity and of her having a sexually mature body capable of reproduction. For the young pregnant woman who is also a therapist, conflict and anxiety arise immediately, since her own natural wish to proudly exhibit her achievement conflicts with the interests of her patients, especially until the pregnancy becomes obvious and visible.

Sensitive patients may pick it up long before the pregnancy shows. The analytic work is immediately disturbed, since the thera-

³ Winnicott, D. W. (1956): Primary maternal preoccupation. In *Collected Papers: Through Paediatrics to Psycho-Analysis*. New York: Basic Books, 1958, pp. 300-305.

pist who feels embarrassed about her sexuality or feels guilty about the consequences for her patient may deny the clues that the patient is offering in the material. In my experience, the effects of a therapist's personal analysis, at this crucial time and subsequently throughout her pregnancy, may be extremely helpful. The conflict between her personal needs, those of her child, and those of her patient may lead to feelings of guilt that compound the turmoil of pregnancy. The state of normal maternal preoccupation that arises as pregnancy progresses, and that is so essential for the welfare of her child, will be in conflict with her preoccupation with the needs of her patient.

In applying themselves to this dilemma, the authors have divided their subject matter into eleven chapters. In each one, the clinical material is set within a framework of relevant psychoanalytic literature. The first chapter contains an overview of the psychoanalytic literature on pregnancy, in particular the alteration in the pregnant therapist's view of herself. Other chapters discuss the longitudinal findings of the authors' research inquiries, transference themes and patterns of response, countertransference reactions during the therapist's pregnancy, alterations in the treatment process, management of practical issues, treatment of adolescent girls, the pregnant therapist as group leader, supervision, homosexual patients in treatment with a pregnant analyst, and, finally, the impact of motherhood on the therapist. Some of the chapters end with a useful summary of the material that has been described. It will be seen, therefore, that this book may be consulted to help with all the dilemmas that face the patients as well as the busy analyst in this normal developmental stage in a woman's life. Each chapter may, of course, be read individually.

Important questions are asked and answered, such as: When should a patient be informed of the therapist's pregnancy? How does the patient's sex affect recognition of and response to the therapist's pregnancy? How are transference and countertransference reactions affected? Can the patient's denial of the therapist's pregnancy reflect the therapist's own conflictual feelings and unconscious guilt about the forthcoming inevitable interruption of treatment?

It seems to me, however, that there is an important stage that has not been addressed in the book, i.e., the conflict that is the first

intrusion into the therapist's mind when she is planning her pregnancy. Sensitive patients may be consciously or unconsciously aware of the change in the therapist's state of mind long before conception occurs. Is it because this conflict is too intimate to discuss with anyone other than with her sexual partner or her analyst that it is not addressed in the book or included in Fenster's study? Yet, to my mind, this is the first important intrusion into the analytic space.

However pleasurable it may be to the therapist, the patient's real reactions to a real event, which may be generous and helpful, are a further complication. There may be a danger to the analytic process if, as pregnancy progresses, the therapist's own unconscious needs for mothering and encouragement in her feminine role pull too much on the patient's willingness to respond and please her. If her women patients, who have themselves enjoyed motherhood, show pleasure and excitement at the therapist's "joining the club," however helpful it may be to the therapist, the interaction should be carefully monitored. For other patients, the analyst's pregnancy and her obvious bodily changes mark the passage of time. This seems to bring a sense of urgency to the analytic process and an intensification of the transference which facilitates further working through. In particular, the patient's intense envy of the life-giving mother appears to be mobilized, with regard both to the present reality of the therapist's life, her sexuality, and her pregnancy, and to past feelings and experiences from childhood.

The book contains a chapter on the management of practical issues, and it is surprising to read that pregnant therapists may feel able to take on new referrals at such a time. A new patient may be a heavy burden to a pregnant therapist, who will face the inevitable regression of pregnancy, the identification with the fetus, as if it were herself, and the preoccupation with the coming birth. For the patient, the therapist's pregnancy is equally a burden, and it may lead to conflict and acting out. The guidelines offered by the authors are wide-ranging and helpful, but there is no reference to any pregnancies beyond the first one. In my experience, older women who are therapists and become pregnant late in their child-bearing years are faced with a great dilemma. Would it be ethical for them to resume practice, to take on new patients, if they know that they want more children? A successful pregnancy may

be doubtful in these later years.

Nevertheless, the book contains a sensitive, wide-ranging discussion of the effects of the analyst's pregnancy on the course of analysis. The authors state that external deviations can be absorbed in the analytic process if the internal integrity of the analysis is maintained. They pursue this argument forcefully and persuasively. Yet something irreversible has happened and has been brought into the analytic space. Some patients may be willing to resume, but for those who are more disturbed, it may be an impossible task. It is for the many readers who will find this book useful to decide whether they have proved this final point.

DINORA PINES (LONDON)

SCHIZOPHRENIA AND THE FAMILY. By Theodore Lidz, M.D., Stephen Fleck, M.D., et al. Second Edition. New York: International Universities Press, 1985. 494 pp.

This volume is a collection of papers, originally published twenty years ago and now revised, with the deletion of some chapters and the addition of some new ones. I will confine my remarks to this revised edition.

The work began in 1950 at the Yale Psychiatric Institute as a study of the families of seventeen hospitalized schizophrenics. The applied research model included only families that could remain in the study for a sufficient length of time for them to be studied in a thorough, multifaceted manner. It required at least the mother and one sibling to be available. The research instruments included independent psychological testing of the patients and of their family members where possible, independent interviewing by researchers from the disciplines of social work and psychiatry, and observations made in the course of their ongoing therapy. The results led to a series of papers that form the body of the work being reviewed.

The chapters cover such subjects as the role of the family in schizophrenic disorders, characteristics of the mothers and fathers of schizophrenic patients, the effects of marital difficulties, the transmission of thinking disorders, incestuous and homosexual problems, observations on identical and fraternal twins, psychotherapy with schizophrenic patients, and a theory of the origin of

schizophrenic disorders. In the introduction, the authors also note the disappointment that has been felt about biological treatments, including the use of neuroleptics, which may ameliorate symptoms but have not led to a cure.

On the whole, this is a scholarly work which carefully documents, on a statistical basis, the relevance of its conclusions while it retains the richness of narrative reports, in the observer's (and sometimes the patient's) own words. There is an honest effort to limit conclusions to the extent to which they can be substantiated by the research findings, and yet there is a boldness in making declarative statements about etiology and treatment.

The book makes the point that schizophrenic families are consistently dysfunctional. In a sense, this is the main theme of the work. In the authors' words, "We believe that the only consistent finding, and a finding that has been apparent to everyone who has studied the family of schizophrenic patients carefully, is that schizophrenic patients always emerge from severely disturbed and distorted families" (p. 26). The authors recognize that the study has shortcomings, but they also expect the reader to appreciate that this work, which has its roots as early as 1940, had to find its way in virgin territory. The work of mainstream psychiatry had always been geared toward seeking understanding of the individual's psyche either from a biologically genetic or from a psychoanalytic perspective. To put the individual and his development into the context of a family system, with the perspective of adaptational tasks, was a novel approach requiring years of examination and rethinking of data.

In the introduction, the authors discuss the prevailing ideas about the causes of schizophrenia. They point out that early investigators had assumed that there must be a particular physical cause of schizophrenia, just as the cause of general paresis could be attributed to a specific biological factor. The authors do not disagree that there may be genetically transmittable factors. In addition, however, they postulate that there are familial factors that influence the development of schizophrenia in the offspring. They note the high proportion of relatives who are schizophrenic, paranoid, or borderline, although none of the parents of the patients studied had been hospitalized. Their speculation is that the highly disturbed family environment disrupts normal development and

leads to the communication of disturbed ways of perceiving reality and to thinking patterns that influence schizophrenic development.

The authors review the data from twin studies and describe the questions that have arisen, particularly about the Kallmann studies. The hospital records, for example, did not report on a twin who was schizophrenic unless the co-twin was also schizophrenic. This and other skewings of data, as well as inconsistencies in studies attempting to replicate Kallmann's studies, have led to serious doubts. In the chapter on twins and identical twins, in fact, they adduce data that suggest a greater influence of familial than of genetic factors.

The authors describe the role of the family in the development of the individual. They look in particular at the way in which logic, rationality, values, and the culture are transmitted from parent to child. These ingredients, which help to shape the child's developing ego, are important factors for meeting the adaptational tasks of development. To the extent that a distorted view of reality and disturbed ways of thinking are communicated by the parents, the child is at risk for developing distorted, unrealistic thinking. In the clinical reports that are provided, connections are made between specific disturbances in thinking processes in the family and how they influence the development of schizophrenic processes in the offspring.

In a most interesting part of the book, comparisons are made between the family constellations of male and female patients. The authors note that in the past, observers have pointed to maternal deficits that lead to frustration with regard to oral emotional supplies, and thus contribute to fixation to pathology at a primitive stage of development. Although the authors do not disagree with this, they have also been able to present findings that implicate the role of particular abnormalities in the fathers that contribute to the development of serious pathology. And they describe patterns of "marital schism and skew" that they perceive as relevant etiologic factors. In examining the particular parents involved, they observed a wide range of pathology and of personality problems. The mothers of schizophrenic sons tended to range from nearly psychotic, so-called "schizophrenogenic" women, to women who were dissatisfied with life and with the burdens of being a woman. They

considered men to be weak and unsatisfying, and their unconscious wishes were to marry men and to have a son. The son was fantasized as fulfilling their narcissistic needs. The restrictiveness of their object relations allowed them, in conjunction with their inadequate husbands, to shape reality for the family.

In contrast, the mothers of schizophrenic girls seemed more inadequate, more aloof, and tended to provide a poor model for identification. The fathers of schizophrenic girls appeared as more ruthless, paranoid, and nearly tyrannical. The authors describe in detail the variations in these themes, noting that there was no consistent picture in the patterns described. In a similar manner, the role of parental schisms, homosexual tendencies in the parents, and the presence of overt or latent incest were variably implicated as factors in schizophrenic development.

This collection is highly informative, carefully thought through, and very readable. It is a must for anyone working in an intensive way with schizophrenic patients.

RONALD FLEISCHMAN (DALLAS)

PSYCHOTHERAPY AND THE PARANOID PROCESS. By W. W. Meissner, S. J., M.D. Northvale, NJ: Jason Aronson, Inc., 1986. 433 pp.

Meissner wrote this four-part sequel to *The Paranoid Process*¹ to show how his theoretical formulations could be applied in clinical work. The first section summarizes "The Paranoid Process as a Theory of Therapy" and sets forth a "Psychotherapeutic Schema." The second, "Psychopathology of the Paranoid Process and Its Treatment," includes chapters on schizophrenia, borderline pathology, and narcissism. The third discusses "Psychotherapy of the Paranoid Patient." The fourth, called "The Paranoid Process in Clinical Contexts," includes chapters on adolescence, suicide, addiction, and aging.

Meissner considers paranoid illness an *experimentum naturae* illuminating processes involved in the formation and consolidation of personality structure—both healthy and pathological. The term "paranoid process" refers to a "universal" set of mechanisms: *introjection*, *projection*, and *paranoid construction*. Introjection is the pro-

¹ Reviewed in this *Quarterly*, 1982, 51:447-454.

cess of internalization by which aspects of objects or object relationships are taken in to form part of the subject's inner world. The mechanism of projection "draws its content" from the introjective organization. The interplay of introjective and projective mechanisms weaves a pattern of relatedness to the world of objects out of which we form our own self structures. Paranoid construction operates to "sustain and reinforce the projective elements" by fashioning a cognitive organization of reality within which the self achieves a sense of participation, sharing, meaningful involvement, and relevance. The entire apparatus serves the overriding purpose of maintaining a coherent and integrated sense of self.

The intimate involvement of introjection with issues of narcissism and defense gives a "characteristic stamp" to the introjective organization, with introjects polarized along two dimensions: aggression versus victimization and superiority versus inferiority. Meissner sees a direct relation between these introjective configurations and patterns of family interaction in which the parents act out the aggressor versus victim and superior versus inferior patterns.

In his therapeutic schema, Meissner stresses the importance of an alliance that protects the fragile autonomy of the patient. At first, the primary objective is simply to learn as much as one can about the patient's projective system. Gradually the patient is enlisted in the task of shifting the focus of inquiry to his own inner world of introjects. As the introjective organization is slowly clarified, pathogenic introjects can be traced back to the relationships from which they were originally derived. The difficult work of surrendering the pathogenic, yet self-sustaining introjects leads to the "mourning of infantile attachments" and "the emergence of transference dependence." The next step involves working through and resolving the patient's infantile dependence on the therapist, setting the stage for the last phase of the process, termination.

The other chapters include extensive reviews of the literature, recapitulations of formulations published in earlier works by Meissner, and distillations of his experience in conducting treatment, but they contain very little "living" case material. Let me summarize some of his ideas. He suggests that those schizophrenic patients who become paranoid have preserved a capacity for mobilizing the resources of the paranoid process to counter the ravages

of the schizophrenic process. Using Freud's Wolf Man as an example of borderline pathology, he documents his victim and aggressor introjective organizations, the frankly paranoid distortions of his later illness, and the narcissistic aspects of his symptoms, therapeutic alliances, and transferences. He speaks of the importance of the transformation, through therapeutic work, of the "narcissistic alliance" (a misalliance) into a therapeutic alliance, a theme he develops further in his chapter on narcissistic disorders. In his chapter on adolescence, he suggests that "adolescent paranoia" plays an essential role in the developmental achievements of that phase.

For me, the clinical utility of Meissner's formulations grew more elusive as he tried to apply his ideas. Sometimes "the paranoid process" stood for development or for therapeutic process in general. At other times, Meissner would seek out the specifically paranoid features of the disorder he was examining. He often focused on narcissistic features as though they were the earmarks of the paranoid process. Tying all of this and more to the dynamics of paranoia produced no new and useful integration in my mind. I was left with a constant feeling of mental double exposure.

First of all, we need not look to paranoia to find terms to describe how, in normal development, psychic structures are modified through experience in object relationships. It is well understood that we all—from infancy onward—use cognitive schemas we have constructed to organize our perceptions, to give experience meaning, to guide us in new directions. But we also constantly use experience for the purposes of self-correction and growth. Meissner's formulation does not clarify this process, but contaminates it with connotations drawn from an illness characterized by severe impairments in reality testing, empathy, and adaptation. The normal infant shows remarkable capacities for empathy, social fittedness, and "self-righting," even in difficult circumstances.²

Mechanisms of paranoid illness may indeed call our attention to the importance of cognitive processes in development, by showing how they may be subverted by stress. It would have been much

² Emde, R. N. (1983): The prerepresentational self and its affective core. *Psychoanal. Study Child*, 38:165-192.

Stern, D. N. (1985): *The Interpersonal World of the Infant*. New York: Basic Books.

more clinically and theoretically useful to distinguish between two courses of development, normal and paranoid. How the child's ego capacities become subverted could then have been described, and a therapeutic schema could have been designed to address specific ego deficits. Meissner must be weary of this objection to his theory, for he rejects it early in the book (pp. 16-17). He prefers to postulate two "paranoid" processes, one normal and one pathological. I cannot agree with him on this fundamental thesis of his book.

Meissner's effort to clarify how his ideas can be applied in actual clinical work is hampered by the paucity of original case material. The material provided fails to demonstrate the "therapeutic schema" he takes such pains to formulate. The only case Meissner presents in depth (pp. 277-300), his treatment of Jerry, a paranoid college student activist, illustrates well the earlier phases of the schema, in which the connection between Jerry's radical views and his rage toward his parents was made clear to him, but then the treatment broke off disastrously when Meissner made an intervention with which I believe many analysts would disagree on basic technical grounds. After two and a half years of therapy, Jerry became sexually involved with a young woman who was also one of Meissner's patients. Meissner felt "forced" because of his own "therapeutic value system" to stop them. When interpretation proved to be of no avail, he told each of them to choose between the love affair and treatment. The young woman chose to remain with Meissner. Betrayed and humiliated, Jerry fled town, decompensated, and had to be hospitalized in another city. Meissner's intervention amounted to a re-enactment of the traumatic rejection Jerry suffered at the hands of his father, who banished him to prep school in order to break up his unhealthy relationship with his mother. Under the circumstances, Meissner's explanation that the treatment foundered because Jerry was unable to confront "the inner forces of narcissistic entitlement and infantile gratification" is not at all convincing. Here Meissner's paradigm may have led him astray.

Only two other treatments are reported: the successful eight-session psychotherapy of an elderly woman suffering from an acute neurotic depression, the dynamics of which proved to be essentially hysterical (pp. 382-385); and the long-term treatment of a masochistic, suicidal woman, who "had integrated a false self

system around a victim introject." Here Meissner's tactic was to constantly focus on the clinging to victimhood and to "[insist] on the need for her to take hold, accept responsibility for her life and her behavior, and resist the regressive pulls that tempted her to give in to her suicidal impulses" (p. 332). These cases do not demonstrate the kind of transference neurosis Meissner describes in the later phases of his paradigm, leaving its problematic aspects unclarified: for example, whether "mourning of the infantile attachments"—a considerable achievement—*precedes* the emergence, very late in the therapeutic process, of "transference dependence," what that would be like, and how the patient would work it through to achieve insight and structural change.

Meissner means to build clinically useful bridges between ideas drawn from structural theory, object relations theory, and self psychology. He achieves this best through reviewing a broad literature bearing upon narcissism in all its manifestations. Meissner provides us with many perspectives from which to listen for ways in which narcissistic vulnerabilities operate as motives for defense at different levels of ego development. He sensitizes us to narcissistic fantasy, whether or not we agree with his handling of it. As a frame for clinical work, though, the "theory of the paranoid process" adds little new to our understanding. The general premise that in neuroses, psychoses, creative work, and much of everyday life, we vividly recreate ("project") the dramas of our inner world is already basic to psychoanalytic thinking. Meissner's use of overarching terminology tends to obscure distinctions that are the real work of analysis.

PAULA P. BERNSTEIN (DENVER)

SEXUALITY AND MIND. THE ROLE OF THE FATHER AND THE MOTHER IN THE PSYCHE. By Janine Chasseguet-Smirgel. New York/London: New York University Press, 1986. 167 pp.

This short but closely reasoned book consists of a series of lectures on topics ranging from Freud to female sexuality and even to the Green movement in Germany. But it has a unifying concept, delineated in Chapter 5, "The Archaic Matrix of the Oedipus Complex." Here one finds the distilled essence of Chasseguet-Smirgel's thought, as it appears in this book and in her other works.

She relies heavily on Melanie Klein: "It is a question of genetic theory with a precise date: oedipal tendencies occur in the second half of the first year of life, and it is the interior of the mother's body which becomes the stage for the expression of these instincts . . ." (p. 75). She goes on to explain the central position Klein gives to the fantasy of destroying or taking over the contents of the mother's abdomen, appropriating the father's penis, the children, and the feces inside the mother's body. This impulse, according to Chasseguet-Smirgel, is connected to the positive and negative oedipus complex; but there is an even more archaic fantasy. It is the wish to return to the mother's abdomen *entirely smooth and stripped of its contents*. This becomes translated at the level of thought into a desire to discover a universe without obstacles—a mind functioning without hindrances, with psychic energy flowing freely. The father, his penis, and the children represent reality and have to be destroyed, so that the mode of mental functioning proper to the pleasure principle may be recovered. The fantasy of emptying the mother's abdomen is the fantasy of destroying reality. Chasseguet-Smirgel and Klein disagree only in that the latter considered the mother's *body* equivalent to reality, whereas the former considers the contents of the abdomen, not the container (i.e., the mother's body) as equivalent to reality.

The author describes Freud's view of the oedipus complex as more structural and less genetic than is that of Melanie Klein. Chasseguet-Smirgel finds Freud's approach best expressed in *Symptoms, Inhibitions and Anxiety*. There he adopted Ferenczi's central thesis that linked castration anxiety with the anxiety of not being able to return to the mother's body. She paraphrases Freud, stating that obstacles that evoke anxiety and the barriers against incest, which oppose the fantasy wish to return to the womb, are represented by the father as the authority in reality that does not permit incest.

In Chasseguet-Smirgel's view, the infant's struggle with the conflicting dictates of the pleasure principle and of the reality principle takes concrete form in the fantasy of emptying its mother's abdomen of its contents, thus making it smooth. From this is derived her central thesis: reality is made up of the differences between the sexes, between the generations, and between space and time. But the reader notes a puzzling omission of the oedipus com-

plex in these ideas. There is no mention of competition and its role in generating castration anxiety and father-son tensions. Also, no distinction is made between dyadic and triadic relationships. Finally, the oedipus complex is seen as an entity existing from the beginning, rather than the result of a maturational step emanating from a confluence of diverse, preoedipal trends.

Nevertheless, from her basic premises, Chasseguet-Smirgel has constructed a psychoanalytic *Weltanschauung* in which there is a dialectic between the wish to merge with Mother Nature, to return to the mother's womb, and the paternal dimension of the universe, which thwarts that wish and therefore impels human beings to choose another course and to formulate other wishes. This is the recurring theme throughout the book.

All of the chapters contain novel and fascinating insights approached from a startlingly different vantage point. To mention but a few, in the chapter, "Freud and Female Sexuality: The Consideration of Some Blind Spots in the Exploration of the Dark Continent," Chasseguet-Smirgel makes the point that if, after almost eighty years, a subject as fundamental as female sexuality causes such disagreement, there must be internal factors which interfere with knowledge. She stresses the fascination the primitive mother exerts on the human being, which can be detected behind the fear of the archaic mother. The wish to merge with Mother Nature, to grasp cosmic maternal powers, leads men and women to exert control over female powers, to denigrate them, and to try to deprive women of them.

The theory of sexual phallic monism described by Freud defends against these fears and tries to erase the narcissistic hurt caused by the necessity of the child's trying to take in the differences between the sexes and between the generations. The author notes that if, as Freud stated, the oedipal child were devoid of fantasies of penetrating his mother or devoid of knowledge of her vagina, he would have no reason to envy his father. In addition, the Freudian theory of sexual phallic monism has other explanatory advantages. If the mother has no vagina, then the boy can satisfy the father just as well as his mother can, since the anus and vagina are equivalent. This fantasy is the basis of some perversions.

Besides its several clinical chapters, the final part of the book is devoted to a study of German culture. Germany in the nineteenth

century was heavily imbued with romantic ideals. The themes which came to the fore were the aspiration to attain a state of nothingness, to merge with nature, to annihilate time and space, to attain mystical ecstasy, and to return to pantheism. In this order of things, the father, in his role as a third person who separates the mother from the child, has disappeared. God and Nature were seen as one, and the fusion with mother was achieved. In German romanticism there was a strong interest in dreams, mental pathology, and the unconscious. The author proposes that there was a "repressed" part in Freud composed of all his ties to the romantic dimension of German culture. Freud's genius was in his ability to achieve a balance between these subterranean Mother-Earth forces and the paternal universe represented by the voice of reason. He was able to achieve this because of his Jewish heritage: "The paternal dimension is intrinsic to Judaism," she states (p. 136). In the Jewish religion, the idea of entering into a "communion" with God is unthinkable. Mystical fusion and ecstasy are contrary to the spirit of Jewish religion because they imply a union with God. A God with whom one merges loses his paternal character. Freud was able to study dreams and explore the unconscious without succumbing to the temptation to immerse himself in it. Jung, on the other hand, used the exploration of the unconscious as a basis for a new mysticism.

American readers may have some difficulties with this book. First, there are the problems inherent in any translation. For instance, the French word "*ventre*" has no satisfactory equivalent in English. In the book, the British word "belly" is used, but that does not convey the exact French meaning. In this review, the word "abdomen" is used throughout. Another difficulty is one of terminology. Terms familiar to Americans as applying to certain contexts have different contexts in Europe. For instance, Chasseguet-Smirgel states (p. 70) that the dissolution of the oedipus complex is brought about by the introjection of the genital penis of the father. It is not clear what she means by that. Does the penis, *pars pro toto*, stand for the father? Does she mean the penis is a symbolic representation of the father and of the establishment of triadic relationships? There is a blend between a Kleinian usage of concepts and the more familiar ones of these shores. The result is that one is not

always sure what the author means. A glossary containing definitions would be most helpful.

French psychoanalysts bring a different and stimulating perspective to our field. This book offers the reader a personalized view of psychoanalysis and of various contemporary social issues.

H. GUNTHER PERDIGÃO (NEW ORLEANS)

VOM HANDWERK DES PSYCHOANALYTIKERS: DAS WERKZEUG DER PSYCHOANALYTISCHEN TECHNIK, BAND 1, 2. (ON THE PSYCHOANALYST'S CRAFT: THE TOOLS OF PSYCHOANALYTIC TECHNIQUE, VOLS. 1, 2). By Johannes Cremerius. Stuttgart-Bad Cannstatt: Frommann Holzboog, 1984. 448 pp.

Johannes Cremerius is professor emeritus of psychosomatic medicine and psychotherapy at the University of Freiburg. He belongs to a small group of German analysts who were trained shortly after World War II. He has written about one hundred fifty papers, mostly in German and a few in Italian, as well as several books. The two volumes I have the pleasure of reviewing contain fourteen papers, thirteen of which were published between 1975 and 1983. While his scholarly productivity has continued, his interest also has turned to the institutional problems of psychoanalysis, offering criticism along the lines of Kernberg and others.

Cremerius delves into the daily work of the psychoanalyst, and is deeply concerned with a variety of technical problems of interest to all analysts. He advocates a flexible approach to the everyday conduct of analysis. He deals with some difficult problems of technique, including working through, the relationship between fantasy and defense, and the very current controversy over whether psychoanalysis is a hermeneutic or a scientific/empirical enterprise.

He is one of a growing number of people who want to find out how Freud really worked. His chapter, "Looking over Freud's Shoulder While He Is Working," deals with the inevitable tensions created by the discrepancies between Freud's technical instructions and his personal technique. Cremerius rejects the notion of a formalized standard technique in favor of a system of rules flexibly applied and empirically tested.

Although the growing number of publications dealing with Freud's practice may facilitate a reappraisal of the history of psychoanalytic technique, the solutions to our current problems cannot be found in a naïve identification with Freud. The extension of the theory of transference has led analysts to pay particular attention to the various aspects of the analytic relationship and its interpretation. Cremerius emphasizes the two-person psychology of Balint as an object relations theory, stressing the importance of intersubjectivity in practice and research. The revolutionary significance of the introduction of the subject as an important dimension in observation and therapy remained hidden in Freud's view of natural science. In recent years it has become possible to bring new insight to this area. Cremerius's contribution in this regard is truly important, although it has been neglected.

Cremerius's work on the repetition compulsion and working through has led to a new focus on Freud's neglected mastery theory of trauma. His arguments are reminiscent of those offered recently by Weiss and Sampson in *The Psychoanalytic Process*.¹

Many analysts are concerned these days about the effects of "Third-Party Payments" (Chapter II). Cremerius strongly believes that psychoanalysis can be successful for those who require financial help to pay for it. American psychoanalysts need to know that in Germany almost 95% of the population has compulsory medical insurance that provides complete coverage for up to three hundred sessions, and even more when it can be justified. Readers interested in a more thorough discussion of this can find it in a recent volume by Thomä and Kächele.² Cremerius claims that third-party payments make the working through of oral and anal themes more complicated but not impossible. He has systematically investigated many aspects of the influence that health insurance payments can exert on the development and configuration of the transference neurosis.

In "Are There Two Psychoanalytic Techniques?" Cremerius thoroughly discusses the relative roles of insight and emotional ex-

¹ Weiss, J. & Sampson, H. (1986): *The Psychoanalytic Process. Theory, Clinical Observation and Empirical Research*. New York/London: Guilford Press.

² Thomä, H. & Kächele, H. (1987): *Psychoanalytic Practice. Vol. 1: Principles*. Berlin/Heidelberg/New York: Springer Verlag.

perience in the therapeutic effect of analysis. The polarization of psychoanalysis that began a half century ago between Ferenczi and Freud can still be felt today. Cremerius states forcefully that it is high time to stop taking an either/or position on this matter, and to systematically evaluate, technically and with empirical research, the relative contributions of both approaches.

A reviewer is obligated not only to extoll the merits of a book but also to reveal its shortcomings. I regret that the scope of these two volumes does not allow inclusion of certain other publications by Cremerius that would be of interest to the psychoanalytic world. I refer, for example, to his criticism of the French school of psychosomatic medicine and to his critical examination of Kohut's two analyses of Mr. Z. As the Hungarian school has been neglected within the mainstream of psychoanalysis, I am also sorry that his re-evaluation of Ferenczi's work has not been included.

HELMUT THOMÄ (ULM, WEST GERMANY)

LOUIS XIII: THE MAKING OF A KING. By Elizabeth Wirth Marvick.
New Haven/London: Yale University Press, 1986. 278 pp.

Elizabeth Wirth Marvick's *Louis XIII: The Making of a King* is a thoughtful and profound psychohistorical work. It is an important contribution on many counts. It is well researched and well written, breaks new ground, and is compelling to read. Marvick sensitively describes the upbringing of Louis XIII, at first the dauphin and then the king of France, and relates his childhood development to his adult behavior. It is the story of a poor little rich boy.

What is most notable in *Louis XIII* is that Marvick is alert to the nuances of personality development and to the different phases of childhood. She demonstrates an excellent grasp of psychoanalytic theory and practice, from Sigmund Freud to Margaret Mahler. This results in her presenting a textured portrait of Louis, illuminated from a psychodynamic point of view.

Indeed, Marvick comes well prepared for this work; she is a leading scholar on seventeenth century France and an eminent psychohistorian. Marvick is also the author of another major book, *The Young Richelieu: A Psychoanalytic Approach to Leadership* (University of Chicago Press, 1983). These books, *Young Richelieu* and *Louis*

XIII, complement each other well; Cardinal Richelieu became Louis XIII's chief minister and the preeminent statesman of his time. Furthermore, Marvick has published many articles, including a pioneering essay on childhood, "Nature versus Nurture: Trends and Patterns in Seventeenth Century French Childrearing," in *The History of Childhood*, edited by Lloyd de Mause (Harper, 1976). Clearly, Marvick's forte is the study of childhood.

Marvick is a superb researcher. Her major source is a unique and voluminous diary that Louis' physician, Jean Héroard, kept from the day of Louis' birth, on September 27, 1601, through his twenty-sixth year. Such a source is the envy of every historian. Whereas the dynamic meaning of this diary has been largely neglected by historians, Marvick uses it critically to explain Louis' socialization; another historian, not untypically, dismissed the detailed diary because it consisted of volumes "in which you will find nothing except that at what time he [Louis] awakened, breakfasted, spat, pissed, crapped, etc." (p. xvii). But for psychohistorian Marvick, this information is grist for the mill.

Marvick begins by raising a fundamental question about Louis XIII, a powerful ruler of the kind that still prevails today in totalitarian states: Was he a good man? Such a question leads immediately to issues of aggression and war, and Marvick notes that when Louis was almost seven, he said that he wanted to be at war all the time. And indeed he was at war longer than either his father, Henri IV, or his son, Louis XIV. On still another level, many contemporaries considered him cruel, for "he could on occasion take aim and fire upon a pair of rebellious peasants, killing them with the same apparent satisfaction he showed at bagging game birds or shooting a stag" (p. 1). Other contemporaries considered Louis "a good man," although he had many men executed for questionable reasons.

Marvick discusses other members of Louis' household, such as his personal physician, and provides a detailed and penetrating account of Héroard's influence and motivations. Héroard, significantly a Protestant, was selected by Louis' father for his position because of his prominent reputation. But the account of Héroard's treatment of his young charge, even if it is now nearly four centuries later, is shocking in that he was so controlling, so overly con-

cerned, so eager to exert his power, and, at times, so sadistic. Some of the practices Héroard engaged in were common at the time. For example, on the second day of Louis' life, Héroard perceived that his charge had difficulty in sucking, and he called a surgeon to cut the membranes at the base of the tongue to improve his ability to nurse. For us, it is appalling to learn that Louis, under the guise of being given the best and most pampered care of his day, was actually being traumatized. As the narrative progresses, it becomes evident why Louis' relationship with Héroard was marked by frequent conflict, from the oral through the phallic phase of development. Héroard contributed to making Louis XIII a very angry man. Not surprisingly, Louis developed a severe stutter, related, according to Marvick, to cathexis of the anal zone. Despite these abuses, Héroard in time became a surrogate father and later a confidant to Louis.

Subtitled *The Making of a King*, this study is actually the story of the rationalized destruction of a human being. Although provided with what was seemingly "royal" care, in reality Louis was alternately abandoned, neglected, abused, seduced, betrayed, and manipulated. The marriage of his parents was arranged for political reasons, and to produce a suitable heir to the throne. After Louis' birth, his mother and father took little direct interest in him, but they encouraged his genitality so that he in turn would eventually produce an heir, in effect raising the little boy merely to be a virile man. His mother, Marie de Medici, did not nurse him. This task was given to Madame Antoinette Joron, whose sole function was to nurse Louis, which she did until he was twenty-five months old. Louis had a complicated and difficult family constellation. His father, Henri IV, was called *le vert galant* (the gay blade) because of his sexual proclivities. He had many mistresses and numerous children. His favorite son was not Louis, but César de Vendôme, who was seven years older than Louis and was the son of Henri's most beloved mistress, Gabrielle d'Estrées. Louis' relationship with his father was stormy and extremely ambivalent. His father beat him frequently, and even ordered other members of the household to whip him when he himself was away. Henry IV demanded submission from Louis to such an extent that he unconsciously pushed the boy toward homosexuality. For example, Louis began to expe-

rience masochistic pleasure at being whipped. Fortunately for Louis, his father was absent frequently, which eased his depression and permitted him to resume his heterosexual interests. In 1610, when Louis was eight, his father was assassinated, and although Louis grieved for him, he was also reported to have become more sociable afterward.

In October 1610, at the age of nine, Louis was crowned King of France at Rheims. Thereafter, he received greater public attention, which sometimes caused him difficulties, as some of his early negative experiences unconsciously manifested themselves. It was noticed that he would easily become enraged, and in his fury would strike adults. Louis himself expressed the feeling that he was not a happy person. As for his health, he was often ill, and developed ulcerative colitis. Marvick points out that he frequently felt slighted, victimized, or deceived. He generally distrusted the good intentions of those around him, when in actuality those who supervised him and were responsible for his welfare were rather permissive, especially since he was the king.

There is hardly an interest that Louis had that escapes Marvick's attention. She discusses his interest in dogs, falconry, weaponry, hunting, music, painting, and, of course, education. Although Louis was capable of learning, and his many interests revealed a high level of intelligence, because he stuttered, hesitating to respond, some tutors thought he was a slow learner. On the other hand, his hesitation in replying quickly was taken by others to mean that he was reflective, meditative, and judicious.

If, at nine years of age, Louis was the king, his mother was the regent, and the distance between them, established early in Louis' life, was now exacerbated by the political requirement of mutual cooperation. Here again, Marvick is perceptive in her description of Marie de Medici as a cold and emotionally needy woman. The dominant feelings between mother and son were hostility and distrust, and their views diverged on many critical diplomatic, domestic, and religious issues. Indeed, the conflict between them was so serious that Louis "entertained thoughts of having her killed" (p. 208). In time, Louis was to take revenge on his mother and members of her entourage, and it was draconian indeed.

This study reads almost like a case history, which is its weakness, because it focuses narrowly on the main characters and their inter-

relationships. For the general reader, and even for historians, the historical background should have been more fully chronicled. Not only that, but Louis' development should have been presented in the context of the historical drama that was taking place, a pertinent dimension to enhancing the understanding of the problems he inherited and then faced himself. For instance, for a period of nearly two centuries, starting soon after Martin Luther's defiance of the Pope in 1517, most of the sixteenth and seventeenth centuries are characterized as being the age of religious wars. In this gigantic and momentous Europe-wide conflict, the forces of the Protestant Reformation were in combat with the forces of the Catholic Counter-Reformation. Among the foremost conflicts, to cite but a few, were the civil wars in France from 1562 to 1599; the Dutch revolt against the Spanish King Phillip II beginning in 1566; the Spanish attack on England, culminating in the celebrated defeat of the Spanish Armada in 1588; the Thirty Years' War, 1618 to 1648; and the Glorious Revolution in England in 1689, after which religious fighting abated.

The religious conflict between Huguenots and Catholics in France, which was also intertwined with the international diplomatic situation, had a particular bearing on Louis XIII, as it had had on his father, Henri IV, and was to have on his son Louis XIV. Henri IV was originally a Huguenot, but felt compelled to convert to Catholicism—twice. His first conversion came under extreme duress, during the infamous event known as the St. Bartholomew's Day Massacre, on August 22, 1572, in which over three thousand Huguenots were murdered in Paris alone. In this incident, Henri escaped with his life because he promised to convert, but he later renounced his forced conversion. In 1593, as civil war continued to rage, Henri converted again, this time to consolidate his rule. However, in 1610, Henri was assassinated by a man named François Ravallac—a monk. Surprisingly, Marvick ignores the meaning of these historical events for Louis XIII. Following Henri's second conversion, he established peace and stability at home, and because of his diplomatic accomplishments, brought about a degree of religious tolerance in France that was exceptional for its day. With the Edict of Nantes he conciliated the Huguenots as well; but the Edict was revoked by his grandson, Louis XIV, causing thousands of Huguenots to flee from France.

It is also to be noted that Héroard, who played such a consequential role in shaping Louis' character, and who figures so prominently in this work, was a Huguenot. And Héroard was not just a mere physician to Louis; he was also his intellectual mentor. He had high hopes and ambitions for molding his young charge into a "philosopher-king." Yet, when Louis began to receive religious training (he was nine years of age when the Jesuit priest Père Coton became his confessor), Héroard was excluded from participating in Louis' religious instruction. What meaning did this have for Louis? Marvick does not explore these issues, or the question of how they influenced Louis' decisions in statecraft.

However, in the presentation of the clash between Louis and his mother, Marvick amply shows how this rift, as it was expressed in political terms, reflected their different backgrounds and personal animosities. Fundamentally, Louis stood for an anti-Spanish and anti-Austrian Habsburg policy, which by extension was also an anti-papal one. His mother, on the other hand, was an Italian who was raised in a convent. She came from a prominent family that included popes and favored a different diplomacy, one that was sympathetic to the Holy See and the Habsburgs.

Still another portentous historical development that Marvick should have highlighted is the propagation of royal absolutism in the seventeenth century. Despite the ominous description of monarchy at that time, absolutism developed because it was an ideological posture aimed at curbing the rampant assassinations of kings and at abating religious and class turmoil. Absolutism succeeded, and became the characteristic of three seventeenth century French monarchs: Henri IV, Louis XIII, and Louis XIV. What is pertinent about this development is that for France, the seventeenth century became known as *le grand siècle*, as France, with its superior national leadership, wrested military supremacy from Spain, and established its own diplomatic and cultural hegemony over Europe. Following in the tradition of absolutism, Louis continued the policies established by his father, which led to allowing Cardinal Richelieu to be his prime minister. Richelieu fostered absolutism, working for the interests of the state and not the church. Whereas Richelieu suppressed the Huguenots who rebelled at home, in his support of the Protestant powers abroad, as in the Thirty Years' War, he weakened the major Catholic powers.

Nonetheless, that Marvick has made a signal contribution in advancing our understanding of Louis XIII is evident, especially when her work is compared with the historiography on Louis XIII. From Jules Michelet, the preeminent French nineteenth century historian, who wrote *Histoire de France: De Henri IV à Louis XIII* (Imprimerie Rencontre, 1966) to the more recent epic study by Pierre Chevalier, *Louis XIII* (Fayard, 1979), these biographers are not informed by depth psychology. In Chevalier's book, Héroard figures quite prominently, but the important diary is not examined for its unconscious contents. Victor L. Tapié, in *France in the Age of Louis XIII and Richelieu* (Praeger, 1975); Hester W. Chapman, in *Privileged Persons: Four Seventeenth-Century Studies* (Reynal, 1966); and Philippe Erlanger, in *The King's Minion: Richelieu, Louis XIII, and the Affair of Cinq-Mars* (Prentice-Hall, 1971) are all aware of the importance of Héroard, of Louis's aggressive tendencies, his familial conflicts, and his somber disposition. Louis Vaunois, in *La vie de Louis XIII*, (Editions Mondiales, 1961), even raises and discusses the question, "Was Louis XIII a homosexual?" However, Vaunois' aim is to dispel the gossip that leads to the character assassination of the king. In sum, all the books just cited have merit, but these historians intuit the nature of Louis' personal conflicts.

Marvick has masterfully applied a conceptual psychoanalytic framework to the study of Louis XIII, and has thereby furthered our knowledge and understanding of him and of the significant personages in his household. However, the use of psychoanalytic theory in itself does not guarantee a scholarly contribution. Ultimately, this depends on the perspicacity, labor, and devotion of the historian. Marvick has impressively demonstrated these desirable qualities, and her book, *Louis XIII*, transcends past studies and advances the scholarly dialogue.

JACQUES SZALUTA (KINGS POINT, NY)

DEFENSE MECHANISMS. THEIR CLASSIFICATION, CORRELATES, AND MEASUREMENT WITH THE DEFENSE MECHANISM INVENTORY.

By David Ihilevich and Goldine C. Gleser. Owosso, MI: DMI Associates, 1986. 179 pp.

There is probably no concept more central to psychoanalytic theory, therapy, or research than that of defense. Freud (1916)

referred to repression (originally used interchangeably with defense¹) as "the corner-stone on which the whole structure of psycho-analysis rests."² For over seventy years, defense mechanisms have been described, studied, classified, and reclassified to the point where meaningful discussion is almost impossible, except when referring to the more classic defenses originally described by Freud and Anna Freud. Ihilevich and Gleser have developed their own classification system as well as a corresponding test to measure and objectify various defenses, with the specific purpose of furthering research and an apparent secondary purpose of clinical application. Their book, therefore, must be judged against their goals.

The early part of the volume provides a summary about defense mechanisms and the variety of attempts at their measurement, along with an account of research and methodological problems others have encountered. The next section of the book is a presentation of the authors' own classification system, which groups defensive responses into five "styles of response, each characterized by a unique set of mental operations, emotional responses, and behavioral reactions" (p. 7). Their categories of defense are: aggressive, projective, intellectualizing, intra-punitive, and repressive. Ihilevich and Gleser arrived at these defenses by analyzing responses to story vignettes that they believe "encompass most of the classical defense mechanisms mentioned in the psychoanalytic literature" (p. 7). Included also in their model are problem-solving responses and coping strategies as other ways of responding to threat. The remainder of the book is a rather detailed presentation of the development and standardization of the Defense Mechanism Inventory, replete with a lot of tables, statistics, norms, and evidence of how specific defenses relate to other factors such as gender, age, socioeconomic status, intelligence, health, etc. There are chapters devoted to test construction issues and administration and scoring procedures, as well as a lengthy appendix filled with more forms, graphs, and tables.

¹ "At this early period the two terms were used by Freud indifferently, almost as equivalents, though 'defence' was perhaps the commoner" (Strachey, 1957, *S.E.*, 14:144).

² Freud, S. (1914): On the history of the psycho-analytic movement. *S.E.*, 14:16.

Ihilevich and Gleser have developed a system and test with heuristic value, to the extent that any new method of measurement provides researchers with a fresh way to study a phenomenon—even a phenomenon (like defense mechanisms) that has been studied for years. The authors discuss their findings in terms of prior research and suggest several future research areas, such as brain laterality and the biochemical correlates of defenses. The clinical usefulness of the authors' work, however, is dubious. In an attempt to bring order to the array of terms used to denote various defensive mechanisms, the authors actually only added yet another system. In all likelihood, their test will not be used, and practitioners will continue to refer (with very few exceptions) to the more classic, traditional, or time-honored defenses.

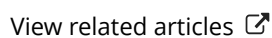
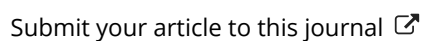
This book will be of very little interest to the practicing psychoanalyst, of slight interest to the dynamically oriented psychologist who employs psychodiagnostic testing, and of moderate interest to the researcher looking for something new to work on.

LOUIS B. SCHLESINGER (MAPLEWOOD, NJ)

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

To cite this article: (1988) Abstracts, *The Psychoanalytic Quarterly*, 57:3, 462-474, DOI: 10.1080/00332828.1988.12021937

To link to this article: <https://doi.org/10.1080/00332828.1988.12021937>



ABSTRACTS

Bulletin of the Menninger Clinic. XLIX, 1985.

Abstracted by Sheila Hafter Gray.

On the Suicide of One's Patient. Michael Gorkin. Pp. 1-9.

Gorkin discusses the problems of a therapist whose patient, a depressed man, had hanged himself five years earlier during the course of psychotherapy. The therapist initially responded to the news of the patient's death with shock and denial. His mourning was then inhibited by guilt about certain aggressive countertransference attitudes he had had toward the patient while he was alive. The therapist felt isolated from his colleagues, and he became excessively and inappropriately cautious when confronted with suicidal ideation in other patients. Working through this event was long and painful for the therapist. Gorkin recommends ongoing consultation with colleagues well beyond the time of the initial loss of the patient to avert or help resolve the pathological mourning readily engendered by a patient's suicide. This process, he believes, should be separated from the administrative management of such events.

The "Transference-Countertransference Neurosis" in Psychoanalysis: An Intersubjective Viewpoint. Richard B. Ulman and Robert D. Stolorow. Pp. 37-51.

The authors propose to amend the classical psychoanalytic view of the transference neurosis as a product of the patient's own mental life. Their earlier studies of countertransference phenomena lead them to suggest instead that the transference neurosis of a particular patient develops in a reciprocal relationship to the countertransference of the psychoanalyst. They illustrate their thesis with a case which threatened to fail until they were able to elucidate, through analysis of the dreams of both patient and analyst, the patient's compulsion to satisfy the analyst's own need for a selfobject to maintain his self-esteem. When they worked through this mutual "transference-countertransference neurosis," the patient was able to continue treatment effectively.

On Countertransference Boredom. Eric M. Kulick. Pp. 95-112.

A comprehensive review is offered of literature that contributes to our understanding of a psychoanalyst's boredom. Some salient aspects of this phenomenon, the author finds, are mutual avoidance of both aggressive and erotic feelings, projective identification and counter-identification, and blockage of affect in the patient. A detailed presentation is given of a case in which the psychiatrist found himself becoming bored during the psychotherapy of a young male patient. The psychiatrist's initial response was guilt and shame, because he believed that this phenomenon was evidence of his own professional incompetence. It later became clear that the patient needed to keep the therapist at an optimal emotional distance, which moderated his dual fears of abandonment and engulfment, just as he had had to do with his mother. Boring the psychiatrist was a method of achieving this adaptive aim in the context of the psychotherapy. It was also employed to protect

the psychiatrist from the fantasied consequences of the patient's aggression. Finally, the patient's own boredom, his apparent affectlessness, and his intellectualized speech patterns, which engendered boredom in the psychiatrist, could be understood as a defense against catastrophic depression caused by abandonment.

DSM-III and the Use of the Term *Borderline*. Eric J. Nuetzel. Pp. 124-134.

The term "borderline" is used by psychiatrists to denote a specific diagnostic entity based on criteria related to patient behavior, categorized in DSM-III as a Borderline Personality Disorder. It is also used by psychoanalysts as a metapsychological statement about a certain level of structuralization of the mental apparatus. The psychostructural level of individuals who are described as borderline is characterized by a diffuse, unintegrated identity and distorted perceptions of others. Splitting, denial, and projective identification are typical defense mechanisms. Reality testing may be distorted, but it improves upon clarification of seemingly contradictory statements. While all individuals who suffer from DSM-III Borderline Personality Disorder are likely to be borderline in the psychostructural sense, the reverse is not true. Some are better placed in different diagnostic categories. The author therefore recommends that the term Borderline Personality Disorder be replaced by Unstable Personality Disorder, and that a new, psychostructural axis of assessment be incorporated into future revisions of the *Diagnostic and Statistical Manual of Mental Disorders*.

Gender Disturbances in Children. Jon K. Meyer and Carol Dupkin. Pp. 236-269.

Meyer and Dupkin studied twelve children who engaged consistently in cross-gender behavior. These children had experienced sexual overstimulation, repeated and varied separation traumata, maternal psychosis, or the birth of a new sibling before the appearance of the disorder. The cross-gender behavior appeared clinically in association with evident psychopathology. There were no monolithic transsexual symptoms of the sort seen in adults. In treatment, the patients revealed generalized ego impairment, preoccupation with part objects, and pathological elaborations of issues of the phallic-narcissistic phase. Their important object relationships were dyadic in nature. In the vast majority of cases, the symptoms seemed related to preoedipal interference with sexual identity formation. The authors conclude that gender disturbance emerges in piecemeal form out of compromised object relations, developmental interferences, drive regression, and ego impairment. The article includes a long and well-integrated review of pertinent literature on gender disturbances in children and adults.

Divergent Views on the Treatment of Borderline Patients. Leonard Horwitz. Pp. 525-545.

The author reviews the literature on treatment of borderline patients in the hope of discovering guidelines for determining when such patients require transference interpretation and when this is contraindicated. He concludes that there is little agreement on this topic. His own clinical experience suggests that patients who adhere rigidly to any defensive position, whether symbiotic closeness or aloof distance, are generally not amenable to transference interpretation. Those whose be-

havior fluctuates between these extremes, and who give other evidence of flexibility in their response patterns, may be approached successfully with this technique.

Contemporary Psychoanalysis. XXII, 1986.

Abstracted by Steven H. Goldberg.

Freud's Refutation of Degenerationism: A Contribution to Humanism. Rose Spiegel. Pp. 4-24.

The history of the concept of degenerationism is traced from its beginning with the work of Morel in 1857. This theory asserts that hereditary elements in certain families or races cause ever-increasing physical and/or mental deterioration, leading to the extinction of those families or races. Throughout his career, Freud attacked the theory of degenerationism, downplaying the role of heredity, and emphasizing instead the impact of early experience and trauma: a humane emphasis on the importance of respect and tolerance for the individual, and a hopeful attitude toward the possibility of therapeutic change. The use of notions of degenerationism by the Nazis is described, and we are cautioned to be alert to any current assumptions of biologic elitism.

Technical Aspects of Treating the Regressed Patient. L. Bryce Boyer. Pp. 25-44.

The author reviews his experience with psychoanalytic treatment of regressed patients, many with borderline personality disorders and vulnerability to psychosis. He found that psychoanalysis with few parameters yielded better outcomes than face-to-face psychotherapy. He emphasizes the provision of a consistent "holding environment," using the analyst's personal feelings and associations as crucial information in the understanding of the unfolding transference-countertransference. When treatment is successful, there is usually regression to a distorted repetition of the relationship to the mother of infancy. Several clinical vignettes focus on the patient's use of projective identification, and the analyst's understanding of it. This usually culminates in the patient's greater acceptance of the defensively split-off and projected aspect of the self.

Theoretical Models and the Analysts's Neutrality. Jay R. Greenberg. Pp. 87-106.

Analytic thinking about neutrality has traditionally assumed an analyst-observer external to the intrapsychic play of forces being analyzed. Such a view derives from nineteenth century notions of the scientist as external to, and uninvolved in, the processes he is investigating. Greenberg believes that Anna Freud's discussion of neutrality as equidistant from each of the psychic structures is tied to such outdated notions about the observer's externality, objectivity, and impartiality. He laments the unfortunate and erroneous equation of neutrality with inactivity. Rather than abandoning the term neutrality, he feels we should reformulate it in the context of a theory that views psychic structure as an outgrowth not of drives but of interpersonal relationships, with the analyst as a participant observer. In this view, the ana-

lyst is either experienced as assimilated into old relational patterns or as a new object. For an atmosphere of sufficient safety to evolve, the analyst must, to some extent, be experienced as new and different from old objects. Yet in order to understand and work through the pathogenic old relational patterns, the analyst must be experienced as an old object. Neutrality consists in striving for an optimal tension between these two ways in which the analyst is experienced. Rather than being constituted by a specific set of behaviors, neutrality is a goal of the analyst's endeavors. In fact, the particular behaviors employed by the analyst in pursuit of neutrality depend significantly upon the particular patient. For example, a patient who consistently assimilates the analyst into old relational patterns may require some self-revelation by the analyst, so that he can also be experienced as a new object. A case example purports to illustrate how self-revelation may, in certain instances, be the approach most conducive to neutrality as it is now being redefined.

The Wings of Icarus: Illusion and the Problem of Narcissism. Stephen A. Mitchell. Pp. 107-132.

Freud wrote of the reciprocal relationship between engagement with the real world of other people and engagement with narcissistic illusion. He saw the latter as providing a tempting yet perilous avenue to defensive retreat, culminating in the schizophrenic state of loss of connection with the real world. Kernberg, among others, has conceptualized narcissistic configurations as defending against intense oral-aggressive impulses and as defeating the analytic endeavor unless quickly and vigorously interpreted. Sullivan and Fromm, despite quite different theoretical premises, also saw idealization of self or of others as a pernicious retreat from reality. Another view of the function of narcissistic illusion is found in Winnicott and Kohut, who view such illusion as the wellspring of creativity and of the emergence of the healthy self. Rather than being quickly and vigorously interpreted, narcissistic illusion must be allowed to develop and be transformed in the light of reality into more realistic images of self and others. The author proceeds to offer an approach drawing on the clinical wisdom in both points of view. Narcissistic illusion is neither solely defensive nor solely growth-promoting; more importantly, it is a form of relatedness with others. The child participates in the narcissistic illusions of the parents. To the extent that these are flexible and can give way to more realistic assessments, the child, too, can achieve a balanced narcissism. But if the parents are much addicted to narcissistic illusions, the child feels compelled to share in these rigidly held, illusory views. Like Icarus, each of us is given a set of narcissistic wings by his parents. It is the nature of the parents' investments in these illusions that influences the nature of the flight: whether one can safely and pleasurably soar, or whether one flies too high so that the wings melt, or flies too low so that the wings become too wet and heavy. Thus grandiosity and idealization are seen as relational modes that integrate and maintain connections with important others. The technical implication of this view is that the analyst must both participate in the patient's narcissistic illusions, and gradually question them in terms of why they have become necessary for a sense of security and involvement with others. This position is similar to the ideal response of the parent to the child's illusions.

The Cognitive and Dynamic Unconscious: A Critical and Historical Perspective. Daniel Burston. Pp. 133-157.

The author traces notions about unconscious mental processes to philosophers and psychologists preceding Freud. Leibnitz, Kant, and Wundt developed complex ideas about a cognitive unconscious, in which sensory data are actively and unconsciously organized (apperceived). Unlike the Freudian dynamic unconscious, the cognitive unconscious of these thinkers encounters no special forces driving its contents toward or away from consciousness. Yet the two concepts seem inextricably intertwined, in that motives for repression involve cognitive appraisal of unconscious mental contents. This is clear in the dream, in which unconscious cognitive appraisals of unconscious wishes are involved in the processes of dream formation and disguise. The motives for repression stem not only from these unconscious cognitive factors, but also from unconscious understanding of social constraints and socially-mediated constructs of experience.

A Jungian Perspective on Transference and Countertransference. Barbara Stevens. Pp. 185-201.

Jung referred to a "personal transference," which is consonant with Freud's description of transference as repetition of the problematic past, but he also referred to an "archetypal level" of the transference; to depict it, he employed the metaphor of a series of alchemical pictures. The pictures show first a fully clothed king and queen standing far apart, then the king and queen naked and close together. Eventually they are lying in a bath having sexual intercourse. Next is depicted a single body with two heads, lying dead in the tomb-like bath. The sequence ends with a reanimated, unified hermaphroditic king-queen, a wholeness consisting of the union of two polarities. This sequence metaphorically describes the analysand's uniting with disavowed aspects of the self, as well as the interaction with the analyst, in which each is transformed by the other. The acquisition of greater wholeness is seen by Jung as the goal of therapy. And whereas interpretation of the transference is important, it is the full emotional experience of the transference-countertransference relationship that is the primary therapeutic factor.

Transference Neurosis and Resistance Neurosis: Historical Notes on the Metapsychology of Narcissism. Benjamin Wolstein. Pp. 202-217.

The traditional distinction between the transference neuroses and the narcissistic neuroses is no longer applicable to clinical psychoanalysis, since "those in transference can be narcissistic and those narcissistic can be in transference." Moreover, the notion of narcissistic neurosis is overly abstract and linked to metapsychological assumptions concerning libido theory and the allocation of libido outward rather than inward. The author suggests that these entities be viewed at a more directly clinical level as "resistance neuroses," treated on a par with "transference neuroses." He suggests that Freud considered narcissistic neurosis to be unanalyzable primarily because these patients were manifesting resistance, whereas transference neuroses were analyzable because the attachment to the analyst manifested by these patients permitted collaborative work with the analyst's efforts at interpretation. In Freud's

early view, resistance was to be "overcome" and "conquered," rather than directly analyzed. It was not until the 1930's that other psychoanalytic thinkers rescued the "resistance neuroses" from the shadow of the theoretically unanalyzable "narcissistic neuroses," so that resistance could become a primary focus of clinical psychoanalytic inquiry.

The Use of Pharmacotherapy in Psychoanalytic Treatment. William C. Normand and Harvey Bluestone. Pp. 218-234.

The use of medication in the context of psychoanalysis seems to these authors an aspect of the movement of psychoanalytic practice toward a "more flexible psychoanalytic therapy." Besides various cultural, historical, and economic factors responsible for this trend, mention is made of ethical and legal factors: for example, the recent malpractice suit against a private psychiatric hospital for not treating a patient's depression with antidepressant medication. Serious dilemmas arise when medication might be effective in alleviating certain symptoms, but might undermine the analytic work that would be of potentially greater ultimate benefit to the patient. Yet, judicious use of medication may make analytic work possible for certain patients who might not otherwise be able to benefit from it. Transference and countertransference implications of the use of medications should be expected and should be at least potentially analyzable.

Countertransference: Clarifications in Supervision. Rafael Springman. Pp. 252-277.

This paper considers which aspects of countertransference should be admitted into the therapeutic situation and which should be dealt with by the therapist outside the context of the therapy. Finding existing terminology confusing, the author proposes to differentiate between "therapist-induced countertransference" and "client-induced countertransference." In the former, the preponderant factor is the therapist's own unresolved conflicts; these conflicts may be activated more intensely by some patients than others. In the latter, it is the client's unresolved conflicts that are preponderant in eliciting "non-rational intrapsychic manifestations" in the therapist. In many, and perhaps most, instances, countertransference is a combination of these two types. Careful dissection of the one from the other will lead to optimal clinical response, since client-induced countertransference is most helpfully brought to the patient's attention, while therapist-induced countertransference is best dealt with by the therapist's continuing analysis, self-analysis, or supervision. Successfully dealing with therapist-induced countertransference often makes it possible for the therapist to work effectively with client-induced countertransference.

Journal of the American Academy of Psychoanalysis. XIV, 1986.

Abstracted by Roderick Gilkey and Geraldine Scheller-Gilkey.

Collaborative Dream Interpretation. Walter Bonime. Pp. 15-26.

Dream interpretation can be understood as a collaborative process entailing the interactive associative and interpretive involvement of patient and analyst. This

shifts the emphasis in dream interpretation away from discovering *the* correct interpretation toward developing a more interactive alliance between patient and analyst that emphasizes the process of dream interpretation. Such a shift in focus creates a more cooperative atmosphere in the analysis. This focus on the interactive process can enhance the capacity of both analyst and patient in their efforts to understand dream material. The mutuality involved in this effort can also produce greater personal development for both parties.

The Patient Ideal. Joel Kotin. Pp. 57-68.

While patients' fantasies about cure have been discussed in psychoanalytic literature, little has been written about those of analysts. In an effort to maintain therapeutic neutrality, analysts are advised to have only the most general goals for their patients, such as increased autonomy. However, analysts often have specific and even enduring fantasies about the goals that will be achieved by their patients. Consequently the analyst develops a "patient ideal" based on the conscious and unconscious expectations of what the patient will be able to achieve in treatment. This ideal is derived from a fundamental sense of hope in the analyst, and as such is a precondition for successful treatment. Analysts must deal with their countertransferences in this situation and with the vicissitudes of the patient ideal as they endeavor to help their patients. In dealing with the patient ideal of the analyst and the ego ideal of the patient, the treatment process can be greatly facilitated.

Themes in Psychoanalytic Understanding of Women: Some Reconsiderations of Autonomy and Affiliation. Malkah Notman, et al. Pp. 241-253.

This paper offers a theoretical elaboration of the complexities of the parallel and interrelated development of autonomy and affiliation. It proposes the concept of a separate line of development for women, "primary relatedness." The increase in self-esteem derived from "connectedness," being in close relationships, and developing others is described as a fundamental line of development and a form of mature interdependence and autonomy rather than a regressive and pathological form of dependency.

The Father's Role in the Child's Development of the Capacity to Cope with Separation and Loss. Saul Tutman. Pp. 309-322.

The author reviews more recent theoretical formulations about the crucial role of the father in preparing the child to cope with the inevitable separations and losses that all human beings must learn to sustain and transcend. The specific roles of the father in the child's capacity to mature and separate are discussed, including the "mothering" and "fathering" fathers offer their mates when needed. The research findings reviewed suggest that, despite the primacy of the mother-infant dyad, paternal influence has a more important role in early development than previously assumed.

Pregnancy as a Reaction to Early Childhood Sibling Loss. Cassandra Klyman. Pp. 323-336.

This paper presents a number of cases that suggest that the surviving daughter in a family experiencing the traumatic loss of a child has a greater risk for unplanned

pregnancy. Those surviving daughters who have not completed the mourning process and who experience their family's desire to replace the lost child have a distinct vulnerability to becoming pregnant as teenagers.

Psychotherapy of Patients with Serious Intercurrent Medical Illness (Cancer). Richard Druss. Pp. 459-472.

Psychoanalysts have wondered whether intercurrent medical illness is so preoccupying that it precludes a thorough and orderly exploration of the patient's intrapsychic life. Case material is presented that suggests that severe illness and confrontation with death provide a regressive potential that can facilitate analytic exploration and provide an opportunity for positive change rather than just support for a medical catastrophe.

Journal of the American Academy of Psychoanalysis. XV, 1987.

Abstracted by Roderick Gilkey and Geraldine Scheller-Gilkey.

Exploring the Analyst's Treatment Stance in Current Psychoanalytic Practice. Saul Tuttmann. Pp. 29-37.

A schema for broadly classifying and characterizing the analytic treatment stance along a continuum is presented in this paper. At one pole stands the "neutral-interpretive-observing stance," and at the other, the "empathic-introspective-subject-oriented stance." These positions are not mutually exclusive; for example, a well-timed interpretation can be very supportive. Nevertheless, understanding the differences in the types of approach is important. The author suggests that the attempt to distill the essence of each approach and to differentiate them from one another can provide a useful basis for clarifying theories of treatment, teaching psychotherapy, and conducting research.

Shame and the Development of Autonomy. Sally Severino; Edith McNutt; Samuel Feder. Pp. 93-106.

This paper explores the hypothesis that the capacity to experience the affect of shame, like the development of a capacity to cope with anxiety and depression, is crucial for the achievement of autonomy. The authors discuss the sources of shame, gender-related differences in the experience and management of shame, and the general role of shame in the achievement of autonomy. Clinical case material is used to illustrate these points.

Psychoanalytic Review, LXII, 1985.

Abstracted by Jerome A. Hanowsky.

Freud's Psychology and Its Organic Foundation: Sexuality and Mind-Body Interactions. Barry Silverstein. Pp. 203-228.

Freud's scientific and philosophical training, without doubt, had an effect on his later discoveries and work. Recently it has been suggested that Freud's thinking merely echoed his earlier education and that he was a "cryptobiologist." Others have maintained, as does Silverstein, that Freud transcended his earlier education

and teachers. He adduces evidence tracing Freud's thought along the track of the mind-body dichotomy. Charcot directed Freud to the importance of clinical observation in relation to theory but differed with him on the location that produced the symptoms. Freud maintained that they were generated in the meaning of the person's fantasies and not in particular parts of the brain. Silverstein continues to follow this trail of evidence in Freud's preface to Bernheim's *Suggestion*, in an abstract of *The Brain* which Freud wrote in 1888, through his differences with Breuer and then with Fliess, and to his motives for writing the *Project*.

Self Object Needs and Marital Disharmony. David Berkowitz. Pp. 229-238.

In a brief consideration of certain kinds of marital conflict, the author applies the theoretical ideas of self psychology. Primitive self-object relationships are characterized by an idealizing of the other and an insistence on an uninterrupted attachment to the idealized other. Berkowitz considers how couples experience such difficulties. He briefly describes the family therapeutic process; and considers the central task to be the clarification of this particular dynamic in each partner.

Freud's Civilization and Its Discontents—a Reappraisal. David S. Werman. Pp. 239-254.

Freud wrote this long paper at a difficult time in his life when he was struggling with his cancer, financial hardships, and personal losses. He elaborated the concepts of Eros, the pleasure principle, Thanatos (and aggression), and guilt in the context of society as a whole. Sexual freedom, religion, wars, etc., were seen as the results of the demands of the instincts pitted against the restrictions of civilization. Freud felt that human suffering comes out of this conflict. Unlike Freud, Werman considers this conflict to be an incidental cause of human unhappiness, the major causes being object loss, disease, death, poverty, and war. He considers Freud's major contribution in this paper to be its statement of human possibilities as opposed to the ideologies of political systems.

The Concept of Will in the Thinking of Otto Rank and Its Consequences for Clinical Practice. Esther Menaker. Pp. 255-264.

Will as a psychodynamic concept had been introduced into modern psychology by Otto Rank. His "will" was the strength of the individual's expression of a cosmic primal force first seen in the separation from the mother and further expressing itself as autonomy and creativity. In this schema, neurosis is seen as an inability to enact one's will. Consequently, the task of therapy is the liberation of will from guilt and fear, leading to individual growth. Esther Menaker considers this task different from the one performed by psychoanalysis. Although she sees validity in both, she believes that psychoanalysis merely explores psychological content and places value on sublimation, whereas the Rankian psychologist accepts the will of the patient's own ego and the patient is helped by identification with the therapist's acceptance of this will. It is questionable whether true change occurs in the reaffirmation of the patient's will by the therapist.

A Question of Bedrock: Is Penis Envy The Bottom Line? Roberta Satow. Pp. 265-275.

In the midst of the continuing controversy on the place of penis envy in psychoanalytic thinking, Satow presents two cases which she considers to show that penis envy consists of condensed derivatives of earlier conflicts usually narcissistic in nature. She believes that penis envy is not merely a regressive effort to resolve oedipal conflicts but also an attempt to resolve even earlier conflicts.

Your Feet's Too Big: An Inquiry into Psychological and Symbolic Meanings of the Foot. Kathryn J. Zerbe. Pp. 301-314.

Zerbe provides an amusing exploration of the symbolic meaning of feet. Beginning with Fats Waller's ditty about his distaste for a woman whose feet are too big, she proceeds to offer a brief, etymological, literary, and psychoanalytical review. Feet represent not only the phallus but also female genitals, a repository of badness, and symbols of mobility, passivity, and castration. Zerbe illustrates these various meanings with examples of symptoms involving the feet in patients with severe psychopathology.

Self-Deception in the Autobiographical Writings of Thomas de Quincey. Melissa Knox. Pp. 315-333.

De Quincey embarked on his autobiographical works with the goal of achieving self-awareness. But as the author carefully shows in detail, his effort failed; he ended in self-deception. His preoccupation with opium, which he believed gave him insight into himself, actually glibly masked his repressed desires and hidden ambivalence by providing only an illusion of understanding. As to whether his use of opium contributed to his art or simply changed it from what it could have been remains in question.

American Imago. XLIII, 1986.

Abstracted by Anita G. Schmukler.

Psychoanalysis and Art: Their Body Language. Harry Slochower. Pp. 1-6.

Slochower discusses the examination of the aesthetic experience by Freud, Kant, and Ricoeur. Freud explored the relation between dreams, child's play, and art. The technique of a creative process is a significant element in communicating the intended message, which is distinguished by a sensory component that is a *sine qua non*. Slochower explores the creative imagination in relation to time, as seen by Thomas Mann, Ernst Bloch, and Ernst Kris. For a creative individual to express deeply unconscious phenomena in a form which communicates to mankind in an enduring work of art, an element of rebelliousness is essential, and this is something with which an audience identifies. Examples are given from Blake, Milton, and Dostoevsky.

The Freud-Jung Conflict: Yahweh and the Great Goddess. Tristan O. Cornes. Pp. 7-22.

The author links the replacement of the great goddess cults by patriarchal religion to the prominence of the oedipal Father in Freud's thinking and the bi-polar Great Mother in Jung's work. Cornes raises the question whether this represents an enactment of conflict between the archetypes of male and female deities. The Freud-Jung correspondence is quoted in identifying and exploring this material. Cornes examines the replacement of the earlier matriarchal cults by the Father-God Yahweh in Judaism, and wonders if the transition occurred in response to "intolerable anxiety" elicited by the image of the "bad" mother. It is noted that while both Freud and Jung became absorbed in mythology with its ancient deities, a polarization arose which appeared to be linked to male versus female deities. Cornes's notion is that the suppression of the maternal deities was associated with images of her as witch and ogress, replacing her previously positive images. Patriarchal religions arose partly as an effort to suppress goddess cults. The popular focus on "father-son dynamics" in Freud's relation to Jung bypasses the equation of god-Oedipus with goddess-Sphinx. The growing controversy between Freud and Jung is seen in the light of theoretical and archetypal differences: Freud-Yahweh and Jung-bipolar Great Mother. Freud's interest in the mystical (which Cornes associates more with a great-mother than a father-god) led him to visit a medium, and he found the experience both fascinating and frightening.

Humpty Dumpty: Some Speculations on the Nursery Rhyme. Renato J. Almansí. Pp. 35-50.

In a 1953 paper by Thomas A. Petty, the fall of Humpty Dumpty was "equated with the older child's feelings of having been displaced by the birth of a sibling and having irretrievably and disastrously fallen from a previously exalted position." Almansí further explores this theme and emphasizes the egg-nature of Humpty-Dumpty. In a clinical example, a screen memory of egg-breaking is related to both murderous impulses toward a sibling and the defense of passive dependency. *The Annotated Mother Goose* presents two explicit images for the Humpty Dumpty rhyme. In one we find the "classic anthropomorphic egg with a terrorized face in the act of falling," and the other "depicts a child . . . sitting on a very high wall . . . with a pensive, forlorn and sad facial expression." Almansí wonders if Humpty Dumpty represents a screen memory for an ill-fated birth. Fantasies of, and defenses against, the experience of birth may be associated with very early memory traces.

The Winter's Tale: A Question of Motive. Maydee G. Lande. Pp. 51-65.

Leontes, King of Sicilia, expresses intense jealousy, which some authors have described as without motive. Reviewing the work of several critics, Lande lucidly addresses the central issue, which is as true for Leontes as for Lear: "Leontes perceives himself as attacked and injured . . . must seek retribution through acts of vengeance . . . [and is aware that] he is a king who sees his person as abandoned and his authority as betrayed." Leontes has difficulty in believing that others do not accept his

own view of his absolute authority. Outraged at first when others fail to comply with his wishes, he gradually begins to doubt his fantasies of his own omnipotence. Finally it becomes clear that he defines himself according to the assessment of others, which he incorporates. The acknowledgment of power in others leaves him feeling worthless, and delusional beliefs are a defense against feeling entirely powerless. The author appears to have a good grasp of psychoanalytic theory in exploring the character of Leontes, but then tells us that the theory "cannot provide us with an adequate explanation of Leontes' behavior, his anger, and his vulnerability."

David Bradley's *The Chaneyville Incident: The Belly of the Text*. Martin J. Gliserman. Pp. 97-120.

In this lucid exposition and analysis of David Bradley's award-winning novel, *The Chaneyville Incident*, the powerful motivation of John Washington, the hero of "mixed genetic heritage," in hearing and telling tales is linked to the internal struggles of Bradley, a Black writer in whom Gliserman identifies a "hero's quest for identity." John Washington confronts issues of racism both in its external and internal manifestations. Early in life he was apprenticed to a Black backwoodsman, and later emerged as a history professor, who is called to care for a dying childhood mentor who had been a father figure for him. Washington has been living with a white woman psychiatrist for five years and is confronted with issues of racial difference on a number of levels. When Washington discovers that his father's inadequately explained death was a suicide, he withdraws from his lover and becomes suicidal. Conflicts over rebellion and submission are prominent, and Gliserman gives particular attention to Washington's symptoms of belly pain, which appears to be associated with "primitive rage." He also links this to fantasies of birth, "good" and "bad" breast, transitional objects, internalized objects, and oedipal conflict. In mourning for his childhood mentor, Washington finds release from multiple prohibitions and is able to experience love for Judith, the psychiatrist, on a deeper level. His transition from feelings of impotence and suicidal fantasies to powerful procreative motives gives evidence of profound psychological growth.

Keats's "Ode on a Grecian Urn": The Use of the World. Brooke Hopkins. Pp. 121-131.

Hopkins explores the meaning of Keats's reference to the Grecian urn as "a friend to man" in the final stanza of the poem. He views the urn in the poem from three progressive perspectives: "an ideal object," an "object of the speaker's destructive impulses," and a "friend." This material is related to Winnicott's work on the "fate" of transitional objects, which gradually become decathected and may undergo fantasied destruction. The author gives evidence that the "destruction" following decathexis described by Winnicott is replaced, in the poem, by a process of disillusionment, which permits space for reconciliation. Hopkins points to the ironic element in Keats's reference to the urn as a "friend," since the urn becomes the object of unconscious destructive motives and simultaneously becomes a real object, of cultural value, rather than a fantasied projection.

The "Invisible Presence" in the Creative Process of Virginia Woolf. Ellen Rosenman. Pp. 133-150.

Woolf's struggle with regressive pulls is examined in her artistic creativity and in her early relationship with her mother, the "invisible presence" in Woolf's writing. Woolf recalled her mother as beautiful, protective, and nurturing, yet was also acutely aware of her "maternal inaccessibility" and her aloof, stern modes of relating. Re-enactment of preoedipal "modes of experience" is considered to be an essential stage in the form of creativity that results in enduring art (Ernst Kris). This re-enactment, however, may produce the specter of infantilization, passivity, and loss of boundaries. Woolf used her literary creative expression to explore vicissitudes of mother-daughter relations (represented by both males and females) and to achieve a level of "wholeness" in the face of conflict over powerful regressive impulses. Following a period of psychosis, the onset of which was punctuated by hallucination of her mother, Woolf felt that her "maternal obsession" had concluded. As might be expected, however, the conflict re-emerged in another form, and appears in Bernard's relation with (maternal) London (in *The Waves*). The perpetual search for the mother image and various forms of psychological restitution permit literary productivity.

Sophocles' *Antigone* and Freud's *Civilization and Its Discontents*. Debra B. Bergoffen. Pp. 151-167.

Sophocles' *Antigone* and Freud's *Civilization and Its Discontents* "provide a context for understanding the conflicts of civilized life." Forces of unconscious conflict and defenses are represented in *Antigone* as motives of the gods. The author views Eros, Ananke, and aggression from both literary and psychoanalytic perspectives.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Notes

Julia A. Wellin

To cite this article: Julia A. Wellin (1988) Notes, The Psychoanalytic Quarterly, 57:3, 475-479, DOI: [10.1080/00332828.1988.12021938](https://doi.org/10.1080/00332828.1988.12021938)

To link to this article: <https://doi.org/10.1080/00332828.1988.12021938>



Published online: 27 Jun 2018.



Submit your article to this journal [↗](#)



View related articles [↗](#)

NOTES

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 5, 1987. THE RIDDLE OF LITTLE HANS. John Munder Ross, Ph.D.

Dr. Ross noted that in the last decade, researchers have repeatedly emphasized the consequences of "paternal insufficiency" during the second year of life. At this critical period in the articulation of self and of core gender identity, an actual or felt lack of fathering leaves a boy at risk in terms of cohesive masculinity, selfhood, and concepts of sex differences. His fear of fusion and attendant emasculation is thus exacerbated. During the ensuing oedipal crisis, gender and sexual identity receive additional elaboration. At this point, paternal deprivation leads to another, more conflictual dilemma: the boy gropes not only for his heterosexual identity, but also for his procreative identity. Being able to grasp the father's paternal role allows the child to include sexual union and the self-completion and fecundity it yields within the confines of his masculinity. Relative absence of fathering during this period makes it difficult for a boy to fully synthesize these two strains in his masculinity.

Dr. Ross turned to Freud's case of Little Hans to further elucidate these concepts. Freud used the case to embody his theory of infantile sexuality. He felt that Hans presented the castration complex suffered by the little boy as he attempts to negotiate his oedipal passage—his *positive* oedipus complex, in modern parlance. Freud stressed Hans's wish to replace his father in his mother's bed, his ambivalence toward the man he both loved and hated, and his fear of retaliation at his father's hand. When Hans's father, supervised by Freud, made his son aware of his own intentions, of the imagined danger accompanying them, and of the anatomical difference between the sexes, he was relieved of his neurosis. Freud noted that Hans's ignorance of the procreative function of males remained to be addressed. Dr. Ross proposed to augment Freud's conclusions with a focus on Hans's ambisexuality as well as to reconstruct from its derivatives a fantasy which may have contributed to the genesis of the phobia and which was still in evidence at the close of the "treatment." Dr. Ross believes that, because Hans failed to embrace a fatherly identification, he resorted to what we would now describe as a "negative oedipal" constellation. Symptomatic improvement was effected by a "transference cure."

To support these ideas, Dr. Ross turned to a close consideration of the narrative data of the case. He noted that Freud introduced Hans as a prototypic phallic little boy enamored of his own "widdler" and intrigued by those of others. In the context of Hans's age-appropriate confusion over the genital distinction between the sexes, his search for his mother's "widdler," and her threat to have him castrated if he continued to masturbate, the pathogenic event in his young life occurred—the birth of his sister, Hanna, when he was three and a half. Over the next year, dissatisfied with stories about storks, Hans tried to piece together the bodily reality of procreation. Confronted by Hanna's vulva, he became preoccupied by the absence as well as the presence of male genitals, and began to play out birth fantasies. In January 1908, his father reported to Freud the outbreak of an apparent agora-

phobia. A second significant event occurred in March 1908: Hans's tonsillectomy. His fear that a horse would bite him became more specifically a fear of white horses with black muzzles. This might be traced to the common surgical costume of the time, black mask and white gown. Aside from the operative procedure lending more substance to the mother's early warnings about castration, Dr. Ross speculated on the possibility of Hans's association of his own surgery with his mother's delivery of Hanna. The operation may have partially gratified the little boy's conflictual wishes to become a mother himself.

Dr. Ross noted that there is ample evidence of Hans's ambisexuality in the clinical narrative. He noted the child's earlier fantasy of the phallic woman as an example of his hermaphroditic promptings. The ensuing analysis of the phobia revealed an array of paradoxes in which male and female, intrusion and receptivity, were condensed. For example, the idea of Hans's "widdler" biting implies not only that his penis is stimulated, but that it has an incorporative mode akin to that of the vagina or mouth. Interpretations of Hans's phallic conflicts failed to dispel his fears, for they omitted his growing love for his father. Until the boy's illness, the father had been only a sporadic presence—inadequate to offset the child's immersion in his mother's femininity. With his intervention into the boy's psychic life, however, the father became all too present—forceful, intrusive, and stimulating. Hans's child-birth fantasies came to assume an increasingly negative oedipal cast. His desire to be a baby in the womb, his envy and fear of the powerful mother's ability to make babies, and his endowing his father with maternal capacities were overlooked in his father's interpretation of the rivalrous aspects of the child's longings. Because he failed to sense his son's reproductive aspirations, his son's fear of horses with carriages, symbolizing sexual access, increased, and he retreated indoors.

At last, at Freud's behest, the parents told Hans the facts about women and pregnancy, but it was a half truth: they neglected to tell him of his father's part in the process. The explanation omitted the vital connecting link that might have helped resolve the boy's ambisexual conflict—insemination. Rather than educate him, as when the mother's genitals were the issue, his father repeatedly, defensively, denied Hans's attempts to grasp the paternal role in intercourse. Oedipal access denied him, his masculine anatomy irrefutable and seemingly barren, Hans made recourse to negative oedipal fantasy. When his father asked him why he was always thinking of his children, Hans responded, "Why? Because I would like to have them."

According to Dr. Ross, the case reveals the clinical importance of *identification with the father qua father* to a resolution of *sexual identity* within the *oedipus complex*. All are psychoanalytic concepts that were not yet available to Freud at the time. Freud would only name the oedipus complex per se a year later and, later still, elaborate clinically and theoretically on its negative and positive sides. Had Hans's wish to be a father been clarified, he might have arrived at a more adaptive resolution of a central conflict within the oedipal constellation—between the wish to assert his emergent masculinity and the desire to participate in the generational cycle, to make babies. We can never know what went on psychically in Hans's life as an adult: his dreams, fantasies, erotic experiences, and everyday symptomatology. And it may well be, concluded Dr. Ross, that the case history is as much about Hans's father's intrapsychic life as about the son's: his wish to mother the child better than his wife;

his ambivalence in deferring to and later rebelling against a father figure in the person of Freud; and *his* uncertainty about ceding his own paternal legacy to his son. We will never know; yet the speculation is intriguing.

DISCUSSION: Dr. Marianne Goldberger agreed that it was unfortunate that Hans was deprived of the knowledge of the father's role in making babies. A residual of Hans's lack of knowledge of the father's role was reflected in his persistent asking of repetitive questions, even after his symptoms had subsided. However, Dr. Goldberger did not think that the evidence warranted the conclusion that Hans resorted to a negative oedipal position. Although Hans's ambisexuality was strong, this does not mean his identification with his father was weak. Rather, he had strong identifications with both parents. This phenomenon is more widely recognized in girls, but it is seen in boys as well. Dr. Goldberger felt that Hans had not yet relinquished the wish to have it both ways and had not yet conquered the narcissistic injury of being consigned to a single differentiated structure that forever excludes certain capacities. Still, yearning at the age of five to have a baby does not necessarily mean the boy has made a negative oedipal solution. On the contrary, Little Hans had a strong sense of his own gender, and there is much evidence of a stable father identification. In fact, we have some evidence that Hans sought to become a better father than his own. At a moment when he was frustrated by his father's lack of explanations, he said that *he* would take his child to the park and "explain everything to her." Dr. Goldberger noted that the father's reluctance to reveal the role of the man in making babies is not just some archaic Victorian prudery. As a child analyst, she frequently finds that parents are reluctant to impart this vital piece of information.

Dr. S. Warren Seides questioned the choice of the Little Hans case to elucidate the complexity of father-son interactions during this period for several reasons: 1) the lack of data concerning both mother and father in the original case history; 2) the blurring of the paternal role with the therapist's role; and 3) the lack of emphasis in the case history on little Hans's own ego strengths in dealing with his parents' pathology. Dr. Seides pointed out that although Freud praised Hans's father as a therapist, he did not praise him as a parent. Overall, one gets the impression of an overly intrusive father rather than one who allowed the child to work out his oedipal and preoedipal conflicts through ego mastery and identification. Some of the answers and interpretations Hans's parents gave him were correct, but many others were factually wrong, misinformed, and unempathic. This represents the effect of the parents' unresolved fantasies on the establishment of conflict in the child through unrealistic reinforcement of the child's own fantasies. The equilibrium between the child's ego apparatus and its ability to control drive derivatives is altered by identification with the distorted ego apparatus of the parents. This leads to increased conflict and compromise formation in the face of these parental responses. Dr. Ross's idea of the importance of the availability of the father would have to be amended to include the specific parent-child interactive pathology and strengths.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 25, 1986. ON "MERGING" AND THE FANTASY OF MERGING. Irving B. Harrison, M.D.

Dr. Harrison stated that the assumption of an original state of mother-infant unity is now widely accepted as a fact of psychic development, and he proposed to show that the assumption incorporates a concept of merging. Merging was originally understood as a primitive intrapsychic activity whereby the early ego blended sensations and impressions from diverse and nondiscriminated sources. It has become confused, however, with processes which are either more primitive—and developmentally earlier—than perception via the senses (Kohut), or which exist in a realm of "psychic fields" beyond the observable events of human physiology (Loewald). Such concepts, in addition, go beyond the assumptions which form a base for Freudian theory. Dr. Harrison sought to refute these authors' contentions and to underscore the extent of their departure from Freudian assumptions. The distinction between merging and the fantasy of merging was explicated by Dr. Harrison.

Many recent theoretical and technical innovations in psychoanalysis reflect the influence of the assumption of an original mother-infant unity. But Dr. Harrison contrasted the goal of efforts to promote "empathy" and to encourage regression in pursuit of the merged states with the Freudian technique in which regression serves the exclusive purpose of facilitating the analysand's access to repressed conflicts. The purpose of the latter is, of course, to re-establish a full connection between these and the analysand's conscious (verbal) ego.

DISCUSSION: Dr. Jerome Ennis noted that Dr. Harrison subjected an important part of Mahler's developmental theory to the same critical scrutiny that other recent psychoanalytic revisions have received. Dr. Harrison concluded that Mahler's merger ideas are erroneous and give rise to even worse technical applications. He prefers Freud's idea of primary narcissism to Mahler's original merger for conceptualizing psychic origins. But both concepts are conceptually and methodologically problematic. Both provide the basis for theories of pathogenesis which define a fixation point (primary narcissism or original merger) that is seen as regressively revived and unconsciously sought after in later life. Such an emphasis is a subtle, paradoxical shift away from psychoanalytic genetics, which is an epigenetic theory that describes a series of new formations and successive transformations. The emphasis on origins blurs developmental stages and the associated complexity of psychopathology. This is one manifestation of a "preoedipalizing" trend in current psychoanalytic theory and practice, with its emphasis on deficit rather than on psychic conflict. Psychoanalytic workers in child development have seriously questioned the possibility of recovering early developmental data in adult analysis or even in child analysis. Dr. Ennis agreed with Theodore Shapiro's doubts about the validity of the search for an ever earlier anlage of later derivatives. Finally, although Dr. Harrison claimed that his emphasis on primary narcissism is more congruent with current neonate research than is Mahler's original merger concept, Dr. Ennis

suggested that the work of such researchers—even analytically oriented ones like Daniel Stern—is compatible with neither.

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 14-18, 1988, at the Waldorf-Astoria Hotel, New York City.

PSYCHOANALYTIC BOOKS, a new quarterly journal of book reviews in psychoanalysis, is seeking reviewers. If interested, please write, indicating area(s) of specialization, to: Joseph Reppen, Ph.D., Editor. Psychoanalytic Books, 211 East 70th St., New York, NY 10021