

The Future of Psychoanalysis

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THE FUTURE OF PSYCHOANALYSIS

BY VANN SPRUIELL, M.D.

Ideas without facts are empty; facts
without ideas are blind.

ROBERT WAELDER (1967, p. 26)

INTRODUCTION

It is known that what will happen within complex systems cannot be predicted far in advance. Psychoanalysis is such a complex system. But thinking about the future of psychoanalysis can be a useful game. There are times for speculation. We need our imaginations about the future, if only because they add to our sense of vigor and life in the present.

When we examine our field in terms of its coherence, its existence as an entity, we can compare it to other entities. For example, a house has an "inner identity," composed of all its interior structure and all the human happenings that have occurred within it—constancy in the midst of change. And a house has an "exterior identity," its street address and all the things that have taken place in relation to other buildings and the larger surround and *its* history (Greenacre, 1958, p 613). Only after we have examined every one of its components, keeping in mind that each influences and is influenced by every other, should we go on to think about not one, but a number—a range—of possible futures, whether of a house or of an entity like psychoanalysis. Some futures are more possible than others. Some are beyond our capacities to affect. Others can be influenced one way or another. As professionals in a discipline

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

to which we are vitally committed, we want to do what we can to help along some futures and tilt against others we know would be harmful.

We ought to be chastened by memories of old predictions about the future of psychoanalysis. Fifty years ago, as Freud lay dying, enough was known about the immediate past of the civilized world to make what happened in the next few years quite expectable—although not many people seemed to anticipate the sheer extremes of the horrors which followed. Although the immediate future of the world seemed uncertain, at least there were grounds for hope. But the more mundane prospects of making a living in the private practice of psychoanalysis must have appeared to be extraordinarily gloomy. Without Freud's authority, who could guess what would happen to psychoanalysis? Few would have dared hope for the way it flourished immediately after the war.

On the other hand, should the future have seemed as *good* as it turned out to be in the United States, not much later, in 1953 or 1963? Looking back, we can see that the rosy predictions often made then were flawed by overly simplified understandings of the brain and mind which were characteristic of those times. Some predictions that were made were also defective because of a lack of appreciation of the weight of shifting social, academic, insurance, and governmental forces.

What about predictions in 1989? I believe that the pendulums of larger forces may be swinging toward psychoanalysis again; that we can be certain of our capacity to distinguish good theoretical and therapeutic analysis from bad analysis; that there is overwhelming evidence that good clinical analysts create more good *new* analysts, and that bad analysis fouls our own nest.

THE AIMS OF THIS ESSAY

Psychoanalysis will survive. But before supporting that statement, it is important to ask a primary question. What is meant

by “psychoanalysis”? We could give the usual answer: it is a therapy, a theory, and it has applications to other fields. Or, we could say it is a label applied, for some reason or another, to *individuals* and their ideas and certain special things they do. Or, the term could refer to formal *organizations*, presumably made up of these same individuals. But these two categories, individuals and organizations, are not exactly congruent. There is a third way of looking at psychoanalysis: as a *body of knowledge, techniques, and work, together with a professional group defined by and committed to this body*. Psychoanalysis, in this sense, is a non-material entity binding a professional group. It goes beyond mere labels of persons and organizations. Psychoanalysis as a definable body of knowledge and techniques, practiced by a distinct professional group, is not exactly congruent with either of the first two categories.

But if psychoanalysis includes a body of knowledge, is that knowledge merely a conglomerate of ideas, riddled with fundamental contradictions? If one adds up *all* the individual ideas known as “psychoanalytic,” then that is the way it seems. If we look more carefully, however, we can discern, framed within reasonably definite boundaries, a very small number of coherent, compatible, fundamental assumptions, basic concepts, and guiding principles. And together with the theoretical guiding principles there exists a set of explicitly shared techniques. These are delineated succinctly in a paper by Samuel Guttman (1985). Within the frame, theory and praxis are indivisible.

This psychoanalysis is a system, a process involved in a slow rate of change, with consolidations, corrections, and elaborations. It can be both applied to and influenced by other intellectual fields which are also entities—other disciplines. Depending on definitions of science, psychoanalysis is either a genuine science in early stages of its development or a proto-science.¹ It

¹ It does not matter particularly what it is called—except to philosophers of science and individuals anxious to be included under the prestigious mantle of contemporary science.

has the capacity to generate and test hypotheses, to discover provisional truths that exist independently of the human discoverer, and to connect and integrate these facts on different levels of abstraction. Especially, it has content from which predictions can be made, and this content is independent of particular persons—psychoanalysts—who make the predictions.

Committed psychoanalysts are as surely professionals as chemists are professionals committed to chemistry. And there are criteria for distinguishing these disciplines and professionals from *other* disciplines and professionals. To think of the future of psychoanalysis, we need to examine *this* system in more detail, just as we might examine the system known as biology. We need to look not only for the possible futures of the whole, but for variations in the futures of its parts.

Of the interrelated variables of the discipline of psychoanalysis, which I will summarize in this paper, three are selected for special attention concerning the future. These three are: the morale of psychoanalysts; the preservation and improvement of professional standards; and the development of scientific research, vital for psychoanalysis in the long run.

WHAT IS A DISCIPLINE?

For convenience of discussion, I will draw upon the later work of Thomas Kuhn (1977), which immensely sharpens his earlier concept of revolutions in science—the substitution of new “paradigms” for old ones (1962). For purposes of the present discussion, I will not examine Kuhn’s work systematically,² but in-

² It is an empirical observation that intellectual disciplines acquire specific social infrastructures when there is a sufficient number of individual members and when the science has developed to a certain point. That members of scientific disciplines develop somewhat similar, or at least comparable, social organizations seems unquestionable. To what degree such a given organization determines a science, or delineates it from supposedly non-scientific disciplines, seems more in doubt. Entailment propositions (that two or more variables are always found together, without it being determinable which is cause and which is effect) seem to be involved. The debates among historians and philosophers of science about these

stead I will partly paraphrase his points and even alter their contexts in minor respects (thus slightly changing their meanings) in order to delineate our own field. In other words, I will not address Kuhn's primary interest, which is the philosophy of science, with its need to define more accurately just what is meant by "science."

There are divisions of the functions of elaborated scientific disciplines. A coherent discipline has: *fundamental, shared assumptions, preferred models*, and shared *techniques* of investigation and validation. It has inner *organizational modes* to provide coherence and continuation (schools, literature, and particularly meetings in which technical and theoretical matters can be organized, presented, and debated), and to deal with the external world within which the discipline exists. Thus each discipline has ways to look after its interests—which are primarily to do the kind of work it does.

Standards, particularly minimal standards, are created out of these modes of organization, together with the group experiences of work. Closely associated are social and intellectual *values*. All these play into the complex *reputational systems* which make or break the prestige of scientific, intellectual, and political authorities within the group. These reputational systems are in themselves neither good nor bad; they are necessary to maintain the discipline's cohesion and such authority as its leaders have. There are also *traditions*. Among the most important traditions are those sets which favor conservatism opposed by those sets which favor change. On one side are recommendations for a very strict implementation of standards; they run the risks of dogma and cultish degeneration. On the other side are traditions which favor an "ecumenism" of standards; at the extreme, they risk a mindless eclecticism and egalitarianism of values. If an intellectual discipline copes with conflict by demolishing it through becoming frozen in authoritarianism, it loses

matters are fierce, and beyond my competence. However, before scientific geography could develop, there had to be often solitary explorers; and Darwin's insights did not arise within a scientific discipline.

its intellectual status and becomes a mere ideology preached by a group of believers. If it abandons the apprehension of conflict by assuming that all points of view are equally valid and that no differences exist among them, it becomes a mob. In either case, there is promise of extinction and replacement by other, more intellectually legitimate disciplines. A final dimension, dependent upon all the others, is the question of the *morale* of the group.

DOES PSYCHOANALYSIS HAVE A DISCIPLINARY MATRIX?

Freud insisted that clinical data and theoretical guides are indivisible. One of Kant's most famous remarks was, "Thoughts without content are empty, intuitions without concepts are blind" (1787, p. 931). It was paraphrased by Waelder (1967, p. 26), "Ideas without facts are empty; facts without ideas are blind." Without its laboratory of clinical experience, that which is called psychoanalysis all too easily becomes intellectualized—and then any particular version of psychoanalysis is no more convincing than any number of other philosophical speculations about the workings of the mind.

It is true that there are outstanding individuals actually within the core of the discipline of psychoanalysis who do *not* practice clinically, and yet make major theoretical contributions. And it is also true that some major clinicians have contributed no research and have never added to theoretical knowledge. It nevertheless holds that the vigor of the collective is a result of the appreciation of the indivisibility of the core assumptions from each other and the indivisibility of theory and clinical practice, ideas from the "facts,"—their regular acquisition, exchange, and refinement (Spruiell, 1988; Weinshel, 1988). However, although the primary source of the "facts" of psychoanalysis is the clinical practice of psychoanalysis, there are also secondary sources of facts—other ways to "do" psychoanalysis.

Both the accretions of experience and the acquisition of knowledge from other forms of research add to the information bank from which we may derive new ideas.

Psychoanalysis began as an individual enterprise of Freud's. Eventually, it made what Freud called the greatest progress a group can achieve: the "decisive step," the replacement of the power of the individual Leader with the power of the community (1927, p. 95). When others first joined Freud, psychoanalysis became a group activity. There came into being a group of individuals called psychoanalysts. Freud set the criteria for who could be a psychoanalyst and who could not (1914).

It became possible to "do" psychoanalysis in ways beyond the self-analytical and beyond the two-person relationship between analyst and analysand or supervisor and supervisee. It became possible to "do" it in the context of professional groups in a way comparable to mathematicians who "do" mathematics and physicists who "do" physics. During the early years, the small number of these new professionals made themselves identifiable and distinguishable from, for examples, the followers of Jung and Adler. However, during the past fifty years it has become harder to draw distinctions between the discipline of psychoanalysis and the ideas and practices of those who merely label themselves psychoanalysts.

If we think of ourselves as constituting a special entity, or as involved with one, we must think of boundaries. Whitley (1985), a sociologist, examines and compares scientific disciplines by applying similar criteria to a variety of fields, setting aside valuations of the end products, even the validity of their "scientific" status. Then their types, their structural similarities and differences, can be more profitably surveyed. A sociology of intellectual disciplines, insofar as they *are* disciplines, can exist, and Whitley's work demonstrates that such a sociological enterprise is possible and desirable. Thus, not only can we imagine a psychoanalytic sociology (as Freud did), a sociology of psychoanalysis is also imaginable and desirable.

FORMAL RULE THEORY

In another place (Spruiell, 1983a), I have used formal rule theory as a conceptual tool to examine the analytic situation. Here, I wish to apply it to an organizational system. Rule, as used here, means “an established guide or regulation for action, conduct, method, arrangement, etc.” (*Webster’s Unabridged Dictionary*). In other words, rule theory applies to attempts to discern regularities in events and to put the resulting “rules” in symbolic form.

This concept of rules can be useful, but it is very loose. Under its shelter fall many kinds of rules: rules concerning electromagnetic actions; grammatical rules; rules of games; moral rules; rules of law; the logical rules of Boolean algebra. However, I am confining its use here to shared rules of ordinary behavior in groups of people. Such rules are almost always obeyed without thought, or even awareness that there *are* rules. They are made evident when they are broken—when “everybody knows” that a particular piece of human behavior seems highly unexpected, or deviant, or inappropriate, or psychopathological.

For these purposes, there are three categories of socially evolved or invented rules. One prescribes what one *must* do in given circumstances. Another describes what one must *not* do—the *limits of permissible behavior* in specific social situations. The third category refers to mixtures of the two, or conditions in which there are, say, two choices which are merely two sides of a coin: one rule would say what individuals have to do; another, applying to the other choice, would say what they may not.

Why should we bother to classify rules in this way? Limitations on permissible behavior, or *proscriptive* rules, set boundaries. If they are silently agreed to, and most rules are, one may do anything within the boundary but one may not go over it. As far as such rules are concerned, one has total freedom within the boundaries. (Of course, if the boundaries are very tightly drawn, one is confronted with a taboo concerning a forbidden act, like incest or murder. If proscriptive rules are very closely

defined, the only freedom left in respect to them is to break them.) In contrast, *prescriptive* rules, if they are specific, are completely limiting; sharply drawn, they leave no room for freedom at all. (Of course, if they are vague, they are meaningless, amounting only to “manners”—for example, “one should always be courteous.”) If either set of rules is rigidly defined and tightly drawn, there is no freedom of any sort, scientific or personal; we then say that such a system is “rule-bound.”

In terms of psychoanalytic theory, prescriptive rules apply only to fundamental assumptions and guiding principles; in terms of technique, to all that is implied by the “fundamental rule” and its counterpart in the analytic stance. In terms of theory, our prescriptive rules are loose. For example, it is assumed within the group that there exists in individuals a truly dynamic unconscious which influences conscious phenomena; there is no consensus within the group that one sharply specific view of it is correct and that others are wrong. It is assumed that the human being is a historical creature; it is not agreed that one developmental view is necessarily correct and that others are necessarily in error. It is assumed that it is in the nature of mind to be ubiquitously involved in inner conflicts; it is not agreed that necessarily *all* psychic phenomena are products of conflict.

At the same time, each of the truly fundamental assumptions and basic concepts must be *included*; no one of the small number can be jettisoned without altering the whole and turning it qualitatively into a “something else” (as Rangell has stressed in a number of papers, see especially 1985). Similarly, the addition of qualitatively quite different fundamental assumptions, e.g., Jung’s belief in a central theoretical and clinical place for a concept of the racial unconscious, also turns the discipline into some other system, not psychoanalysis. To the small number of essential concepts, several technical prescriptions are intimately related. If some *other* fundamental prescription is offered—say, that infantile needs of analysands should usually be gratified directly, or that all patients must re-experience a birth

trauma to complete their therapeutic work—some *other* therapy is being described, not psychoanalysis.

Nothing dogmatic is implied, however, about whether these other theoretical or technical systems are “better” or “worse” than psychoanalysis. Quality or “truth” should not be dictated by dogma. Such issues, if determinable, must be settled in other ways.

Together, the proscriptive and prescriptive rules set the boundaries and encourage certain activities within the frame—for example, the observance of limitations on the analysand’s motor behavior and the injunction to analyze inner constraints on the analysand’s psychic freedom. They distinguish psychoanalysis from apparently similar disciplines (e.g., interpersonal psychiatry, Jung’s or Adler’s systems, group or family therapies) and from those not similar at all (e.g., vocational guidance or anthropology).

Psychoanalysis has had quite useful interdisciplinary relationships with some other forms of psychotherapy and with disciplines even more distant, such as anthropology, physiology, neurophysiology, sociology. But this holds only if the essential differences of the disciplines are respected. Psychoanalysis is absolutely distinguished from occupations which have no enunciated theory at all, like Rogerian or behavioral treatments, and from “disciplines” of psychotherapy which have no technical rules at all, like nude group therapy. When chasms are too great to be bridged, the consequence of trying anyway is to fall in.

I do not want to be misunderstood, however. A field such as ours should have reliable rules, but not internal injunctions and abstract boundaries which are frozen and specific. For example, a metaphor of a box, or boxes within boxes, would be inappropriate if applied to a living system. Boxes seem too hard, too fixed. A better metaphor for our discipline’s boundary would be that of a membrane of a living creature: expandable, contractible, with some variations in its permeability. Furthermore, the boundaries I am describing are generously loose. If they are too

constrained, we would be describing a belief system, not a scientific enterprise.

What this organismic model can help describe is a *system* of an evolving disciplinary entity. Flexible but necessary rules allow great freedom for constructive disagreements within the system. But without boundaries which can be at least relatively clearly discerned, and without fundamental assumptions, psychoanalysis is only a label without an entity.

INDIVIDUALS CALLED PSYCHOANALYSTS

In terms of this systems model, three groups of individual psychoanalysts can be discerned:

A) Analysts whose major professional commitment is to psychoanalysis, as described above, do understand that it is in fact a well-defined entity. These analysts make up the core workers within a true professional discipline. In the United States, the large majority belongs to the American Psychoanalytic Association. But there are some notable exceptions, which even include people who have had no formal analytic training at all or people who have been trained in institutes not accredited by the American. This core group of American psychoanalysts shares a strong consensus about the frame described above and the happenings within it. In fact, they make up the only cohesive disciplinary *group* in the United States which possesses a general theory of mind. For these reasons the members are the primary constituents of the scientific discipline of psychoanalysis.

Peripheral to this core, but quite necessary to it, are those psychoanalysts, again, in the United States usually members of the American Psychoanalytic Association, who are primarily committed to psychoanalysis as a special *therapy*. Many of them, for conscious or unconscious reasons, are not interested in theoretical matters. However, some of the members of this subgroup may later in life move into the disciplinary core of scien-

tists. Others may drop away. But the majority supports the theoretical and clinical propositions of the core group.

B) There are other colleagues in the United States, nobody can know just how many, who may also be members of the American Psychoanalytic Association, but who do *not* agree with the fundamental assumptions alluded to above or the corresponding technical maxims which flow from them. Some of the same colleagues have more or less coherent and cohesive theoretical and technical systems which vary from the “established” science in the “mainstream.” If groups ever form around “alternative schools” in sufficient numbers—probably nobody can define what number would be sufficient—one or two of them may eventually become a rival scientific discipline. There are a few worthy alternative *theories* which are self-consistent and which, as such theories have done in the past, may force alterations of mainstream or “core” theory. One hears of rival “paradigms” (Kuhn, 1962). But at this point, the numbers constituting these groups are not large enough to constitute separate scientific disciplines.

However, I am not convinced of the lasting qualities of any of the dissident groups known to me. I think, as does Rangell (1985), that most of them modify *essential* theories or techniques of the mainstream discipline; for instance, they alter in major ways techniques having to do with transference, or they make markedly different fundamental assumptions, such as adopting theories which are mostly or entirely cognitive in nature. It is the *justification* for making these alterations which so far has failed to be convincing. Quite often, in the polemics against the mainstream framework (“Freudian” or “orthodox,” said with a sneer), that framework is first rhetorically dehumanized, then triumphantly destroyed. The alterations are apt to be expressed on a theoretical level, but it seems likely that most of them arise in the realm of therapy. Or the alterations are not enunciated at all; there is a synecdochical emphasis on one part of Freudian theory and covert de-emphasis or outright denial of other parts.

It is quite possible that someday a truly new discipline may emerge which will eventually displace the scientific discipline of psychoanalysis, or compete with it on equal terms. If that happens, we can hope that the new discipline, with its truly new “paradigm” in Kuhn’s sense (1962), will be given another name.

There are still other colleagues who also have a primary commitment to what they call psychoanalysis, but who have no enunciated theories at all and/or no coherent corresponding techniques. Some of these “loners” actually do have implicit order but are not able to write or talk about it, except in very private relationships. They may have important things to say to us and about us—if only they could find ways to do it.

Again, it is important to keep the distinctions between individuals and organizations clear. It has already been mentioned that there are individuals who are outside the formal and informal *organizations*, yet who very much belong to the *discipline*. And there are psychoanalytic institutes which are not part of the American Psychoanalytic Association which produce at least some graduates who certainly would be included within the discipline of psychoanalysis. I am in no position to judge the relative quality of these institutes. And there are graduates of institutes accredited by the American, and who are *inside* the dominant organizations, but who *oppose* the aims of the discipline.

But within this sizable second group, Group B, there is great diversity; lines of communication are anything but clear. Group B is an entity mostly in terms of what individuals think they are against. The people—one hesitates to say “members”—in this group do not constitute an entity like Group A. They constitute a squabbling conglomerate.

C) A very large number of people in the United States, larger than the combined memberships of Groups A and B, identify themselves as psychoanalysts, yet cannot properly be considered psychoanalysts at all. Most are primarily psychotherapists. Whatever theoretical and clinical beliefs they have are not important to them. They want mainly to *call* themselves psychoan-

alysts. Most are not certified by recognized national organizations and have not been trained by proper institutes—by any standards. Some of them have not had even pseudo-training.

In the United States, there is no formal organization which is identical with the first group, Group A, the scientific discipline of psychoanalysis. And that is probably as it should be. In my opinion, political and scientific motives should be distinguished as clearly as they can be. I am familiar only with the American Psychoanalytic Association and the institutes accredited by it. One can find a concentration of the individuals who make up Group A in the Board on Professional Standards of the A.P.A., in central positions within the majority of its institutes, in groups of analysts like those who constitute the Center for Advanced Psychoanalytic Study in Princeton, and on some editorial boards of psychoanalytic journals.

THE FUTURES—OF ALL OF THE PARTS OF A SYSTEM

To secure its best futures, psychoanalysis needs to strengthen its core as a scientific discipline in each of the components set forth above. *Each is integrated with every other:* 1) assumptions, 2) models, 3) technical procedures, 4) schools, 5) publications, 6) values, 7) reputational systems, 8) morale, 9) professional standards, 10) scientific research—and, 11) external relations. All are interrelated variables within the discipline.

PSYCHOANALYTIC MORALE

Among the most serious of the threats to psychoanalysis are pressures to lower analytic standards and cheapen analysis through ecumenical and eclectic attempts to encompass all or most of the people who call themselves psychoanalysts. Some of the pressures are closely associated with problems of morale. Contributing to the negative interactions are manifestations of

self-destructiveness among analysts themselves. For example, it is amazing how often analysts engage in pessimistic indulgences. Let any philosopher attack the central ideas of Freud and psychoanalysis, and he finds himself invited to our podiums, quoted in our journals, and praised as an expert. There are people—even analysts—who regularly lecture us about the scientific inadequacies of our clinical evidence and our research methods—and they do so not on the basis of experience, but on the basis of obsolete, positivistic, reductionistic, idealistic, perfectionistic, “scientific” standards of “proof” which are unapproachable in our discipline and perhaps illusory in any other. There is a great market for what is supposed to be bad or questionable about mainstream or Freudian psychoanalysis—and a willingness to listen to preposterous indictments. The worst enemies of the scientific discipline of psychoanalysis are some psychoanalysts.

It is not clear to me why this is so. It is simply stating the same thing in another way to ascribe it to a failure of resolve, or a need to pacify aggressors by self-immolation. The isolated nature of the work, and its consuming interest in the deepest conflicts of the mind, undoubtedly favors the expression of unresolved transference conflicts, sometimes displaced to the organization itself or its parts. Certainly, the frustrations involved with the necessary abstentions must also play a part. Finally, there are unavoidable disappointments.

But I will point out something that should be obvious: the despair of some contemporary analysts is not a realistic reaction to danger. Only compare the present realities with those in Austria and Germany during the 1930's! Without criticizing those who found themselves truly in helpless positions, if the reaction of all analysts had been despair about the Nazis—perhaps with the hope that it would be dissipated by submission, compliance, and expiation—the vigorous post-war development of our discipline would probably have been impossible.

There is no genuine relief from our burdens to be had in the external world. I do believe psychoanalysts should look outward

to other disciplines for stimulation and collegiality; I do not believe, however, that psychoanalysts should look to behavioral scientists or philosophers or literary critics or other “experts” in any other field for *confirmations*. Turning away from our own field of competence guarantees disappointment.

If psychoanalysts want to do something about themselves, recover their courage and commitment, rediscover their resolve, they should look inward, to what they know about themselves, what they have learned about themselves in their careers as analysands and analysts, what they have learned in many thousands of hours of being supervised, of supervising, of group discussions, of arguments with friends—the whole immersion in the collective lore of the discipline itself. We need to return to understandings that tend to get lost in our other preoccupations, especially those insights we sometimes painfully had to acquire about ourselves. And we need to preserve plain common sense.

Nowadays, in my opinion, there *are* some external dangers, but they do not seem overwhelming. These include: the consequences of governmental and social changes; a lowered perception of the value of psychoanalytic treatment by some potential patients; economic pressures on medical schools (which have a myriad of effects, particularly on psychiatry, residents, and analysts on their faculties); reduced opportunities for psychoanalytic teaching and research within departments of psychiatry; removal of insurance benefits for therapeutic analyses; the dangers of deprofessionalization—the freedom for large numbers of hardly trained or untrained individuals to represent themselves as therapeutic psychoanalysts; the interaction of all of these factors with the internal one of a lowered group self-esteem; theoretical propositions which offer simple ways out for complex human problems; easier and supposedly surer methods of treatment because they are purportedly easier for therapist and patient alike; and external belief systems in place of the inner necessity to live in a real world of uncertainty and ambiguity.

THE MAINTENANCE OF MINIMAL PROFESSIONAL STANDARDS

We must be responsible for our own care; our public resources are small. The collected institutes recognized by the American Psychoanalytic Association still make up only a tiny national organization—but one which has been remarkably effective. Yet it has been much reviled for, among other things, its lack of efficiency and an allegedly bumbling system of governance. Better, some say, to merge with universities. But the majority of psychoanalysts think it is better to be free—even at the price of retaining what seems inefficient to outsiders. As Lawrence Friedman (1988) says, psychoanalysis does not thrive within larger academic or governmental organizations.

Our best safeguards and remedies have to do with maintaining and improving psychoanalytic standards. Although the American Psychoanalytic Association is often thought by non-members to be dogmatic, awesomely powerful, and ideologically conservative, the facts do not bear out these assumptions. In fact, the A.P.A. is relatively weak, compared to similar organizations. Its Board on Professional Standards, the only group monitoring standards, needs the support of all members. It needs to be strengthened, not weakened. Without doubt, the International Psychoanalytical Association will set up organizational modes similar to those of the Board when new, autonomous institutes come to be evaluated.

It will be to the advantage of both organizations to aid and encourage new institutes which come to be recognized by the International Psychoanalytical Association but not accredited by the American. If there are tendencies—from any accredited quarter—to lower these standards by trying to train untrainable people, all psychoanalysts and all potential psychoanalysts will be the losers.

SCIENTIFIC INFORMATION AND RESEARCH

The long-range future of psychoanalysis also depends upon how rapidly and how well it can move from the verbal tradition

of natural science observations by individuals to a maturity which adds more impersonalized studies by groups.

Astonishing amounts of data have to be accumulated if any living system, such as a person, or a mind, is to be properly investigated. The study of the mind in depth is comparable to a study of an ecological system. After their own eras of individual, empirical observations, other sciences began to study isolated variables in large numbers of subjects. This was easier in sciences which dealt with inorganic phenomena—and, indeed, this method became idealized as *the* scientific method. It was much more difficult for biologists to use reductionistic and statistical systems in work with *living* subjects.

During this century it has come to be feasible to “objectively” study large numbers of variables in relationship with each other. We can be certain that this trend will continue, and will even lead to new criteria for what is science. New surprises will certainly swim into view if we are able to exploit the new technologies of computer science. New formulations will occur if we are able to devise new methodologies.

Of course, psychoanalysts have always studied complex systems. They utilize their own brains’ computational abilities—and the brain is still incomparably more capable than any presently imaginable computer. However, it is not as precise as some scientists wish—it is not even as precise as an adding machine. But it can cope with relating parts to each other and to wholes. To do this, analysts must move back and forth between free processes of their own associations and rational analyses—as other scientists actually do, although they hardly ever admit to it in their reports.

Given the awesome and unique therapeutic potentialities of psychoanalysis for suitable people who are interested in their own minds and fates, there will always be a need for clinical psychoanalysis. As long as there are relatively free societies, the traditional psychoanalytic forms of putting forward new ideas, testing them, challenging, refining, and shaping the developing body of theory will continue. But something new was added

forty years ago to the study of individual psychoanalytic cases: team research.

In what follows, I will make no effort to survey the range of psychoanalytic scientific investigations, past, present, and future. Much more has been and is being done than is commonly believed. But I will confine specific remarks to the research I know something about. I will begin with a few general questions, then discuss past and present together, and conclude by making some speculations about the future.

What do we hope more organized research by groups of analysts can tell us that we do not already know from our traditional activities? What can we expect to learn from the investigations of scientists in other fields that would be actually relevant to ours? I think the correct response to both questions is that we do not know. It is simply important to keep repeating the questions. However, we do know some of the things we *need* (and they have little to do with validations for outsiders).

First, we need to continue our traditional forms of psychoanalytic investigation. And here are some examples of additional needs: to test those of our concepts which can be tested; to develop a psychoanalytic epidemiology; to acquire modern archives which are easily accessible—that is, computerized archives; to perform prospective, comparative, and longitudinal studies; to study the operations of case conferences—and predictions made during them. More generally, we need to advance the epistemological problem of studying *small numbers of subjects* while taking into account *large numbers of variables*.

Psychoanalysis began by the investigation of single minds. It was a great good fortune that these investigations turned out to have unprecedented therapeutic value. Thus psychoanalytic research originally came from *some* members of the group of individual clinicians. To my knowledge, there are no general scientific disciplines made up *only* of full-time researchers. Only a fraction of chemists spend a significant amount of time doing research, if they do any at all. Most anthropologists, biologists, physicists, astronomers, and sociologists teach. Traditionally,

most psychoanalysts have analysands, teach, and work in other ways as psychiatric clinicians.

Nevertheless, most analysts look upon their clinical analytic settings as potential laboratories for naturalistic scientific observations. For many of us, that is one of the reasons the profession is so fascinating. Unfortunately, it is inherently difficult to share and test these insights in the way ecologists, for example, might share and discuss their observations and ideas. Even the ecologist would communicate mostly with other biologists. It should be interjected here that it is a myth that academic psychologists, philosophers, and historians of science often visit the laboratories of other disciplines. A non-geneticist would have little or no idea, from laboratory observations, about either the work or the competence of the geneticist. Geneticists have their own ways of examining the veridicality of results and the competence of their colleagues. So do psychoanalysts.

Despite all the limitations, a huge collective "information bank" has come into existence among psychoanalysts. It contains data at every level of validity, from the effectively proven to the extremely speculative. But it is largely private and informal in nature. Communication remains, for the most part, in the oral tradition, rather than in the written, symbolic tradition. It is in the murmuring market-place of ideas that pragmatic tests of new insights, formulations, and re-formulations occur. It is likely that psychoanalysis will remain for a long time relatively inaccessible to "outsiders." This is true for two reasons. At the existing level of theories, stringent "proofs" are hard to establish. Rather, we deal with a very small number of basic assumptions and a series of "likelihoods." And our exchanges are enormously constrained by the fact that the data of psychoanalysis have to do with intimate details about potentially identifiable people.

Only a minority of analysts now publish clinical material. When they do, their aims are more to illustrate than to document what they believe to be true. Few analytic papers are scientific reports intended to *prove* something. Rather, they are

intended to demonstrate that the analyst-writer *observed* something, or *inferred* something, in the way other natural scientists observe and infer phenomena in nature, or make more abstract generalizations from them.

This is not the tidy way research is done in fields claiming modern methodologies. But even if, say, one of the neural sciences can be thought to be more advanced, *its* research is tidy only in certain ways. The neural scientist may have beautifully documented results about the brain, but the findings are useless if combined with trivial conceptions of mind.

Nevertheless, ways can be found for psychoanalysis to move toward more organized information which can be disseminated more publicly. In fact, during the 'fifties, and 'sixties, and into the 'seventies, psychoanalysts were involved in many organized scientific investigations, some specifically having to do with psychoanalysis, some interdisciplinary in nature. I had the opportunity to do research work with two of these groups. In the 'fifties and 'sixties, there were great hopes that the linguistic, sociological, anthropological, biochemical, genetic, developmental, cognitive, physiological, and neurophysiological fields would produce information which would inform psychoanalysis and in turn be informed by psychoanalysis. An important instance was developmental research which helped shape and correct reconstructions made from adult and child analytic work—and in turn was influenced by the analytic point of view. However, excepting the developmental studies, the results of the major psychoanalytic research efforts in the past have been largely disappointing. The reason massive research projects have not been more successful has to do with our underestimation of the extraordinary complexity of our fields of study. We did not recognize the translation problems between separate disciplines with differing epistemologies. We have not, as yet, been able to devise scientific methodologies which can cope with the extraordinarily large and complex sets of variables involved. Looking back, one can see that it was not even possible, no matter how much funding might have been available, to

cope with such complexity by processing coded data statistically by hand. Finally, the social, governmental, and educational forces during the last ten or fifteen years have operated against the older, large-scale research projects. On the other hand, a large amount of valid scientific information *was* derived from them and has simply been forgotten—much research in psychosomatic medicine, for example.

Some of the most interesting (and frustrating) projects have focused on recorded individual analyses. But studies which use audio and video recordings (and, often, computers as tools) of analytic sessions and observations made by independent observers are extraordinarily “labor intensive.” Think of simply listening to the recordings of one analysis: aside from processing what the analyst heard and later evaluated, one would consume at least 10% of one’s working time simply listening. The wonder is that any such studies at all have been undertaken and even completed. And it is not to be forgotten that even elaborate observational studies such as these can reveal only one part of the analytic process—almost entirely the productions of the analysand’s mind, not the analyst’s, observed from outside the field. Only in a supervisory or self-analytic situation can valid information—limited at that—be derived about the happenings *inside* the field. But to go beyond the limitations of studies of both the analyst’s and analysand’s minds in communion raises concerns that the research itself will contaminate (and perhaps even destroy) its own field of vision.

Not only have psychoanalysts been involved in large-scale scientific enterprises, many have worked on a smaller scale. Very useful projects have been devoted to what happens to analysands post-analytically, the fate of transferences, the validity of psychoanalytic clinic predictions, “micro-analytic” investigations of recorded material utilizing the computer, individual case studies, the massive, thirty-year Menninger psychotherapy research which culminated in Wallerstein’s 1986 book—these and many more. These ventures need to be continued when more enlightened funding policies make them possible—or *without*

such funding policies, they need to be continued to whatever extent is necessary and possible.

Of several such locally engendered and mostly locally funded research projects, two can be cited. One is the series of Kris Study Groups of the New York Psychoanalytic Institute. The last published report of a Kris Study Group, on so-called borderline states in analyzable patients (Abend, et al., 1983), is a model for this kind of psychoanalytic research. The second is the study of adolescent psychoanalyses at London's Brent House. I had the opportunity to take part in this work as a year-long visitor, beginning in 1972. At that time, Moses Laufer led twenty-three analysts of adolescents in research. Not only were good records kept, but the several groups worked in teams on special research problems—while utilizing these same teams in weekly, round-robin, peer supervision. The work of the Kris and Laufer groups continues; each is proof in itself of the possibilities of cooperative research.

These examples could be extended. Study groups with research purposes have worked under the auspices of the American Psychoanalytic Association, individual institutes, and simply privately. For example, a nationally dispersed set of analysts, also self-funded, ran a pilot study on a computer bulletin board; its purpose was to follow the results of discussions carried on anonymously of actual, ongoing case material presented to the (privately accessible) bulletin board by an analyst who was also unknown to the discussants. Pilot studies are exploratory; it is hoped that more such studies, which more or less systematically limit some variables in ordinary case discussions, will be conducted. Again, the list could be enormously expanded. My point is that analysts can and do carry on largely or totally self-funded investigations beyond individual case studies. They have demonstrated their willingness to give time. And this applies not only to research itself, but to the information management which must accompany it.

One group made a strong beginning toward assembling the psychoanalytic bibliographical archives in computerized form.

The work was done personally by groups of analysts from three widely separated institutes. They entered the bibliographical references of the five major English-language publications in computerized, searchable databases. The results of the work, very inexpensively stored on diskettes, are available at cost. Anyone with a computer can have access at home to these references, be able to search almost instantly for words in titles, authors, specific journals—anything in the database. The same was done with book reviews. Now, the smaller journals are being added.

Some analysts work better alone. Two years ago, Paul Mosher, M.D., of Albany, New York, spent his free time for an entire year working out a program which allowed the database on journal articles to be printed in the fashion of the monumental *Concordance to The Standard Edition* (Guttman, et al. 1980). The result is a book (Mosher, 1987) which the American Psychoanalytic Association sells at near cost. It allows computer illiterates much of the same convenience their more modern friends enjoy.

The *Concordance* itself is another fine example of individual initiative. Incidentally, both of these projects, Mosher's and Guttman's, were funded by the analysts themselves.

One of the unexpected consequences of cooperative work was the recognition that there are many analysts who want to play a part individually, in groups, within and among institutes. There are vital social implications to be drawn: in the nationwide village of psychoanalysts it is still possible for us to do our own research, to make a cottage industry of it. Just as single individuals can often produce far more than committees, small groups of analysts united by common aims can often produce more than some heavily funded organizational programs.

At present, more and more departments of psychiatry recognize that there are many advantages to reconstructing relations with psychoanalysis. There is, after all, no adequate rival theory of mind. Psychiatric residents desperately need to learn rational approaches to psychotherapy. And, except for specific projects,

the flood of grants for so-called "biological psychiatry" has slowed. At the same time, there is a revival of interest in at least small-scale investigations of subjects of interest to psychoanalysis.

We can entertain the same hopes in the more distant future that were had in 1950, but in a context of much greater sophistication. Psychoanalysis can extend relations to the newer knowledge in molecular genetics, neuropsychology, psycho-endocrinology, and artificial intelligence. For example, it is possible to imagine, and in some cases actually accomplish, alterations in what Freud called constitution, which seemed so unalterable in his own time.

A greater sophistication implies that we need to keep perfectionistic standards from stymieing us at the outset. The output of problem solutions also will be complex; we will have a range of likely "truths" or probabilities. Real attention will have to be paid to "hierarchies of validities." "Artificial intelligence," a possible tool of the future, was copied from human cognitive functioning: it utilizes what information is available, acknowledges what is known to be unavailable, and then attempts to make those inferences which seem most likely. It operates in terms of probabilities rather than perfectionistic "certainties."

Even with the computer as a tool, large-scale studies are usually not possible without grants from private or public agencies. However, we should be patient. Funds are useless or wasted if there are not sophisticated investigators to use them well. The sort of renaissance envisioned would be a long-term affair. In the meantime psychoanalysts should get ready for it.

For research purposes, we certainly ought to have coded records—perhaps with ratings from validated rating scales. We need a collective and impersonalized memory bank—archives which can be easily searched. The Hampstead Child-Therapy Clinic (now the Anna Freud Clinic) assembled such a bank in the 1960's in the form of a huge number of indexed cards. The technology was not advanced enough at the time for it to be as useful as it might have been in a computer—but the work of

assembling it was, and the idea becomes truly feasible in the future.

Some archival scientific tasks can only be done by experienced psychoanalysts. The bibliographical database is such an example, and it is only a beginning. Now that there is a core of reliable data—the names, addresses, titles, dates, etc.—the next phase will be to pull in references hidden in volumes of collected papers and in smaller journals. Then, the hope will be to add search words (not all the titles contain all the key words in the papers); after that abstracts; after that, perhaps cross-references and even shifting opinions. If archives like this are constructed, it can be seen that around the center of absolutely verifiable information are successive bands of increasingly subjective data. At the periphery would be shifting reports and commentary. But also, at successive levels away from the center, editorial discretion would be increasingly involved. Each institute within a few years will be financially able to maintain a large part of such a database—and some central, national organization can serve as integrator. If it comes into being, it will join with the other factors of the disciplinary matrix, and will influence and be influenced by them all.

I have no doubt that this particular complex electronic library, or one like it, will be made. In whatever form, it will allow for a kind of browsing known as “hypertext” (at least in cognitive ways, so like free association). The psychoanalytic literature will change rapidly within a few years. As suggested, it may even change materially away from print on paper toward electronic communication, in both formal and spontaneous forms.

Beyond electronic libraries will be additional functions of the computers of the future, some now known, others not. The development of optical circuits, parallel distributed processing (the use of cohorts of separate but integrated computers to study parts of a complex problem simultaneously rather than single computers which have to scan so extensively), neural networking, all these and others will create futures which pass predictability. No one knows the lengths that artificial intelligence,

for example, will go, or its limits. It is known, however, that extremely complicated programs must run their course on particular problems before their inventors and the associated scientific workers can have any idea what the results will be. It is known that small inputs into complex systems can, in a short period of time, result in absolutely unpredictable consequences.

SUMMARY: A FULL CIRCLE

If a consensus can ever develop among funding agencies that human minds, at least as much as brains, ought to be studied—that the individual human is worth it—what is predictable is that the most thrilling revolution ever known will accelerate again. We are part of it. But with or without help from funding agencies, we will continue it. The psychoanalytic revolution, begun by a lonely and brave conquistador, became a group activity transcending the man and the myths about the man. At its best, psychoanalysis offers the only reliable opportunity to allow human beings to change themselves on the levels of deep structure. It is invaluable for those who can engage in it, and within a free society there will always be people like Freud—conquistadors of inner space. In a free society, therapeutic psychoanalysts, if they are well-trained, will survive.

And there will always be a place for psychoanalytic theory. It has influenced every educated person in our culture, whether a given individual knows it or not. It will continue to influence the culture in terms of all that is best in humans. The reason? It relies upon rationality, which includes the recognition of the limits of rationality and the functions of imagination. And it allows us to apprehend pseudo-rationality in terms of the recognition of conflicts, of self-deceptions, of perversions of thought. That is the reason the psychoanalytic movement became a discipline, a proto-science, an early form of science. And that is the reason it will survive in some ways that are known, in others that are quite unpredictable.

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Technique and Countertransference in Freud's Analysis of the Rat Man

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TECHNIQUE AND COUNTERTRANSFERENCE IN FREUD'S ANALYSIS OF THE RAT MAN

BY RICHARD M. GOTTLIEB, M.D.

Freud's records of his treatment of the Rat Man constitute a unique document in the history of psychoanalysis. Through the years different analysts have used these records to support different theories about analytic technique. Certain non-interpretive interventions of Freud's have especially aroused their interest, and many reasons have been put forward to "explain" Freud's behavior. One reason never yet advanced and documented is that a countertransference tension may have been involved in one of these instances. This is surprising, since countertransference is a necessary part of every analysis. Evidence is presented that Freud's behavior may indeed have been under the sway of countertransference. Some recently discovered details concerning his early life are discussed as constituting a plausible background for this countertransference enactment.

INTRODUCTION

The impetus for writing this paper came from my several years of teaching a seminar to psychiatric residents that focused on Freud's longer case histories. Year after year, the residents would invariably make the same observation, phrased in one way or another, about the Rat Man case (Freud, 1909a, 1909b). They would observe in astonishment that Freud behaved in a most "un-Freudian" manner when he analyzed the Rat Man.

After some discussion, it would turn out that they meant that Freud's degree of activity, his friendliness, and what seemed to them his "supportive" interactions with his patient were not

what they had come to expect as the behavior of a classical psychoanalyst. Neither their formal educations nor their personal experiences in psychotherapy and psychoanalysis had prepared them to view Freud's behavior without some degree of surprise. Yet, they assumed, surely Freud had been a "classical" analyst.

I realized that their observation interested me, and that I had not been entirely satisfied with the explanations that readily came to my mind. Had Freud changed his technique and become more "classical" later in his career? What was meant by "classical" anyway?¹ When, then, might the "classical" era of psychoanalysis have been? Why might Freud have behaved so "remarkably" as he did at times with this particular obsessional patient, the Rat Man?

As I began, then, to read the available articles about the Rat Man case, and in particular about Freud's technique in the case, I soon became aware that just these questions, the ones the residents and I had raised, had interested psychoanalytic writers in the past.

It was not until twelve years after Freud's death (Kris, 1951)² that any written commentary critical of his technique in the Rat Man case appeared. Since then, and especially since 1954 (because of the publication of the "Original Notes" in the *Standard Edition's* English translation), a substantial body of literature bearing upon his technical approach has evolved.

The puzzles that had been posed by the observations of my residents were reflected in these discussions in the literature. For example, an author as thoughtful as Zetzel wrote an unwitting conundrum about aspects of Freud's technique in this case. She stated that certain of Freud's interventions with his patient were to be considered "defections from *traditional* technique" and were "unanalytic" (1966, p. 128, italics added). Just what

¹ Valenstein (1979) has recently reviewed and organized much of the complex literature that deals with the definitions of so-called "classical" psychoanalytic technique. It is not my intention to address the issue in this paper, except insofar as it touches upon Freud's technique in the Rat Man analysis.

² In point of fact, Kris's paper was presented orally three years earlier.

tradition was Zetzel referring to, and when and with whom had it begun?

Zetzel's conundrum illustrates one of the two major issues that will be considered in Part I of this paper. The first of these concerns the fact that an examination of the literature on Freud's treatment of the Rat Man demonstrates that analytic writers since Freud have compared his work in 1907 to a technical standard of a later age. This later standard has had the benefit of anywhere from forty to eighty years of evolution. Many of these later commentators have found Freud's work in 1907 to have fallen short of the mark, applying to it such terms as "unanalytic."

The second issue concerns the fact that Freud's work with the Rat Man, however judged by contemporary standards, has in yet another way not been viewed in its own terms. It will be seen that often analytic writers have turned to this early material with polemical purposes in mind: they have used Freud's records as authoritative precedents in efforts to support their own, often contradictory, beliefs about the nature of proper analytic technique.

In the course of my discussion I will focus especially upon certain of the features of Freud's technique in the case that I have termed "remarkable"³ and upon how these have been understood by analytic commentators in the past. It will be seen that the range of "explanations" has been broad and often contradictory, but that the study of specific countertransference tensions has not to this date been included.

Therefore, in Part II I will address the question of countertransference in particular. No one will, I believe, find the idea either novel or objectionable that Freud may at times have been influenced by countertransference tensions in his work with the

³ Mahony (1986, p. 115) applies the terms "technical irregularities" and "irregular technical measures" to three of these features, namely, to Freud's requesting the lady's photograph, sending the Rat Man a postcard, and giving him a meal. Blum (1986, p. 310) avers that the last two of these have "countertransference implications," but a discussion of these is clearly beyond the scope of Blum's paper.

Rat Man. In fact, this suggestion has been put forward more than once in the past (e.g., Mahony, 1986).

However, previous discussions have construed countertransference broadly and non-specifically. (See my discussion of Mahony, [1986] below.) In contrast, in Part II of this paper, I will consider the concept of countertransference in its most narrow and specific scope, namely as the analyst's unconscious reaction to the patient's *transference* (Freud, 1910, 1915).⁴ Using this narrower and more specific conception, I will discuss a particular instance in which there is evidence that Freud's countertransference may have influenced him to behave non-interpretively with the Rat Man.

PART I

FREUD'S PSYCHOANALYTIC TECHNIQUE WITH THE RAT MAN: THE COMMENTARIES OF THE LITERATURE

A. The Unfolding Availability of the Original Record of the Case

It has been more than eighty years since Freud began to analyze the Rat Man (the patient first came to see him on Monday, October 1, 1907). The case report is unique in several ways. To begin with, it was the first written report of the psychoanalysis of a case of obsessional neurosis ever to appear. In the second place, it contained a systematic presentation of Freud's ideas regarding the psychopathology of this illness. Finally, and it is this last aspect that will concern me most in this paper, it contains the most detailed and complete record known to have been written by Freud of his own psychoanalytic technique.

This unique record of Freud at work was not, however, made fully available at the time he first published the case. Rather,

⁴ Tyson (1986) has recently discussed how, for some analysts, the idea of countertransference has evolved from Freud's original definitions toward a broader conception, in some instances to include (all of) the analyst's (conscious and unconscious) reactions to the (transference and the other features of the) patient.

there has been an unfolding series of revelations of Freud's work in this analysis, and the full text of his extensive notes is even today (1989) not available to readers of English.

At the time of Freud's original publication of the case (1909), all that was available were his abbreviated descriptions of the initial consultation and of the next six analytic sessions, with the patient (for the most part) on the couch. According to Jones (1955, p. 230), Freud was in the habit, after publication of a case, of destroying both the manuscript and his notes on the case. The exceptional preservation of the original notes of this case, then, is still unexplained.

In any event, a version in English of the original notes of the Rat Man analysis (excluding Freud's notes on the first seven meetings with the patient), translated and edited by Strachey, appeared in the *Standard Edition* in 1954. Until then, commentators had only the 1909 text to rely upon. Strachey (1954) wrote that he had decided not to publish verbatim the full text of Freud's notes (primarily the notes of the first seven sessions) because, in his judgment,

On the whole, the differences between the two versions [of the first seven meetings] do not seem to be of sufficient importance to justify the publication of this first part of the record (p. 254).

Considering the fact that Strachey was dealing in this instance with unprecedented material, material that would surely merit detailed and subtle scrutiny, his judgment not to publish in full was curious. As a result of his decision, the full text of Freud's original notes remained unavailable, even in 1954.

Twenty years later, in 1974, a French translation of Freud's complete original notes was published in a dual language edition entitled *L'homme aux rats*.⁵ In this meticulously executed

⁵ The reason for this development is obscure, but it would appear from the "Acknowledgments" contained in *L'homme aux rats* that Anna Freud, at the behest of Professor Daniel Lagache, provided the French translators with a photocopy of the complete handwritten manuscript of Freud's original notes (Hawelka, 1974).

volume, facing each page of translation, a printed rendering of Freud's original (handwritten) German appears. Where Freud's handwriting had been unclear, possible alternative words are indicated by the editors (see Hawelka, 1974).

B. Commentary on the Technique of the Rat Man Case

The earliest commentary on the technique in the Rat Man case was Freud's own. Initially very excited about this new case, he presented his analysis of the Rat Man as work-in-progress to the Vienna Psychoanalytic Society (Federn, 1947) within weeks of having begun the treatment.⁶ According to Rank and Federn, Freud made the following comment about the technical approach he was following in the analysis:

The technique of psychoanalysis has changed. Nowadays the analyst no longer goes in search of that material which is interesting to him, but leaves the patient to develop his ideas and thoughts in their natural course (Federn, 1947, p. 15).

Prior to the availability in 1954 of Strachey's edited version of the "Addendum: Original Record of the Case," there were but few comments by analytic authors to record here. It should be added, however, that even these few were passing comments made in the course of papers devoted to other subjects. Prior to 1954 only one author (see my discussion of Kanzer [1952] below) contributed a detailed study of the technique of the case itself.

In 1948 Kris (Kris, 1951) drew attention to what he termed Freud's "conspicuous" technique of "intellectual indoctrination" in the Rat Man analysis. Just how conspicuous something appears to be may depend more upon one's point of view than upon anything else. Likewise, "indoctrination" was a far from

⁶ Freud's first session with the Rat Man was, as noted above, on October 1, 1907. He presented material from the case to the Vienna Society four and five weeks later, on October 30 and November 6.

neutral description of some of Freud's explanations to the Rat Man of certain ways in which the mind works. However infelicitous, Kris's phrase was picked up by later commentators and either uncritically reiterated or, alternatively, cited in an effort to condemn Kris's point of view. (See my discussion of Lipton's contributions below.)

In 1953 Eissler—again *en passant*, and prior to the publication of the “Addendum”—observed that the Rat Man case provided a demonstration that obsessional neurosis could be treated successfully by the “mere application of the standard technique,” that is, by a technique that relied upon interpretation and that was without modifications.⁷

Not surprisingly, some discussions of the Rat Man case appear to have been undertaken in an effort to find in this early work of Freud's some historical and authoritative support for each author's own present point of view.

Zetzel (1966a, b, c), in support of her concept of the “therapeutic alliance,” and Lipton (1971, 1977, 1979), in support of his idea of the “personal relationship,” both firmly concluded that Freud had succeeded in analyzing the transference neurosis of the Rat Man. Its analysis, they said, had contributed to the favorable outcome of the case. On the other hand Kanzer, with apparently a very different technical approach (see below), viewed much of the same data (but before the publication of the 1954 “Addendum”) as evidence to the effect that Freud did not even think to analyze the transference neurosis in 1909 (Kanzer, 1952).

Similarly, Racker noted in 1958 (Racker, 1968) that these “nearly verbatim” records of the Rat Man's analytic sessions

⁷ Eissler today continues to hold the view that “the Rat Man was analyzable with the classical technique,” long after the publication of Freud's original notes that referred, for example, to the meal, the discussion of women's pubic hair, the gift, Freud's response to the “Budapest Train Murderer” fantasy, etc. He believes that “the deviations from the [classical] technique were not indispensable. It was different with the Wolf Man,” Eissler continues, “the promise of cure and the predetermined termination were necessary technical steps according to Freud and therefore true parameters” (Eissler, 1987).

show with how much freedom Freud unfolded his whole creative personality in his work with the patient, and how actively he participated in each event of the session, giving full expression to his interest (pp. 34-35).

He noted a bit further on that,

Freud interprets constantly . . . [and he speaks] . . . more or less as much as the patient (p. 35).

We will see later on that, although one would not want to argue with Racker's admiring first statement, his second assertion is clearly hyperbole and inaccurate. Freud did not interpret constantly, and it is precisely his non-interpretive behavior that has proven so interesting to those who have sought to understand more about his technique in this case. What is of additional interest is that Racker, in this essay on certain manifestations of countertransference, appears to have overlooked entirely the possibility that countertransference tensions may have been involved at just those moments when Freud was *not* interpreting constantly.

Kohutian critics of Freud's technique have viewed certain aspects of his "non-Freudian" behavior from the vantage point of the "cohesion of the self." The well-known time that Freud fed a meal to the Rat Man has been viewed as a technical blunder that caused the patient to suffer "fragmentation" or "loss of cohesion" of his "self" (Beigler, 1975a). Sometimes this point of view can become difficult to understand in more conventional terms. For example, one critic of Freud's technique in the case, who is identified with this point of view (L. Rosenblum in Beigler, 1975a, p. 228), advanced the suggestion that

the Rat Man's ultimate improvement could have resulted from a transference cure, and "unanalyzed macro-identification with an idealized self-object, the charismatic genius-analyst, Freud. . . ."

Love, erotic attachment, or seduction have been cited frequently as lying behind certain of Freud's non-interpretive

"lapses" with the Rat Man. For example, Weiner (1973), in his recommendations for the technical handling of abrupt interruptions in patients' speech, opined that the Rat Man seduced Freud into making a premature intervention.⁸

Returning to Kanzer's (1952) discussion of the case, he argued that because Freud had not yet developed the concept of the "transference neurosis," he became an unwitting participant in the Rat Man's anal erotic enactments within the transference. Kanzer's argument, although concerning the concept of the transference neurosis and not abrupt pauses in speech, is of essentially the same structure as Weiner's. Both argued that, had Freud known more than he did at the time, then he would not as easily have been drawn into participating in the Rat Man's unconscious erotic life.

Beigler (1975a; apparently an earlier version of Beigler, 1975b) "thought it possible that one unconscious reason that the treatment worked was because the participants loved one another . . ." (p. 225).

Zetzel's view was somewhat inconsistent. She wrote that in 1909 it was Freud's "intuitive awareness" that led him to foster the development of a "therapeutic alliance" with the Rat Man. She thought that the record of the analysis of the Rat Man revealed Freud's "constant response to his patient as a whole person" (1966c, p. 87). In addition, she felt that the analytic work with the Rat Man "*would have been impossible* without . . . the genuine object relationship which remained intact despite the expression by the . . . [Rat Man] . . . of ambivalence, hostility, and intense resistance" (p. 87, italics added).

Yet, in another paper published the same year (1966a), in which she dealt extensively with the Rat Man analysis, Zetzel drew attention both to Freud's act of feeding his patient and to his response to the Budapest Train Murderer fantasy. Both of

⁸ Weiner is referring to the action-filled second analytic session, during which the Rat Man was repeatedly unable to fully describe the dread rat torture. Freud wrote that, after much faltering and hesitation, he finally helped the Rat Man out by adding the words, "Into his anus" (1909b, p. 166).

these, she said, were “unanalytic” behaviors on Freud’s part and represented “defections from traditional technique.” She concluded that the analysis as a whole did not suffer unduly on account of Freud’s errors; it succeeded *despite* them.

Probably, although one cannot be sure without Zetzel’s precise statement, she viewed these specific actions as akin to other of Freud’s interventions which helped to sustain the crucial “geniune object relationship,” but which perhaps went too far. Other than discussing Freud’s intuition, she did not attempt to discover causes for his “defections.”

In a series of articles published during the 1970’s, Lipton (1971, 1977, 1979) attempted to compare Freud’s technique in the Rat Man case with “modern technique” and to understand some of the differences between them. His writing was marred by occasional traces of a polemical purpose, but his discussion was original, his research painstaking, and his idea provocative. Although I disagree with the implications of his ultimate conclusion, this group of papers merits the most careful consideration.

Lipton wrote that for the first forty years following the publication of this case, there had been no “negative criticism” (Lipton’s phrase) of Freud’s technique with the Rat Man. The “negative criticism” then undertaken was initially advanced with the purpose of “repudiation,” according to Lipton, of Freud’s technique in the case. Lipton cited Kris’s paper, “Ego Psychology and Interpretation in Psychoanalytic Therapy” (Kris, 1951; presented by Kris in a panel in 1948) as the first such “repudiation.”⁹

Lipton’s fundamental argument was interesting and original.

⁹ It is extremely difficult, if one re-reads Kris’s paper, to confirm Lipton’s interpretation, namely, that Kris “repudiated” Freud’s technique in the Rat Man analysis. Yet this is the way in which Lipton speaks of what Kris wrote: “[Modern technique] seems to have arisen, or at least gained acceptance during the period between 1939, when Freud died, and 1948, *when Kris repudiated Freud’s technique in the analysis of Lorenz [the Rat Man]*” (Lipton, 1977, p. 262, italics added). There is no evidence in Kris’s paper to support Lipton’s view. In fact, Kris commented once, and only then in passing, on the Rat Man analysis. He cited an aspect of Freud’s technique with the Rat Man that he believed Freud soon changed. Kris (1951) was

He said that there was a profound difference between Freud's technique with the Rat Man and "modern, classical" technique, but he believed that Freud's technique in 1907 had distinct advantages over its contemporary counterpart. In fact, one could read Lipton's 1977 paper (titled, "The Advantages of Freud's Technique as Shown in His Analysis of the Rat Man") as a "repudiation" of "modern" technique.

Lipton argued that the fundamental difference between Freud's technique and "modern" technique lay precisely in just what one considered to fall within the definition of psychoanalytic technique. Freud, said Lipton, viewed some aspects of his conventional social behavior, that is, some expressions of his personality, as outside of the realm of technique. For Lipton, examples of this exclusion operating in Freud in the Rat Man case would be his feeding his patient a meal; giving him the gift of a book; sending him a postcard while he was away on vacation; and discussing with the Rat Man his (Freud's) own views on the subject of women's pubic hair.

In addition to these, Lipton (1977, p. 259) did specifically discuss Freud's responses to the Budapest Train Murderer fantasy. I believe that Lipton's astute discussion of the matter (he called it "the interchange about the murderer") strongly supports my contention (see Part II, below) that Freud's laughter at this point was impulsive and action-like, and highly suggestive of countertransference participation. Lipton seems to have (correctly) viewed Freud's laughter as spontaneous, and his explanation as an attempt to explain *his laughter*.¹⁰ In keeping with

interested in this change, because he thought that it represented "a shift which . . . [had] . . . no apparent direct relation to . . . [any shift in Freud's] . . . theoretical views" (p. 17). An example of this kind of change in technique was important to Kris's argument, because the central contention of this paper was that there had been useful technical changes that were related to the theoretical developments of ego psychology.

¹⁰ Lipton (1977, p. 259) wrote: "In the interchange about the murderer, Freud had already laughed about the comical story and with his laugh Lorenz's 'whole affect collapsed' (Freud, 1909, p. 285). Freud's explanation came later and only confirmed the ridiculousness of the story. I can see no advantage to incorporating such a clarification into technique rather than considering it merely courteous, considerate or reassuring."

his views on Freud's technique at this time, Lipton understood Freud's explanation of his spontaneous laughter as "merely courteous, considerate, or reassuring," and not technical.

In contrast, "modern" technique (according to Lipton) dictates that all of the behavior of the analyst with his patient be considered part of psychoanalytic technique. Technique, he feels, tends to become an end in itself, and its ultimate presumed purpose—that is, the analysis of patients—is no longer the guiding principal of the analyst's behavior. This "modern" understanding of "technique," in Lipton's opinion, contributes to psychoanalyses which are too depriving, abstinent, cold, and mechanical. It may even, he suggested, contribute to the apparent increase of narcissistic psychopathology seen in contemporary consulting rooms. He conjectured that some of the problems of the "more disturbed patients" seen by contemporary analysts may be iatrogenically induced, representing these patients' responses to the "technical" behavior of their analysts.¹¹

One appeal of Lipton's discussion is that it appears to offer an alternative to a "cold," "technical," and "mechanical" approach to the technique of psychoanalysis, and to cite Freud's work with the Rat Man as exemplary.

While I believe he is correct in criticizing a technique that would prescribe all of the behaviors of an analyst with his patient (and presumably proscribe others), his argument ultimately cannot be sustained. He recommends, for example, that certain aspects of the relationship between patient and analyst *be excluded from interpretation*, and that, likewise, certain gratifications introduced by the analyst in the interest of preserving the treatment be considered *outside* the realm of interpretation.

¹¹ I believe that Leo Stone (1961) was referring to the same phenomenon as that to which Lipton referred here, namely, that a caricature of psychoanalytic technique, a caricature that includes—in Stone's apt phrase—an "Olympian" posture of silence and abstinence, may indeed unnecessarily provoke aggressive conflicts in certain patients. The symptomatic outcome of these iatrogenically intensified conflicts may make a patient appear to be more disturbed than he actually is.

In the first instance, he argues that

[i]n any particular case the question of what part of the relationship is personal, realistic and *excluded from interpretation* and what part is unrealistic and *subject to interpretation* is usually obvious [!], but, when it is not, there is nothing for the analyst and patient to do except discuss the issue between them (Lipton, 1977, p. 268, italics and exclamation added).

In the second instance, that of preserving the treatment, Lipton suggests that “conversation” may be advisable:

Another reason why conversation becomes necessary is to *provide that increment of transference gratification, that mitigation of abstinence, which may become necessary* (p. 270, italics added).

No doubt many behaviors and actions on the part of an analyst may be judged to be in the interest of preservation of a treatment that is otherwise in jeopardy. However, by excluding these from the legitimate realm of “technique” and, ultimately, of *interpretation* for the patient’s benefit, the analyst deprives the patient of the possibility of a full understanding of his or her experience in the treatment situation. Specifically, in the last instance quoted, the analyst is providing an “increment of transference gratification” by conversing with the patient in order that the patient be induced—without the possibility of his knowing why, either now or later—to remain in treatment. It would appear that this is a recommendation that the transference be manipulated, albeit with the patient’s benefit uppermost in the mind of the analyst.

With this realization, we arrive at the most disturbing implication of Lipton’s argument: that despite his explicit repudiation of Alexander’s (1950, p. 499) idea of the “corrective emotional experience,” and related ideas of “therapeutic alliance,” “working alliance,” and “real relationship” between analyst and patient, Lipton generates a new category of special—special, in that it is uninterpretable—relationship that he terms the “personal relationship.” Lipton’s “personal relationship” is seem-

ingly “beyond technique,” much as he understood Freud’s personal relationship to the Rat Man to have been. It is also, at times at least, beyond interpretation.

Nonetheless, Lipton’s idea—that Freud may have viewed the whole question of just which aspects of an analyst’s behavior are to be considered within the purview of “technique” rather differently in 1909 than do many analysts today—remains, despite these implications, an interesting speculation.

Mahony (1986) has compiled a great wealth of often painstakingly researched data about the Rat Man case. Although he interests himself in an understanding of Freud’s countertransference and its contribution to his technique in this case (see especially Chapter 4), he approaches the entire subject rather differently—and I would say in a way that lacks specificity—than I do in the present paper.

In terms of the evolution discussed by Tyson (1986), mentioned before, it is clear that Mahony views countertransference as a clinical concept in its broadest possible construction, not as Freud originally intended. For Mahony, countertransference is not merely the analyst’s unconscious reaction to the patient’s transference. It is, rather (or in addition), a global reaction of the analyst, both conscious and unconscious, to all aspects of the patient, not only to the patient’s transference.

Such a conception leads Mahony to the following kinds of thoughts about Freud’s countertransference in the Rat Man case:

In a comparison of Freud’s countertransference with his major patients, one feels that he was more sympathetic and empathic with the Rat Man than with Dora and the Wolf Man. If Freud was a prosecutor with Dora, he was befriending educator to . . . (the Rat Man) (p. 95).

Next, “explaining” Freud’s particular “empathic” countertransference to the Rat Man, Mahony writes:

Matters of kinship contributed to Freud’s empathy. Like the Rat Man’s parents, Freud’s parents came from the outer Slavic

regions of the Austro-Hungarian Empire and eventually settled in Vienna. . . . In his immediate family, Freud had one surviving younger brother, five sisters, and a powerful mother; the Rat Man had a younger brother, four surviving sisters, and a similarly powerful mother. Both analyst and patient suffered the early loss of a sibling. . . . [B]oth the young Freud and the Rat Man urinated in the parental bedroom . . . (p. 96).

He then says that both Freud and the Rat Man "had to overcome the difficulties of being Jewish in a severely anti-Semitic Catholic atmosphere" (also discussed by Schorske [1981]), and he notes the fact that the Rat Man's father's Jewish [Hebrew] name was the same as that of Freud's father (p. 96). After adducing all of this information, Mahony draws the following conclusion:

From such a countertransferential complex we might expect some disruption in Freud's note taking, and this is [in fact] what happened (p. 96).

His conclusion, although in my opinion far from compelling, is plausible. From the point of view of my present argument, what is most interesting is Mahony's method of approach to the subject, as well as the view of countertransference that he emphasizes. Mahony has a view of countertransference that is related to his view of transference. These views emphasize a global disposition, what he terms a "countertransferential complex." Consonant with his view, he does not attempt to relate *particular and specific* elements of Freud's past with *particular and specific* behaviors in his analytic work with the Rat Man, in which the latter have been mediated by specific fantasies and compromise formations. It is not, I think, that Mahony would reject the kind of approach that I take in this paper. He may simply have felt that, from his own researches, the data were not available that would tend to support such a specific approach.

PART II

SIGMUND, LEOPOLD, AND JOSEF FREUD:
COUNTERTRANSFERENCE ECHOES IN THE ANALYSIS
OF THE RAT MAN

I intend in Part II of this paper to focus upon a particular episode in Freud's treatment of the Rat Man and to collate the evidence that I believe supports the hypothesis that Freud's behavior here was influenced by significant countertransference tensions. Although analytic readers are acquainted with it, I will first present a review of material pertinent to this episode of the analysis as a ready reference for discussion. The complete material is to be found in the "Addendum" (Freud, 1909b) on pages 283-285.

In this part of the paper I will argue (a) that the Rat Man's idea that Freud is the brother of a notorious murderer is a transference fantasy or can be viewed as a transference fantasy; (b) that Freud's reaction to the Rat Man's revelation of this fantasy bears the earmarks of countertransference tensions; and (c) that there is evidence to suggest that a reason for Freud's abandonment of an interpretive posture toward the Rat Man at the point of his revelation of the Budapest Train Murderer fantasy was due to experiences in his early life having to do with his Uncle Josef's arrest and conviction as a criminal.

*A. The Budapest Train Murderer: A Central Transference
Fantasy of the Rat Man*

From even before the time he began his analysis, the Rat Man believed that Freud was the brother of a notorious murderer. Although he had begun the analysis "with a great deal of mistrust" of his analyst on this account, he did not reveal this particular cause of his fear of Freud until he had been in treatment for nearly two months.

The Rat Man felt that the blood relationship between Freud

and his murderer-brother made the analysis an unsafe place. He feared that because of his likeness to his murderer-brother, Freud might "fall upon him like a beast of prey" or beat him as his own father had done during his childhood.

The Rat Man's fear of being beaten, attacked, or tortured by Freud played a major part in the analysis. His fear of Freud conditioned his occasional inability to remain lying on the analytic couch. Thus fearing that Freud would mistreat him, he had arisen from the couch during the second analytic session. He did the same thing some seven weeks later, fearing a beating by Freud. During this latter session he was in a most agitated and frightened state of mind, unable to lie still, walking about Freud's consulting room, hitting himself, burying his head in his hands, and rushing here and there.

It was the very next day, Saturday, November 23, that the Rat Man revealed to Freud that he had feared him all along as the brother of a murderer. Beginning this next session, the Rat Man reported the following fantasy to Freud: he had thought of Freud's mother standing in despair while all her children were being hanged. He next reminded Freud of his (the Rat Man's) father's prophecy that he would be a great criminal.

To Freud's surprise, the Rat Man produced his explanation for having had the fantasy. He knew, he said, that a great misfortune had once befallen Freud's family: a brother of Freud's, a waiter, had committed a murder in Budapest and had been executed for it.

Freud "burst out laughing"¹² and asked him how he had learned of these events, whereupon, according to Freud, "his whole affect collapsed" (1909b, p. 285). The Rat Man went on

¹² Strachey's translation fails to reflect the impulsive, action-like quality conveyed by Freud in his own description of his laughter upon hearing the Rat Man's fantasy. Freud wrote, "*Ich lache auf . . .*" (see Hawelka, 1974, p. 158), which is more accurately rendered as "I burst out laughing" than Strachey's "I asked him with a laugh how he knew that . . ." (Freud, 1909b, p. 285). Freud's own description is, of course, more suggestive of the participation of countertransference tensions than is Strachey's.

to explain that his brother-in-law knew Freud's brother, and he had told him this story as evidence that education went for nothing and that heredity was all.

Freud recognized the Rat Man's story as concerning someone unrelated to himself, a Leopold Freud, known as the "train-murderer." Freud wrote that Leopold's crime dated back to when he (Sigmund) was a young child, "to my third or fourth year of school."¹³

Freud dealt with the Rat Man's fantasy and misinformation with an outburst of laughter and reassurance. He told him that "we never had any relatives in Budapest." The Rat Man was "much relieved" to hear this, and he confessed that he had *started* the analysis with a good deal of mistrust on account of his belief.

The Rat Man told Freud that his fear of him as the brother of a murderer was based upon (mis-)information given him by his own brother-in-law. We will never know just what the Rat Man's brother-in-law might have told him. However, it is clear that the Rat Man's elaboration of this information forms a set of coherent ideas and affects that were consistent with his other expressions of transference feelings toward Freud during the entire recorded course of his analysis.

Prominent among these other expressions, and recognizable to the analytic reader, were Freud as the Czech Captain who was fond of cruelty and Freud as the father who beat the patient during his childhood.

In addition, it seems clear that the Rat Man's confession on November 23 of his mistrust of his analyst because Freud was a close relative of a murderer represented a continuation of the analytic material of the previous day's session in which he feared that Freud would beat him. The ideas (1) that Freud, the

¹³ Here again, Strachey's translation of Freud's German, "*als ich im 3 oder 4 Jahrgang war*," as "dates back to my third or fourth year," is inaccurate. Freud is referring here to when he was in his third or fourth year *of school*, that is, when he was eight or nine years old, and not to when he was three or four. The importance of this will become apparent later.

murderer's brother (November 25),¹⁴ would fall upon him like a beast of prey; (2) that Freud, the cruel Czech Captain (October 3),¹⁵ would torture him by making him submit to psychoanalysis; and (3) that Freud, the father of his childhood (November 22), would beat him, can all be seen to be closely related versions of the same story.

In short, although the Rat Man's idea that his analyst was the brother of a famous murderer was presumably based upon (mis-)information given him by his own brother-in-law, it is clear that the Budapest Train Murderer fantasy represents a variant of a central transference fantasy that the patient had expressed again and again.

B. Freud's Reaction to the Rat Man's Revelation of This Fantasy: Countertransference Tensions

From Freud's notes, I have recorded above the ways in which he handled his patient's confession of the Budapest Train Murderer fantasy. To appreciate more fully the overheated atmosphere in the consulting room, I have noted that during the previous day's analytic hour the Rat Man had been very upset indeed. Freud's understanding at the time included, prominently, the idea that he was afraid of a beating. Freud offered

¹⁴ This sequence will appear less confusing if it is added that November 22, 23, and 25 were three consecutive analytic sessions. Freud was working six days a week at this time, and November 24 was a Sunday.

¹⁵ We owe it to Shengold (1971b) to have located the likely source of the cruel Czech Captain's (and the Rat Man's) tale of torture. This was *Torture Garden*, by Octave Mirabeau, which was published in Paris in 1899. Shengold also observed (p. 278, n.), however, that the Rat Man told Freud of a dream of his involving oriental torture which he had dreamed in 1906—*before* the meeting with the Czech captain. In Shengold's account of the Mirabeau story, the punishment is inflicted upon a "victim." It is unclear whether the emphasis upon the criminal status of the victim was originally Mirabeau's, the Czech Captain's, or the Rat Man's. Shengold's excellent series of papers (1965, 1967, 1971b, 1982) offers a kaleidoscopic array of enriching insights into the theme of the oral-sadistic fantasy material implicit, but unexplored, in the Rat Man case.

this idea to the Rat Man, and the patient agreed. The patient could no longer continue to lie on the couch; he was pacing about much as he had done near the very beginning of the analysis when he was also afraid that Freud would attack him. He remembered his father's having beaten him.

During the earlier episode (October 3) Freud had also offered to reassure the Rat Man that his fears were unfounded. "I . . . told him that I myself was not fond of cruelty," said Freud (1909a, p. 169), in part to distinguish himself in the Rat Man's mind from the cruel Czech Captain. Notwithstanding this effort, the patient remained agitated, incoherent, and addressed Freud as "Captain."

Many authors have commented upon this earlier intervention of Freud's (e.g., Kanzer, 1952; Lipton, 1977); it was one of Freud's "remarkable" interventions that spawned the debates about technique that I have discussed at some length in the first part of this paper. However, it occurred extremely early in the analysis (even for that time), and we do not have the extensive surrounding material, including Freud's own reflections, for the earlier intervention that we do for the Budapest Train Murderer episode.

I wish to highlight three aspects of Freud's reaction to the revelation of the Budapest Train Murderer fantasy:

Freud burst out laughing when his patient told him of the (mis-)information that he had been withholding for nearly two months.

Freud attempted to put the Rat Man's fears to rest in a curious manner, namely, by assuring him that the Freud family ("we") never had any relatives in Budapest.

In addition, Freud added several reflections upon events of his own childhood, events, he wrote, that took place when he was eight or nine years old. Freud thought that his patient must have had in mind one Leopold Freud, the Budapest Train Murderer, whose crime dated back to when Sigmund

was a school-boy. There is insufficient evidence in the text to confirm whether Leopold was in fact the criminal to whom the patient was referring.

I wish to emphasize that Freud, as recently as in the preceding session, had approached his patient's fear of him from a strictly interpretive point of view. Although the patient had not mentioned it, Freud told him that he was afraid that his analyst would beat him. His notes on that hour indicate his understanding both of the transference nature of his patient's fear and of some of its possible genetic determinants from his patient's early life.

It therefore stands out that the next day, when confronted with yet another one of his patient's "frightful transferences," Freud reacted with an outburst of affect and a denial of the literal truth of the patient's idea about him. I believe that Freud's reaction is highly suggestive of the participation of countertransference tensions.

In the next section we will consider why this might have happened.

C. The Role of Freud's Experience at Age Nine of His Uncle Josef's Arrest and Criminal Conviction in His Reaction to the Rat Man's Fantasy

By my present focus upon clarification of the links between the effects on Freud at age nine or ten of the events surrounding Josef's misdeed and his later behavior with his patient, I do not intend to rule out other contributing causes. Quite the contrary, there appear to be a great many additional factors that may be considered, including experiences that date from a period in Freud's life earlier than age nine. My investigation cannot be exhaustive. I intend it rather to be suggestive of a particular method of approaching two parallel evolutions, namely, the evolving data of Freud's biography and the evolving record of his psychoanalytic work. My suggestion is

that both evolutions, and the interconnections between them, can be approached dispassionately and scientifically, and without polemical purpose. In part, my foregoing discussion of the literature on Freud's technique in the Rat Man case has shown that all too often we turn to Freud's texts seeking the authority for our present views, when the texts themselves cannot sustain the burden of these comparisons. My identification of a moment of countertransference as having contributed to Freud's lapse into action-like behavior with the Rat Man does not carry the implication of poor analytic technique. Countertransference is a necessary part of every analysis, whether the particular technique is otherwise superb or is undistinguished. I do not, however, document its likely presence at a moment in the analysis of the Rat Man in order to support or to refute any particular theory or technical practice.

This section of the paper is more speculative than what has gone before, although I believe that it is not fanciful. In it, I will develop the evidence that plausibly links certain experiences that Freud had in 1865 and 1866 with the moment we are considering during his analysis of the Rat Man in 1907. This evidence suggests that Freud's sudden and impulsive abandonment of an interpretive posture with his patient was related to his earlier experiences having to do with his Uncle Josef. The story, as I have reconstructed it, consists of a web of related assertions. Briefly stated, the assertions are as follows:

First, there was a criminal of some notoriety in Freud's family. He neither was a murderer nor did he live in Budapest. However, Uncle Josef committed a serious crime, and he was imprisoned for it. Stories about Josef and his crime, trial, and sentencing appeared frequently in the Vienna newspapers of the day.

Second, young Sigmund appears to have known about Josef's difficulties at the time they were taking place, and they appear to have been sufficiently important to him to have made long-lasting and memorable impressions.

Third, Freud may well have been upset by the Rat Man's transference belief that his analyst covertly carried a family

taint or a genetic tendency that had been overtly expressed by the Budapest Train Murderer. Freud's denial was phrased curiously so as to negate not only his personal connection, but to negate the possibility of any *family* connection to the criminal as well. The idea of family likenesses may well have played an important role in Freud's experiences both in 1865-1866 and in 1907.

Fourth and finally, a series of unproven assertions made by Gicklhorn (1976) must be considered in this context. Gicklhorn concluded that several other members of Freud's immediate family were involved in criminal activities (counterfeiting). She judged further that these involvements had profound consequences for the young Sigmund's psychological development. I will examine below the evidence she presented to support her sweeping conclusions which, in my view, must be considered with great caution. In addition, Gicklhorn's inflammatory style limits the credibility of her work.

1. *Uncle Josef*

As a starting point we may consider Freud's non-interpretive denial that he had any family connection to this famous criminal. Had there ever been any criminals in Freud's family?

As far as is currently known, there was one. It appears that Freud's Uncle Josef, his father's brother, was arrested on June 21, 1865, for possession of one hundred counterfeit 50-ruble notes (Russian) as he attempted to sell these to an undercover agent. Another two hundred and fifty-nine notes were found during a search of his home.¹⁶ Uncle Josef (along with his co-

¹⁶ This material is Gicklhorn's most reliable. It is from an original newspaper article (a report of Josef's trial), photographically reproduced by her, that appeared on February 22, 1866, in the Vienna newspaper, *Die Neue Freie Presse*. Incidentally, Freud referred to an article in "an old number of the *Presse* [the well-known Vienna newspaper]" as the source of the story of Leopold Freud, the Budapest Train Murderer, in his Rat Man process note of November 23, 1907. Might Freud, either at age ten or later, have read the same article? (Freud, 1909b, p. 285; the brackets appear to be Strachey's). Torok (1979, pp. 181, 185) seems to believe that he did read this.

conspirator, Osias Weich) was held in detention, pending investigation, from June 1865 to February 1866. Freud was then nine years old. Gicklhorn (1976) states that during this time "the Viennese press wrote continuously¹⁷ and in detail about . . . [their crime] . . ." (p. 8). Between the two, Josef Freud and Weich, the court "recognized Weich as the main culprit and regarded Freud as the dupe" (p. 9, n.).¹⁸

2. *The Impact Upon Young Sigmund*

We know that this event of Freud's childhood bore sufficient significance for him to recall it more than thirty years later.¹⁹ Of his associations to the well-known "Uncle Dream" (" . . . My friend R. was my uncle"), Freud published the following:

Once—more than thirty years ago,—in his eagerness to make money, he [Uncle Josef] allowed himself to be involved in a transaction of a kind that is severely punished by the law, and

¹⁷ Gicklhorn overstates the truth here when she asserts that the Viennese press wrote "continuously" about Josef Freud's crime. I am, however, in possession of evidence that corroborates the fact that, at least between March and June 1866, many articles did appear in the Vienna newspaper *Die Presse* that referred to Josef Freud (Austrian National Library, 1987). In addition, Torok and Sylwan (Torok, 1979, p. 181), as well as others, appear to have examined and confirmed the same archival material.

¹⁸ A speculation of mine may not be out of order here. One can, I think, easily imagine Freud's father, Jakob, saying just what Freud reports in *The Interpretation of Dreams* (1900), perhaps more than once, about his brother Josef, and the Viennese Court's finding seems to have borne him out. As I recall below, Jacob would say that "Josef was not a bad man, but only a simpleton . . ." (p. 139).

¹⁹ We also know that Freud viewed the uncle-nephew relationship as one of pre-eminent importance in his mental life. In discussing the "Uncle Dream," and referring to his own nephew, John, Freud (1900) stated: ". . . the uncle-nephew relationship, owing to the peculiar nature of the earliest experiences of my childhood . . . had become the source of all my friendships and all my hatreds" (p. 472). Shengold (1971a) in his study on Freud and the biblical Joseph, speculated that in the "Uncle Dream" "Freud . . . [represented] . . . himself . . . [as] . . . uncle Josef (he *was* an uncle to the beloved enemy, John) . . ." (p. 485).

he was in fact punished for it. My father, whose hair turned grey from grief in a few days,²⁰ used always to say that Uncle Josef was not a bad man, but only a simpleton . . . (1900, p. 138).²¹

3. *Family Likenesses*

Freud's further associations to the "Uncle Dream" included an additional group of thoughts suggesting a set of reasons why the Rat Man's Train Murderer fantasy may have disturbed him. In connection with the dream, Freud noted that he was like both his father and his Uncle Josef, in that all three men's hair changed color. Uncle Josef's beard, of course, was in a yellow transition phase from dark to grey as was Freud's own. Freud's father's hair had turned grey from grief over Josef's troubles. These were superficial family resemblances that clearly signify deeper ones. In addition, Freud referred here to Galton's invention of composite family portraiture (pp. 138-139), in which photographic images of members of the same family were su-

²⁰ Gay (1988, p. 8) added his own assessment: "Probably Jacob Freud's grief was mingled with anxiety: there is evidence that he and his older sons, who had emigrated to Manchester, were implicated in Josef Freud's schemes." Gay does not specify his evidence regarding the involvement of Freud's father. I assume he is referring to the intercepted letter (see below) from Manchester. Gedo (1987) has a similar assessment.

²¹ Documents uncovered by Gicklhorn (1976, p. 9) and discussed by me below suggest an added significance to Freud's idea (attributed to his father) that Uncle Josef was not so much a bad man as he was a simpleton. Freud, of course, remembered this distinction in connection with one of the day stimuli for the "Uncle Dream," namely, his wish that his two competitors for a professorship had been rejected because one was a criminal and the other a simpleton, and not the true cause, that they were both Jews. However, in the press report of Uncle Josef's counterfeiting trial, it is clear that of the two men being tried, Josef Freud and Osias Weich, the Court viewed Weich as the ringleader (bad man?) of the operation and Freud as the dupe (simpleton!). In fact, it appears that, although both men were found guilty, Josef received a lesser sentence because he was, indeed, not so much a bad man as a simpleton.

perimposed on the same plate in order to bring out family likenesses.²²

4. Gicklhorn's Assertions

Some of the evidence suggesting the (possibly traumatic) importance of the events surrounding Uncle Josef's arrest for young Sigmund derives from recent historical research into Freud's early life (e.g., Krüll, 1979, translated 1986; Gicklhorn, 1976, privately translated 1986). However, any discussion of Gicklhorn's work requires that her material be approached with great caution. Gicklhorn's pamphlet was privately published in 1976 in German. It is a strident piece of work with a strongly anti-Freudian and antipsychoanalytic tone. Most important, many of its assertions are unsubstantiated.

For example, at times Gicklhorn apparently had some difficulty in locating source material bearing upon the arrest and trial of Freud's Uncle Josef. She had found that bound volumes of a certain newspaper²³ for the year 1866 were missing from all the libraries that she searched in central Europe. She concluded, without substantiation, that these volumes could only have been removed from the libraries for the purpose of suppressing this newspaper's (anti-Semiticly slanted) reports of the counterfeiting affair that had involved Josef Freud. She also claimed that Freud's discussion of his uncle's criminal activities in *The Interpretation of Dreams* represented an effort to conceal the facts. She wrote, "... it was of concern to him [Freud] to

²² Could it be that the very fact of being Jewish was an additional family likeness that Freud would at this moment have preferred to deny? Clearly he thought that his chances of being appointed to a professorship would have been improved had he not this particular point of resemblance to his family. Similarly, there are suggestions in some of the historical material relating to Uncle Josef's crime (e.g., the Belcredi memorandum; see below) that the perpetrators' Jewishness was important to the Viennese officials and therefore to the Freud family (see also, Schorske, 1981, pp. 181-203).

²³ The *Ostdeutsche Post*. Gicklhorn (1976) added that this was not an influential newspaper, "... but it was known as anti-Semitic ..." (p. 15).

keep the affair secret," and, she added, that was why Freud did not specify the nature of Josef's crime and why he mentioned his father's opinion that Josef was a simpleton (p. 21).

Likewise, although her understanding of psychoanalytic ideas appears weak, her interest in discrediting them is clear and strong. For example, having suggested that his uncle's criminal career, and in particular his arrest and trial for counterfeiting, may have been important and possibly traumatic experiences in young Sigmund Freud's life, she then attempts—in sweeping and bitterly sarcastic language—to use her findings to discredit psychoanalysis and psychoanalysts:

Those psychologists who have already based fantastical deductions on the far less offensive events in S. Freud's inner life, would have enough to keep them busy in analyzing the impression the trial made on him Now, since the *Paterfamilias* [Freud's father, Jakob] was clearly the occasion, through his brother [Josef], for [Sigmund's] being drawn into the fatal affair, *this was certainly the reason for [Freud's] hatred against . . . [his] . . . father. Why must one trouble oneself with [the] Oedipus [complex] on top of that?* (p. 18, italics added).

For these reasons, and others, I have approached Gicklhorn's material with great circumspection. The most trustworthy material appears to be the actual historical documents that she reproduces. Krüll (1976, p. 165) stated that she verified many of Gicklhorn's source materials; additional verification is indicated in Torok (1979, p. 181). K. R. Eissler, who generously provided me with a copy of Gicklhorn's pamphlet, also felt that, although the work as a whole is unreliable, the historical documents seem accurate (Eissler, 1986).

Perhaps the least reliable of Gicklhorn's material relates to her effort to demonstrate that Freud's two much older half-brothers, Philipp and Emanuel, were co-conspirators of Josef and that they became very wealthy from their counterfeiting activities. She alleges, furthermore, that Freud's entire immediate family was involved, and she believes that they were all

under official suspicion. Although she presents it as proven fact, Gicklhorn develops no direct evidence that implicates Philipp and Emanuel.

She suggests that England, and possibly Manchester (where Philipp and Emanuel were residing), may have been a source of the counterfeit notes, according to her account of the results of an investigation carried out at the behest of the Russian Government.

She then reproduces a letter from the Viennese Minister of Police, Belcredi, that speaks of intercepted "letters of a very suspicious nature, written by two sons of the brother of Josef Freud, now in England. One of these letters states that they, the brother's two sons, have money like sand on the seashore, that, since they were wise, clever and very circumspect, fortune could not but smile on them. In another letter they enquire whether the lucky star of the House of Freud had risen for him as well, and asked the recipient to find a banking house for the goods, one with larger, quicker and more profitable outlets."²⁴ Unfortunately, Krüll (1976) comments that "the two letters from 'the brother's two sons' which Belcredi quotes have not been preserved. It is however very probable that their authors were Emanuel and Philipp, because as far as we can tell Josef Freud had no other nephews in England" (p. 165).²⁵

Finally, Gicklhorn (p. 9) cites the embittered statement by Osias Weich about Josef Freud that "[h]e didn't want to incriminate his family and friends in England, so he named me [as his co-conspirator]."

Thus, without sufficient evidence, Gicklhorn considered it proven that Philipp and Emanuel were involved in the counter-

²⁴ This is Krüll's (1976, p. 165) translation of a document quoted by Gicklhorn. Krüll states that she checked Gicklhorn's material against the original.

²⁵ Omitted in Krüll's commentary is not only that the original letters have not been preserved, but that the presumably quoted material speaks clearly of successes in business, but not at all of illegal activities! It is, of course, understandable that a suspicious Viennese police minister might jump to conclusions.

feiting crimes. She jumped next to the following unwarranted conclusion:

The brother's sons in Manchester earned a fine fortune with the goods in any event, because when Sigmund Freud visited them—his half-brothers—in Manchester in 1875, he found them—how could it be otherwise?—living in the best of circumstances [!] (p. 11, exclamation added).

As if the “best of circumstances” could only have been the fruit of criminal activities! Gicklhorn appears here, and elsewhere, to have pursued her ideas to a point far beyond where her circumstantial evidence will support her excessive claims. My own conclusions from an examination of this work must be limited in their scope. They include the assertion that it is highly likely that Freud, at ages nine and ten, knew a great deal about the events relating to his Uncle Josef's criminal activities, arrest, trial, and sentencing. In addition, it seems clear that these experiences were quite meaningful to him at the time and that they later became imbued with additional meaning.

It seems beyond question, given Osias Weich's public accusation, that, in addition, Freud *must have wondered* if his older half brothers were involved in these crimes as well, and he *may* have had questions about his father's role too. Some recent French scholarship has placed great stress upon the possible impact on Freud's thinking of his suspicion itself, proven or unproven. A complete discussion of the recent work of this group of authors is peripheral to my present exploration. In a recent paper, Rand and Torok (1987) adduce evidence, drawn from a variety of far-reaching sources, of what they believe to have been the effects of Freud's lifelong suspicion of his half brother Philipp's involvement in the counterfeiting. Their interesting arguments are not entirely persuasive to me. However, should they turn out to be correct, then it is of course possible that Freud's suspicion of Philipp may have conditioned his countertransference responses to the Rat Man's Budapest Train Murderer fantasy: “. . . a *brother* of mine, who was a waiter, had committed a

murder in Budapest and been executed for it" (Freud, 1909, p. 285, *italics added*).

Because of the scantiness of available information, we remain somewhat in the dark regarding the specific details of both the historical events and Freud's experience of these events. Nonetheless, my purpose in this section of this paper has been to add the possibility of the participation of specific countertransference tensions to the other factors (i.e., his lack of knowledge, his fostering the development of a "therapeutic alliance," his charismatic personality, etc.) that have been held in the literature to account for certain of the non-interpretive aspects of Freud's psychoanalytic technique with the Rat Man. I have cited evidence linking events in Freud's early life with his patient's accusation that his brother had been a notorious criminal. The importance of this transference fantasy to the Rat Man is beyond question. That it had a signal importance to Freud was the subject of my investigation. The evidence arrays itself along an axis of diminishing certainty. Most certain is the observation that Freud behaved in the session as if he had been upset by his patient's revelation. His impulsive outburst and his loss of interpretive posture, among other things, attest to the truth of this observation.

PART III

SUMMARY AND CONCLUSIONS

Freud's records (1909a, 1909b; Hawelka, 1974) of his treatment of the Rat Man, when taken together, constitute a unique document in the history of psychoanalysis. This document opens an unparalleled window into Freud's consulting room: we see him at work as we can nowhere else in his published corpus or his letters. The "Addendum" is especially valuable, for in it Freud recorded notes on both his analytic technique and his thoughts about the patient without regard to the prospect of their ever

being read by anyone other than himself, not even by Fliess. Its publication violated Freud's privacy, and, as uninvited spectators, we would be wise to exercise restraint and caution. If this material is approached with a dispassionate and scientific attitude, its freshness and candor, together with its creative originality, will, I am sure, continue to justify its intensive study.

It is understandable that a rich body of literature has developed, spawned by Freud's (witting and unwitting) publications about his treatment of the Rat Man. Much of this writing has, of course, commented on his technique in that analysis. Many authors appear to have compared Freud's work with the Rat Man to a presumed technical standard belonging to a later psychoanalytic era variously referred to as "classical technique," "unmodified technique," etc., and they have found Freud's technique wanting. These discussions of Freud's presumed "deviations" or "defections from traditional technique" (Zetzel, 1966a, 1966b) focused upon a small group of well-known episodes in the Rat Man analysis, including Freud's having fed a meal to his patient, having sent him a post card, having discussed with him his (Freud's own) personal dislike of the display of women's pubic hair, and his reaction to the patient's Budapest Train Murderer fantasy, among others.

Attempts at explanation of these so-called "defections" have been various. They ranged from the idea that Freud did not know in 1907 as much as we know now about the technique of analysis, to his inability to resist his patient's unconscious seductions. Many of these explanations have been plausible, some even compelling. Curiously, however, the possibility of Freud's specific countertransference participation has been omitted. No previous author has suggested, and documented with specific details from Freud's own life, that he may have behaved as he did in one of these "episodes" because of specific countertransference tensions, among other things. This omission has been a curious one, in my view, because countertransference is as ubiquitous and necessary a part of the psychoanalytic process as is transference. One would expect Freud's analytic work with the

Rat Man to show the intermittent hallmarks of countertransference participation, just as one would expect the same of any analyst's work.

We hesitate, of course, to "analyze" Freud, especially if we view such analysis as fault-finding or leading to unseemly exposure, rather than as a dispassionate examination of the data. In the foregoing discussion I focused my attention on Freud's immediate reaction to the Rat Man's revelation of his Budapest Train Murderer fantasy. I demonstrated that during this episode Freud temporarily and impulsively abandoned his interpretive posture. I further highlighted those aspects of his behavior that seemed to confirm that he was, at this moment in the treatment, under the influence of powerful countertransference trends. The Rat Man's revelation that he had mistrusted Freud since before the beginning of the analysis because he believed that there were criminal genes in Freud's family, I argued, may have stimulated the re-emergence of a complex of material organized in relation to events that took place when Freud was nine or ten years old. At that time Freud's Uncle Josef was arrested and convicted of a counterfeiting crime, an event that had sufficient psychic importance to have contributed to latent dream thoughts occurring more than thirty years later, in the famous dream of the "uncle with the yellow beard."

Freud reacted to the Rat Man's revelation in a complex and over-determined way, laughing and denying any possible connection between him or his family with the notorious train murderer of Budapest. One readily wonders whether Freud had wished that his Uncle Josef's problems, too, could have as easily been swept away with a laugh and a negation. Other wishes, impulses, identifications, and superego trends undoubtedly contributed to his reaction, but the absence of specific history renders further speculation incapable of confirmation.

My discussion was intended to serve as a reminder of a factor curiously omitted in the published explorations of Freud's treatment of the Rat Man, despite its being Freud's longest case history and the work in which indications of his technique are

most manifest. Instances of the eruption of thought, affects, and behavior that are influenced by specific countertransference tensions do not, of course, belong uniquely to Freud's work; such instances properly belong to all psychoanalytic work: to the very best as well as to the undistinguished.

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The Psychoanalytic Process and the Development of Insight in Child Analysis: A Case Study

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THE PSYCHOANALYTIC PROCESS AND THE DEVELOPMENT OF INSIGHT IN CHILD ANALYSIS: A CASE STUDY

BY LEON HOFFMAN, M.D.

This paper describes a segment of the analysis of an aggressive latency-age child. The data demonstrate the relationship between the establishment of a psychoanalytic process (the analysis of transference, defense, and resistance), the development and nature of insight in the child, and the resulting therapeutic change. Examination of the process shows that the therapeutic gains were a result of insights acquired by the child, particularly his awareness of painful affects that had been warded off. This case is compared with Bornstein's treatment of a phobic child who manifested severely "out-of-control" behavior.

Perusal of the current literature reveals an interest in exploring the nature of the psychoanalytic process (Weinshel, 1984) as well as the therapeutic ingredients in the psychoanalytic situation (Arlow, 1987; Horowitz, 1987). Silverman (1985) states that the child analytic experience can shed light on the complexities of the psychoanalytic process. I will utilize child analytic data to examine the process of therapeutic change in an attempt to determine whether insight is the instrument leading to an analytic result or whether insight is a by-product of the analytic process, which is therapeutic in itself (Neubauer, 1979).

Several authors have attempted to understand how interpretations work in child analysis (Abrams, 1980, 1981; Ritvo, 1978; Sandler, et al., 1980, pp. 67, 173), because the nature of insight in children is different from that in adults (A. Freud, 1979, 1981). The consensus seems to be that children do not verbalize their understandings as adults do but can have insights into

their feelings without necessarily reasoning about and verbalizing the cause of the feelings. Usually, they can tolerate only indirect recognition of their wishes and defenses, for example through their play, and do not internalize the analyzing function. However, they can gain insights and better understanding of current conflict situations, and they can develop new ways to meet the conflicts.

I will describe a segment of an analysis of an aggressive child that demonstrates the relationship between the establishment of an analytic process, that is, the analysis of transference, defense, and resistance (Feigelson, 1977; Ritvo, 1978), the development and nature of insight in the child, and the therapeutic change that resulted.

CASE ILLUSTRATION

William, who had been an irritable child since birth, was eight and a half years old when he began treatment because of enuresis, tantrums, and nightmares. He lived with his parents, and a paternal half brother lived nearby. From his earliest infancy his parents were very lax with limits and controls. For example, William took showers with both parents until he was almost three. Once, he asked his mother to remove his diaper and look at his erection. A few months later, his sister was born. He had just begun nursery school and became "anxious" about leaving home. When the baby came home from the hospital, he was "excited" but shortly after said, "Throw her in the pond. Why wasn't I enough for you?" When he was five, the sister developed an orthopedic foot problem that required surgery. During that time, the family was tense, and William asked many questions but could not be reassured by the parents' responses. When he was five and a half, while his parents were away and the children were being cared for by the grandmother, the enuresis began.

During the consultation sessions William discussed his dis-

comfort with wetting and his nightly anxiety fantasies. He reported a dream in which a man was going to chop off his leg, and he imagined that a man would come into my office through the window and cut his head open in order to get the bad thoughts out of it. Because of a combination of the parents' resistance and their financial concerns, we began once-a-week psychotherapy which continued for several months.

During the first few months William related fantastic stories with aggressive themes, such as how he and his much older half brother would beat people, steal, and be chased by the police. Often, at the end of a weekly session he would say: "See you next year." He told his parents that the treatment wasn't helping. They reported that all the symptoms persisted at home while he was "perfect" in school. He play-acted violent scenes: fights between people, between humans and robots, and between monsters and humans, saying that he was acting "crazy." He drew bloody pictures of the man who would come in and chop his head off. He became very frustrated with the lack of relief and wrote:

Did you see in my act how I was in trouble? What helped? Was it the paper airplane? Yes!!! A little paper airplane helped me. What helps me with my problems? You, but you're not doing it. I come here and talk to you and you just fool around with your beard!!! YOUR JOB IS TO HELP ME.

The parents eventually agreed to a four-times-a-week analysis, but William continued to complain that I wasn't helping him. He did not feel relief by coming more frequently, because the transference intensified as we began to see the repetition of his *actual* behavior in the sessions. He not only play-acted fights and struggles but *enacted* them and *experienced* his affects with me. He wanted to cut my beard off and went into my closets and made scary noises; he lay on the couch or recliner and showed me his buttocks, and he began to mess the toys. Excited, provocative behavior alternated with calm play and activity. The mother reported sexualized behavior at home. He wrote

on the steamed bathroom mirror “sexy mommy” and wanted to sleep with her when the father was away.

As we neared the first summer break, his provocativeness increased. My interventions focused on his anger with me for leaving him with his worries. Several times he spilled water on his crotch and said that he would tell his mother that I did it to him.

After the summer, William continued with his excited, aggressive behavior. At home the enuresis persisted, but his behavior improved to the point where his parents were amazed at his cooperativeness, in contrast to his having been “an impossible child.” His attacks came to be almost exclusively directed at me, and the analytic work led to gradually widening the understanding of the aggressive behavior. At times I had to protect myself and my property by holding him or stopping the session early. Neither limit-setting, explanations, nor angry reactions from me had any significant effect. It was an exhausting experience, dramatically highlighted by my relief on the day of the week when I did not see him or when he was occasionally absent from a session. On those days, I felt as if I had a “vacation day,” which reminded me of the mother’s description of his infancy and toddler phase when she could not wait until he fell asleep, and the parents’ feelings of his being “impossible.”

On the other hand, there were times when William, who was likable and engaging, would avoid physical confrontations and would talk or play out the aggressive themes. He complained about the frequency of the sessions, although he clearly enjoyed them, looked forward to them, and missed them when he could not come.

We played out many war scenes; he said: “You started the war because you make me come here four times a week. You take me away from my friends.”

In one game I was supposed to “die an ugly death” and say to him, “I’ll get you.” He reacted by touching various objects in my office and turning a table, almost breaking its legs. I had to get up to stop him, and he struggled. I said: “The last couple of

times when we've played that I died, you became so upset about it, as if I had really died. You provoked me to get up and control you to prove that I wasn't dead."

He stopped fighting and played with a typewriter as I cleaned up. He left the session without difficulty.

A couple of weeks later, he again "killed" me in a game. He went to the bathroom, returned with his pants wet, and began to hit me. I said that when he became angry with me, he became frightened and then provoked me to hold him and control him; I told him that he acted as if he had no control over his behavior here, just as he had no control over his urine and nightmares in bed. Then he told me that he fought with me so much because he was angry that I hadn't stopped his problem. He wanted a pill to help him by the next week or he would kill me.

We continued to discuss the issue of control. He messed the toys, played out bomb attacks and make-believe floods, fought with me, tried to punch me, and tried to tear some books. He said that he could do anything he wanted here, as he could at home, because "this is a free country."

Sometimes while fighting with me he talked about the monsters in his dreams. I told him that it was as if I were one of those monsters whom he had to fight in order to protect himself. I said that even though he acted tough with me as he did with his parents, his scary feelings came up in his nightmares and when he wet his bed. He listened and played with a car that performed risky tricks; he teased, provoked, and said over and over that this was a free country. I said, "Yes," but pointed out that he showed us again and again how he couldn't control himself and forced me to hold him or stop the session short. He said:

Let's make believe that we are starting all over, Let's make believe that the last fifteen minutes of this session are the first fifteen minutes of our first session. (He spoke in a high squeaky voice.) I have two problems. I worry about monsters and I wet my bed. The problem with the worry began with the monster movies like I already told you. I went to see them with

my father. I told my family that I'm scared that the whole family will be killed. They will be eaten up by a monster: first my mother, then my father, then my sister, then me. How are you going to help me?"

I said to him that we would have to find out by talking about why he had such terrible worries.

He continued: "I have another problem. I'm too embarrassed to say it. I have a (blank) on a (blank)." Very circumspectly he said that he wanted to do "it" but "Mr. X or Mrs. X," or rather "it" won't let him do "it."

Over the next several sessions he revealed the secret fantasy via a guessing game—he had a crush on his mother and on a girl. The clues for crush included the aggressive connotation of crushing. He told me that he saw the girl in school but she didn't know about the crush. He described how he would lie in bed at night and think about her. When he stayed up late he didn't wet his bed but would still have nightmares because of TV; he didn't like wetting the bed. He laughed,

Wetting sounds like wedding. I won't wet my bed or have nightmares when I'm married. On your wedding night, you sleep together and do the opposite of shitting, what the kids in Harlem say, it starts with an F, Fucking.

He said that he knew these words from a book of dirty words. He began to talk about rock stars and to wear punk clothing in an effort to look tough. As he described the escapades of the punk rockers, he told "sick jokes," ending with "What is a good meal? You taste then eat; you fuck, then go to bed." I asked him what that meant. He said:

Finger fuck is when you put your finger in the girl's ass; lick fuck is when she licks the thing between your legs; fuck means when you put your thing between your legs into her thing between her legs; it's called, the girl sharpens your pencil.

I said: "Oh, if she sharpens the thing between your legs she

can cut it.” “Nah,” he said, “that can’t happen,” as he demonstrated by sliding his finger in and out of a tube. He made believe that he stuck his finger in a toy car and couldn’t get it out; he cut up lots of papers and talked about construction workers outside the window, saying that they could really get hurt if the saws they used lost control. When a splinter punctured his finger while he was breakdancing, he called his mother and worried that she would not be able to remove it. My comments about his fear of hurting his body led to increasing excitement, denial, and provocation to be hurt. He yelled out the window, cursed at the workmen, and said, “They are not going to hurt me.” I told him that he made believe that he didn’t worry about getting hurt and tried to provoke the workmen just as he tried to provoke me. I subsequently learned from his mother that his enuresis had increased.

When he breakdanced, he often rubbed his penis on the floor. I said that he worried about his penis being hurt, rubbed it to make sure it was okay, and then became excited. He ignored these comments. More and more, he asked me about *my* private affairs because I talked so much about *his* private things. He yelled at me to shut me up and at other times talked freely about the rock stars and their open, often bisexual and violent, lives. He described his fantasies of buildings blowing up and bombs bursting while lying on the floor gyrating his pelvis and rubbing his penis. At times he became out of control— tipping furniture, attempting to look at my file drawers, or wanting to hit me. I told him that he acted tough and made believe that he wasn’t frightened in order to feel like a man. He responded that he had to be tough at the breakdance school to protect himself from the Black children. At one time when I held him to prevent his hitting me, he screamed, “I’ll call the police and say you are homosexually attacking me!”

He then began to joke more often than he fought, and we had more frequent discussions. I once said, “William, cut it out,” and he laughed and started to cut shapes out of paper. He wondered whether I worked on Saturdays so we could meet all

day and solve the problems so we wouldn't have to meet so often during the week.

He circumspectly alluded to fights between his parents when they were alone in their bedroom. He told me that he wet less when he built a fort around his bed (he shared a room with his sister), and he showed me a model of the fort. He wanted to play "hit the donkey on the butt," showed me his butt, and asked that I throw the nerf ball at him. Before we could begin the game he said that he was tired. I said that he became tired because his feelings were uncomfortable. He did not respond to this, but told me that his half brother could beat anyone because *he* was not afraid. When he started to act tough with me, I said that he acted tough in order to make believe that he didn't worry about being hurt but that he was really trying to provoke me to hurt him, as in his asking to be hit in the butt. Discussion of his masochistic wishes and the defenses against them allowed his aggression to subside even though he continued to deny his wish to be hurt.

Intermittently, we discussed his rivalrous feelings with his sister and their displacement in the transference. He frequently complained that his mother sent him to me so often so that she could spend more time with his sister. A relatively calm period in the analytic work would end abruptly when he discussed his sister or my other patients. He was intensely curious about my files in order to find out names and secrets. He wondered if I had children. He became angry, aggressive, and frustrated by my not divulging information about myself or the other patients, and he complained that I wasn't helping him. I told him that he was jealous of the other patients, just as he was jealous of his sister.

After he missed a couple of sessions because of illness, he returned and threw lighted matches toward me. He said that he would be going to the orthodontist. He calmed down in response to my comment that it felt better to attack than to worry about being hurt by the orthodontist. He listened to this without fighting and then told me that if he didn't attack, *he*

would get hurt. He joked and asked whether I thought words could hurt me; he took a dictionary and playfully threw it at me. I told him that when he worried about being hurt, he fought, and when he was not controlled, he worried more and fought more. He became friendlier and taught me special karate moves so that I could defend myself in case I was mugged on the street. I said that he was teaching me how to protect myself from his attacks. He laughed: "I get you angry, don't I?" I told him that he knew how to do that very well. When I asked why he does that, he did not respond directly, but at a later time he mocked me, saying:

You're dumb, all grownups are dumb; they can't do anything; you can't even fight and you're full of flabby fat. You're supposed to help me and you don't. All you do is sit there and do nothing.

During the next month he talked about dumb grownups, taught me karate, tried to set fires, looked at my files, pulled my tie, and only occasionally sat and talked. He told me that he only lost control here and not at home. I said that at home he lost control when he wet his bed. After he described the piggyback rides he gave his mother at bedtime, he went to the bathroom and spilled water on himself. He showed me a karate trick that his father had taught him and that he would use if anyone tried to hurt him. I said that maybe he worried that his father might be the one to hurt him. "Nah, that's silly," was the response. In his play, a little car won over a big car and he said, "Us little guys always win."

I said, "Maybe you sometimes feel that your father is going to get angry and hurt you for wanting to win. When you worry about that, you wet your bed."

He replied, "Nah, my dad's a good guy."

During the next few sessions he did not want to tell me the "personal things" that went on at home. He and I had many contests of skill and strength which he always managed to win. He brought a big fancy car which his father had given him and

told me that when his father was a boy he had an old-fashioned car and that his father was born when Pearl Harbor was bombed. He laughed, "No, that's not true, but he was born in the Far East during World War II." William became very excited, crashed cars, threw them, and then went to the bathroom. I said that he wet his bed at night because he was frightened about fighting with his father.

"Fuck you, all you want to do is fuck."

I said, "To you, William, fucking is like fighting. It excites you but also frightens you."

He grabbed one of my file drawers, took papers out, and joked about a name, Jim, he had seen in the file. He said that I liked to fuck and wanted me to tell him what Jim was like. I said that he was very curious about what Jim and I did here, whether we fucked or fought. He laughed and went into the kitchen and turned on the stove as he left the office. The next day, the excitement continued until he abruptly took out his books and calmly worked on a school report about Pearl Harbor. He told me many realistic details about the bombing and the war and showed me pictures from his history book.

His calmness continued. He did many craft-like activities, interrupted by attempts to provoke me with obscene language and gestures. During this same period, he stopped wearing tough-looking rock regalia, and he had more dry nights.

At one point he became out of control while playing a game in which an animal was bleeding. He went to the bathroom and wanted to light big fires. When I asked if he had ever seen anyone bleed, he described a friend's mother bleeding from her abdomen. Because he described this with such great detail, animation, and pressure, I asked whether he knew about menstruation. We had a long discussion about pregnancy, intercourse, and contraception. He said that he remembered an incident from age three: "When my sister was born, I saw my mother bleed." He said that the bleeding originated in the anus. William told his mother about this discussion, and she verified that at the age of two, he had walked into the bathroom while she

was removing a tampon. At that time, he referred to it as "the thing with a string." The reality residue which resonated with this memory was his having seen a woman fall and suffer a severe laceration.

The sadomasochistic excitement then reached a peak. My attempts to discuss the upcoming summer vacation were rejected. He became increasingly hostile and provocative and tried to light fires. He said: "You better watch me or next time, I'll burn down the whole place." When I said that he felt that I could not control him as his parents could not, he said, "Don't say bad things about my mother. What are you going to do if I break the lamp? Are you going to tell her?" (He had broken bulbs over a period of time and knew that I had shared some details of his destructive behavior with his mother.)

A key session occurred two and a half weeks before our summer break. In contrast to the previous day when William had provoked me to the point of my getting angry, I responded to his provocation in a firm, non-angry manner. I told him that he knew that our goal was to investigate the motives for his behavior and that his behavior indicated that there were problems with his feelings that he could not discuss. He responded, "I only act crazy here." I said that we would have to try to figure this out together. He said: "You act like you're Sherlock Holmes." I agreed that the two of us *were* like detectives trying to figure out why William did destructive things in here. He said that he had burned a cup in the kitchen because all the punk rockers he admired did that, and he went to the kitchen to show it off. He began to fight and wanted to start another fire. I told him that he was trying to provoke me to fight with him and hurt him, and he knew that the session could not continue that way.

He said, "I want you to call my mother and say to her, 'Mrs. Brown, I've spoken to you before, but I can't treat William anymore.'"

I said, "William, now I see; you've been fighting with me much more since we talked about how we have until the end of

June before we stop for the summer. You feel so angry about that, so you fight with me and want to hurt me and my things; but you are also trying to provoke me to throw you out before the time we have to stop for the summer.”

Very dramatically he calmed down and matter-of-factly asked how I would be getting home. He reported that he would be going to a play in which his friends were performing and that, like me, he would take a taxi.

He spent the next session doing origami. The following day, he again attempted to provoke me by trying to light a fire and by tipping over chairs. He noticed pieces of paper and became enraged: “You taught the other kids the origami I taught you.” I reminded him of our discussion and told him that he became jealous and angry when he thought of my being with other children and that this was similar to the feelings he had toward his parents about his sister. He quieted down and made more figures. He said, “Did they change the psychiatry law? Last year we missed only one month.” The realities of his camp schedule were discussed, and he spoke of his disappointment about the summer break. He counted the remaining sessions and became clingy.

During the last week and a half he talked about being angry with me because of the vacation. Mild provocative behavior alternated with craft activity. He repeatedly asked if *his* Friday session was *my* last one for the summer. He was very direct about feeling that if others came in July, I preferred them to him. I again stressed the similarities between his anger and disappointment with me and his feelings toward his parents. He maintained that, on the contrary, his mother preferred him, but agreed that he felt disappointed at not seeing me during the summer. During the last session he said, “Of course you like me the least. How else can it be, because I break lightbulbs, mess up, and fight?” I told him that he did those things because he felt others were preferred, and he created a reason for believing that. He was sad as he left and wanted me to take him home.

The following year the dramatic change in William’s de-

meanor persisted. He used verbal teasing and joking instead of fighting to express his hostility. Many of the above themes were worked through via play and discussion. He was able to master his fears of being hurt and abandoned rather than counterphobically denying them and provoking punishments. We discussed his castration anxiety in terms of his fear that his penis would be damaged, and we talked about his denial of this anxiety. The further analysis of the enuresis led to understanding the fantasy that urination directly represented both the phallic aggression for which he would be punished by castration and the regressive wish to be taken care of like a young infant, like his sister, by his mother. He became non-enuretic by the middle of that year and demonstrated numerous age appropriate activities.

DISCUSSION

As a result of the analysis, William improved. That the improvement was secondary to intrapsychic changes is demonstrable by the more direct verbalizations, increased tolerance of painful affects such as anxiety, anger, jealousy, and feelings of abandonment, and gradual change in demeanor from having been an excitable child to becoming one who could deal with conflicts in a more adaptive and mature manner characteristic of the latency child. His use of jokes to express hostility was one of the manifestations of this adaptive shift in his compromise formations.

Was the therapeutic effect a result of the analytic process, of insight secondary to the interpretations, or was it a result of another mechanism, such as the fact that I had positive feelings for him, or was it because of the limits set?

The analysis of aggressive children is difficult because of the child's threats to the analyst and his possessions. Counterreactions and countertransferences are evoked. Non-interpretive techniques such as limit-setting, education, or threats are unavoidable during the treatment. My experience with William is

quite different from the experiences of Maenchen (1984) and Furman (1967, p. 81), who maintain that such non-interpretive techniques can be very helpful. My comments, such as, "We cannot continue with such wildness," "I am going to protect you and me from being hurt," or "I will discuss this with your mother so she can sit outside so you don't run away," were futile. Limit-setting was often necessary, and at times my angry reactions were unavoidable. However, such expressions never had more than transient effects, regardless of the kind of comment or degree of firmness or anger. William was aware of his effect on me and at times discussed it with a sense of glee and superiority. The positive feelings I had for him allowed me to pursue the analytic work.

In the work with William, the presence of an analytic process is demonstrated by the unfolding of the increasingly manifold layers of meaning of the aggressive behavior. The behavior was a result of his need to control as well as of his wish to be controlled and protected. As this element was analyzed, the sado-masochistic primal scene fantasies and castration anxiety emerged. William's counterphobic activity allowed him to avoid anxiety through the use of the defense mechanisms, denial and turning passive to active. We understood how he attempted to masochistically provoke the hurt which frightened him.

Further analysis led to discussions of the rivalry with his sister, his oedipal rivalry, and his fears of retaliation. A memory of his mother's menstruation was recovered, which, I would conjecture, condensed his oedipal wishes, castration fears, and the impact of his sister's birth. It became clear that it was necessary to focus not just on the defenses against the fear of being hurt and abandoned, but also on his use of provocations as means to gratify masochistic wishes. Thus, only when I interpreted his provocativeness as a manifestation of a wish to be thrown out early (a masochistic wish) did the aggressive behavior subside and he could experience the warded-off regressive preoedipal wishes to be cared for. William's comment, "Of course you like me the least," could be viewed from the per-

spective described by Marianne Kris: the child who is punished the most is the one who is loved the most (cited by Ritvo, 1987). As a feature of his masochism, William provoked punishment at home and in the transference; yet his mother, through her affect and words, clearly preferred him to the sister and, significantly, even though he was such a difficult patient, I felt empathic and liked him.

Kennedy (1979, p. 19) states that when a child ignores or rejects interpretations, it is difficult to assess whether the changes in the analytic material are a response to fresh understanding or the result of new defensive strategy without new understanding. One example of this difficulty occurred when William responded to my interpretations about his hostility by joking and teasing. Another occurred during the analysis in the transference of his oedipal rivalry, including violent primal scene fantasies and castration fears, when he suddenly shifted and became productive in a sublimatory fashion by working on a school report about war.

On the other hand, there were instances when it would be reasonable to infer that William did have insight into his conflicts. For example, when analyzing his need to control and be controlled as a response to his anxiety, he said: "Let's start all over and talk and not fight." He spoke about his fears, and his associations elaborated primal scene fantasies. At a later time when I interpreted his castration anxiety, although he denied the implication of the metaphor, "the girl sharpens your pencil," one can infer insight into his conflicts from his play when he inserted his finger in and out of a tube, allowed it to get stuck in a car, and then cut up papers. One can conceptualize that, through play, he worked through the conflict via an age-appropriate substitute for direct verbalization. A period of extreme agitation and denial of anxiety followed, until he began to use jokes and asked whether we could meet all day Saturday in order to solve the problems.

In the key session in which he said "You act like Sherlock Holmes," defensiveness, particularly in the form of negation,

was prominent. However, he clearly implied an understanding of the analytic method by applying the metaphor of the detective. The evolution of the analytic material during the last two weeks of the year confirmed the inference that William was actively thinking about the problem of the aggression, its causes, consequences, and his feelings. He asked many questions about the vacation, compared himself to the other children, and was more open about his depressive affect. Sandler, et al., (1980, p. 67) state that "insight has to do with being in touch with one's feelings, motivations, and behavior" and that "being in touch with one's feelings without necessarily reasoning about and verbalizing the cause of the feelings may be nearer to a child's analytic experience than to an adult's." William certainly demonstrated that he became more aware of his feelings and motivations as a result of the analysis.

In a situation similar to William's, Bornstein (1949) told her patient, Frankie, that his behavior was leading up to the result of which he was frightened, and that he might be taken from home and sent to a psychiatric hospital. She stated that there "was a thrust into his unconscious, and a demonstration that his unconscious aim was to enforce a separation from home. This was a contradiction of his omnipotence . . ." (p. 216). Bornstein stated that her comments about the hospital were an emergency measure in a critical situation and that they helped Frankie change, control his behavior, and proceed with the analysis. However, an examination of the crucial session leads one to infer that the mutative agent was the interpretation of the contradiction between the child's grandiose fantasies and his unconscious desires to be carried off from home, rather than the threat. Frankie asked question after question and considered the contradiction between the gratification of his wishes in fantasy and the reality which he was attempting to arrange. Bornstein concluded that her earlier interpretations of his omnipotence as a defense against his passive wishes helped consolidate the grandiose defense. Only when she could interpret both the child's unconscious desires and the defensive aspects could there be a therapeutic gain.

Within this framework, the effectiveness of the threats for Frankie or of the limit-setting for William should be viewed as a result of the accurate interpretation of the child's conflicts that accompanied the threats or limits, rather than as a result of the limits or threats themselves, because at other times threats and limits were clearly ineffective.

CONCLUSION AND SUMMARY

The observations in this study are consonant with Strachey's (1934) original contribution on mutative interpretations as occurring within the context of the transference, as well as with Fraiberg's (1966) and Harley's (1967) discussions of the idea that transference interpretations are the most effective ingredients in the analysis of children. Recently, Arlow (1987) described the effectiveness of transference interpretations in advancing the process of insight. He stated that transference interpretations allow the patient to know and master the "persistently disturbing influence [of the past] in the present" (p. 75).

A key sign of William's improvement and development was his increasing tolerance and expression of painful affects, anxiety, anger, jealousy, and longings to be cared for. It would be reasonable to conclude that not only were the therapeutic gains secondary to a nonspecific effect of the analytic process in which he felt understood; but they were, as I have delineated, a specific result of the insights gained. One can say that the analytic process facilitated the development of the child's awareness of those painful affects which had to be vigorously warded off. When William could experience the affects consciously in the transference and master them, he no longer had such a great need for the maladaptive counterphobic defenses which had impeded his development.

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Transitional Phenomena, Projective Identification, and the Essential Ambiguity of the Psychoanalytic Situation

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TRANSITIONAL PHENOMENA, PROJECTIVE IDENTIFICATION, AND THE ESSENTIAL AMBIGUITY OF THE PSYCHOANALYTIC SITUATION

BY GERALD ADLER, M.D.

Ambiguity, which is an intrinsic and essential aspect of the psychoanalytic situation, is related to the concepts of transitional phenomena and projective identification. The analyst's feelings of uncertainty that accompany this ambiguity are contrasted with a "pathological certainty." The consequences of the loss of ambiguity and the role of the analyst's countertransference in this process are described.

Freud's development of the psychoanalytic method provided a setting that allowed many different themes to emerge in the course of treatment. The method, with its emphasis on the use of free association in a background of analytic neutrality and relative abstinence, encouraged the analysand to respond to the analyst as an ambiguous figure who represented both the past and the present. The analysands brought to this ambiguous situation the positive and negative experiences of their lives, which began to unfold. On the basis of the interplay of these experiences and the basic safety of the analytic situation, many types of interactions could occur. In this paper I shall empha-

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size those related to transitional phenomena and projective identification.

My thesis is as follows. The analytic process, by its very nature, sets up an ambiguity that allows a creative process to occur. This process is experienced most intensely in the transference, a reliving and amalgamation of past and present which leaves unclarified both the analyst's and analysand's contributions. Thus, there is an ambiguity concerning how much is related to the present and how much to the past, how much to the analyst's actions and how much to the analysand's. This ambiguity recreates a situation akin to that described by Winnicott (1953) in his discussion of transitional phenomena experiences of early childhood. Some of the most creative aspects of psychoanalysis (and some psychotherapies) may derive from the reactivation of transitional phenomena experiences which are tied to a child's or an adult's capacity for creative use of illusion and play. These experiences are also closely related to the constructive use of projective identification. Countertransference as well as lack of understanding or technical mishandling of this situation can turn the creative potential into one of stalemate or failure and provoke destructive experiences of projective identification, rather than allowing the creative utilization of both transitional phenomena and projective identification.

Although transitional phenomena experiences form an important aspect of psychotherapeutic and psychoanalytic treatment, the understanding of these experiences is still being integrated into the literature on the psychoanalytic treatment of the neuroses. Many writers have described the application of Winnicott's concepts of the holding environment, transitional objects, and transitional phenomena to adult issues and to creativity, transference, and psychoanalysis (Grolnick, 1984; Grolnick, Barkin and Muensterberger, 1978; Loewald, 1980; McDougall, 1985; Modell, 1963, 1976; Ogden, 1979, 1985; Stolorow and Lachmann, 1984-1985). Yet the relationship of these concepts to the uniqueness of the analytic situation deserves further elaboration. Although implied in the literature, Winni-

cott's work has not been related directly to the ambiguity of psychoanalytic treatment. The theme of ambiguity in analytic *technique* has been discussed in this literature. However, the *essential ambiguity* of the analytic situation and its relationship to some of its creative aspects has not been described.

REVIEW OF THE LITERATURE

Before turning to the concept of ambiguity that I will use and explore, I shall briefly review Freud's references to ambiguity. I shall also consider the literature that defined the technical precepts of the kinds of ambiguous clarifications and interpretations that left the patient with a variety of choices.

Freud noted the importance of ambiguity in dreams (1900) and in everyday life (1901) (*cf.*, Spence, 1982, Chapter IX). Kris and Kaplan (1948) defined the relationship of ambiguity in art to an experience that encouraged a subject to mobilize repressed elements by stimulating the emergence of the primary process. Arlow (1961) noted their work and related it to the ambiguity of silence in the analytic situation. In addition, he commented that "[s]ilence is perhaps the most effective tool at the disposal of the patient to stimulate countertransference" (p. 51). Beres (1957) also utilized Kris and Kaplan's work to demonstrate the relationship between the psychoanalytic and the aesthetic process.

Freud (1912) defined the problems related to working in the transference both as a resistance and as the battlefield in which the cure takes place: "This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won—the victory whose expression is the permanent cure of the neurosis" (p. 108).

The importance of transference as the "field [on which] the victory must be won" is well-documented in the psychoanalytic literature, from Freud to the present. Although less clearly

spelled out in Freud's clinical and theoretical writings, the technical nature of the psychoanalytic interpretation of the transference is taught and described in a way that emphasizes the ambiguity of the analyst's interpretations. The examples of successful transference interpretations that relate transference to genetic determinants as well as those which address the "here and now" aspects of transference have certain characteristics. The interpretations connect to the analyst some issue that emerges during the treatment, and when the interpretation is genetic, the connection is to an experience with someone in the analysand's past. At the same time, the analyst allows an ambiguity to remain about the "reality" of the analyst's role in the analysand's feelings, which has certain implications for my thesis.

Gill (1979) commented on technical ambiguity: "The reserve and ambiguity of the analyst's behavior [increase] the range of apparently plausible conclusions the patient may draw" (p. 281). With a technically ambiguous interpretation, it is not clear to the analysand whether the analyst has done or felt in the analytic situation what the analysand states. Is it a manifestation solely of the transference, i.e., is the analysand displacing or projecting onto the analyst and/or is there a kernel of truth to the analysand's feelings based upon the interpersonal exchange between two people and the analysand's observations of them? And does this interpersonal interaction have an impact on the personal issues and specific abilities that the analyst brings to the treatment? Or is it both? For example, consider the interpretations, "You feel that I am angry at you in a way that your mother was," or, "You experience my last comment as evidence that I am angry at you." Both interpretations leave ambiguous whether the analyst was indeed angry at the patient, although timing and the subtle manifestations of the analyst's countertransference can slant it one way or the other.

This technical ambiguity thus becomes an integral part of the essential ambiguity of the analytic situation which derives from its open-ended nature, combining the use of the couch with the

analyst not visible behind it, free association, relative abstinence, and neutrality. In this setting, the analysand is stimulated to bring forth the creative aspects of his or her fantasy life and verbalize them in a way that both analysand and analyst can examine, understand, and utilize for insight and the curative effects of the treatment. It is this broader use of ambiguity that will be explored in this paper. Although its fullest manifestations occur in psychoanalysis, psychodynamic psychotherapy can share some of it when the therapist follows most of the principles described.

The essence of this ambiguity, which is unique to the analytic situation, leaves unanswered such basic questions (Russell, 1985) as: Is it I or is it you? Is this now or was it then? Did I do this or was it done to me? As I shall discuss, I believe that this ambiguity reactivates some of the most creative aspects of the individual, which play a profound role in the process of change during treatment.

Many patients are able to tolerate ambiguity in a treatment situation in which the therapist or analyst understands issues of optimal frustration in a setting of safety and in which he communicates his understanding of the patient's anxiety which "relates to the threat of annihilation" (Winnicott, 1960, p. 47) and contains the emerging rage (Adler, 1975). Under these circumstances, the ambiguity of self and other, past or present, active or passive in the treatment situation parallels many of the issues defined by Winnicott in his discussions of transitional objects and transitional phenomena.

In contrast, it is important to define a broad group of patients who at times require a more specific and less ambiguous response. In particular, patients with significant self pathology may have difficulties with ambiguity. As part of their difficulties, they may be unable to "suspend disbelief" (Prelinger, 1985), i.e., they feel too threatened by the described ambiguity present in the transference and in the therapeutic situation to allow the blurring of past and present, self and object, active and passive. They may be patients with a borderline or narcis-

sistic personality disorder, or neurotic patients who are focusing on significant aspects of their self pathology at different points in their treatment.

Winnicott's Contributions

Winnicott's 1953 paper, "Transitional Objects and Transitional Phenomena," has played a significant role in the understanding of issues of internalization, projection, illusion, creativity, and play. Winnicott utilized the transitional object and transitional phenomena concepts to define an "intermediate area of experience" that bridges the "me and not me." This intermediate area is related to illusion. Winnicott proposed that the earliest experiences with illusion involve the infant's sense of omnipotence in the form of magical control of the merger and transitional phenomena experiences. The mother's role is to provide this experience of illusion. Winnicott emphasized that she cannot succeed in helping the child with gradual disillusion unless she has allowed sufficient time for illusion. The use of the transitional object as an aspect of transitional phenomena helps provide the creative opportunity for illusion. Although the infant does not experience transitional phenomena as ambiguous, Winnicott underlined the importance of the ambiguity: "*Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question 'Did you conceive of this or was it presented to you from without?' The important point is that no decision on this point is expected. The question is not to be formulated*" (pp. 239-240). For Winnicott, illusion, creativity, and play are all closely related, all requiring a setting of ambiguity which is not challenged.

Winnicott also addressed the setting in which transitional objects can be utilized. "The infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object . . . failure of the latter indirectly leads to dead-

ness or to a persecutory quality of the internal object. After a persistence of failure of the external object, the internal object fails to have meaning to the infant, and then, and then only, does the transitional object become meaningless too" (p. 237). Thus, parents must not fail the small child too much if the child is to retain inner objects and this ability to use transitional objects. Robertson and Robertson (1969) poignantly demonstrated how seventeen-month-old John, in a nine-day separation from his mother, with inadequate substitutes, ultimately lost his capacity to comfort and soothe himself, illustrated by his loss of ability to use his transitional object, a teddy bear.

*The Relationship of Winnicott's Contributions to the
Psychoanalytic Situation*

The ambiguity that I have characterized as an essential part of the transference experience in good psychoanalytic treatment can be related to Winnicott's work. The analytic therapeutic situation with its ambiguity creates an intermediate area of experiencing that requires the capacity for transitional relatedness in the analysand, the origins of which must be established in early childhood. While the adult obviously has many complex layers of development that build upon and modify these early experiences, many creative experiences can derive from the adult's earliest use of transitional objects, illusion, and the creativity involved in that process. The capacity for their use is subject to a variety of influences which can be blocked or transiently lost through regression; the capacity can also be reactivated through the analytic interaction when initially absent.

Although Freud's development of psychoanalytic theory and practice did not include such concepts, the technical application of his theoretical model provided an unusual replica of the creative use of illusion through the ambiguity of the analytic situation and the emerging transference. Perhaps it is this replication with its creative potential that is a crucial part of the ana-

lytic experience that motivates the analysand to continue the analytic work and bear much discomfort. A. Kris (1982) made the observation that analysands' use of free association is experienced by them as a satisfying aspect of the treatment. This observation is consistent with the formulation that analysands' utilization of free association is part of their experience with transitional phenomena related to illusion and creativity, and leading to the development of a transference neurosis. Under optimal circumstances, free association continues with ambiguity, not contaminated by questions between analyst and analysand: Did the analysand conceive of the feeling and fantasy? Or was it presented to him by the analyst? Or both? There are other questions: How much is related to the transference and how much to the real relationship? How much is related to the present and how much to the past?

Loewald (1975) and Ogden (1979) have come closer to describing this ambiguity than any other contemporary psychoanalytic writers. Loewald defined the relationship of fantasy, play, and actual experience for the small child, and related these experiences to the transference neurosis. He stated that the transference neurosis is experienced by the patient "as though he does not distinguish between fantasy or memory and present actuality" (p. 295). Loewald spelled out the "art of the psychoanalyst" who promotes a regression bringing together experiential past with "experiential present—the actuality of the analytic situation—so that they become one" (p. 295). He emphasized the role of interpretation in reminding the patient of the differences between past and present, thus helping the patient to make connections between memory, fantasy, and actuality. Although I agree with most of Loewald's formulations, I would emphasize that analysands in the secure analytic situation can most optimally make their own connections and use them best when allowed the creative act of deciding questions of you or me, past or present, active or passive, for themselves.

Ogden (1979) noted the ambiguity present in transference and countertransference helplessness, in which the therapist is

not to question whether the helplessness experienced by both participants is reality or fantasy. He related this formulation to Winnicott's discussion of transitional objects and transitional phenomena.

Transitional Phenomena and Projective Identification

I shall now turn to the concept of projective identification and discuss its relationship to transitional phenomena as well as the significance of these terms to the psychoanalytic situation.

The concept of projective identification was first used by Melanie Klein (1946), was amplified by Bion (1967), and was more recently elaborated by Grotstein (1981), Kernberg (1975), Malin and Grotstein (1966), Ogden (1979), Shapiro (1978, 1982a, 1982b), and Zinner and Shapiro (1972). Kernberg described patients' use of the defense of projective identification as projecting onto another person aspects of themselves which they wish to preserve or which are unbearable. Such patients then have to control the person onto whom they have projected these parts, in order to maintain a connection to them. Other recent contributors stress the interpersonal aspects of the projective identification process. For example, in treatment the analysand may act toward the analyst in a way that provokes the analyst to do to the analysand what the analysand has projected onto the analyst. The analyst then behaves toward the analysand as if he were that aspect of the analysand based upon the projection and the interpersonal provocation. In addition, the projection touches a responsive chord in the analyst (Shapiro, et al., 1977), who indeed does have a part of himself that is available to be provoked. For the provocation to be successful, the analyst must identify with the analysand's projection; i.e., it must touch an accurately perceived aspect of the analyst against which he is defending himself. The analyst is particularly vulnerable to the provocation when he is involved in his own controlled regression as part of his attempts to understand the analysand.

Both Ogden (1979) and Shapiro (1982b) stressed the identification or introjective identification aspect of projective identification. They felt that the projection is modified when the analyst does not respond to the interpersonal interaction to the degree to which the analysand has provoked him. The analyst's capacity to "contain" the projection (Bion, 1967), in spite of a wish or impulse to do otherwise, modifies that projection. For example, if he shows mild irritation to the analysand when his impulse would be to kill, the analyst, although partially confirming the projection, has significantly modified it by largely containing it in the face of the intense interpersonal provocation. Ideally, the interpretation without the analyst's irritation is the optimal containment. The analysand is then in a position to internalize this modified projection (introjective identification), which becomes a potential aspect of new structure, and thus a creative aspect of the process of projective identification.

Projective identification has a wide applicability in explaining not only individual treatment issues in all patients, but also family, group, and organizational dynamics.

Bion (1961) defined the relative disorganization of all groups when the group's work task is lost; projective identification becomes the model of functioning at those times. Similarly, projective identification is also present in everyday psychotherapy and psychoanalysis. In fact, the relatively unstructured psychoanalytic situation, with its described ambiguity, abstinence, and neutrality, sets the stage for the possibility of projective identification.

Bion (1967), utilizing Klein's (1946) description of "excessive" and "normal" projective identification, clarified the distinction between the two kinds of projective identification. He suggested that "excessive" projective identification applied not only to its increased frequency, but also to the projector's excessive belief in omnipotence. He also noted the interpersonal aspect by stating that the infant will carry out the projective identification with greater frequency and force if the mother cannot tolerate the projections. Similarly, in the analytic situation the analyst's

capacity to contain the projections plays a role in determining whether the projective identification is "normal" or "excessive."

In this paper I shall refer to the "normal" use of projective identification as constructive projective identification, and "excessive" projective identification as destructive projective identification. I, too, am stressing the importance of the interpersonal aspects between projector and "container" in order to define whether a specific instance of projective identification is constructive or destructive.

More recent writers have also defined projective identification as a defense ranging from the healthy to the pathological (Zinner and R. L. Shapiro, 1972). As E. R. Shapiro described (1978, 1982a), in situations where the holding environment fails, what is projected becomes more primitive and id related; at the same time, individuals' capacity for reality testing is increasingly compromised. This is manifested by their greater difficulty in differentiating themselves from another person. Finally, a more intense interpersonal coercion is also often present. At its most healthy level, projective identification can be viewed as an aspect of empathy, for the projective capacity is then present side by side with the capacity to compare the effect of the projection and the varying degrees of interpersonal coercion with the data from the other person (E. R. Shapiro, personal communication).

Although I have emphasized the analyst's role as "container" in constructive and destructive projective identification, the analysand's psychopathology and its interpersonal manifestations are also important. There are patients who cannot make use of optimal attempts at containment because of the severity of the psychopathology. Through the intensity of their interpersonal provocation, which can include potentially destructive or self-destructive acting out, they may demonstrate that adequate containment is not possible. Such patients may not be treatable by psychoanalysis or individual psychotherapy, and may require adjunctive treatment, such as partial or inpatient hospitalization, in addition to individual treatment.

When the patient experiences the treatment as safe and stable through the contributions of both participants, i.e., with the existence of a "good enough holding environment," projective identification and transitional phenomena can be different labels for almost the same experience. When the safe, collaborative setting, which both analyst and analysand have participated in establishing, deteriorates, projective identification can become destructive and transitional phenomena may disappear. Once destructive projective identification is present, the transitional space is threatened or lost. Whether it is regained depends upon the capacities of the parents for the child, or of the analyst for the analysand, to "contain" the projective identification process as well as the analysand's capacity to "contain" (i.e., metabolize) the analyst's interpretations (projections) (Shapiro, 1982a). The analysis of projective identification can be a creative experience, ultimately allowing analysands the comfort of owning their affects, solidifying distinctions between self and other, and developing a greater capacity to have experiences of increasingly constructive projective identification. Under these circumstances the distinction between projective identification and transitional phenomena will disappear, and the transitional space which may have previously been lost will be reacquired.

The relationship of transitional phenomena and projective identification to transference, therapeutic alliance, and countertransference is complex. Projective identification influences the projective aspects of transference through its projections, and influences countertransference through the interpersonal provocation which is present. Its impact on countertransference is similar to Sandler's (1976) descriptions of the analyst's "role responsiveness." Transitional phenomena aspects can be related to components of an idealizing selfobject transference (Kohut, 1971, 1977), and also can be one of the ingredients of a therapeutic alliance.

The concept of projective identification can be used to enrich our understanding of situations in which analysands may attempt to involve the therapist or analyst in events that are oc-

curing in their lives outside of the treatment. Patients may present details of an important decision they must make—for example, about a career choice or about intense ambivalence within an important relationship. Their way of presenting the details of the situation, obviously from the perspective of one or the other side of their ambivalence, is also an attempt to get the therapist or analyst to take a position or take sides. Such instances are often examples of the interpersonal manipulation used in projective identification: patients project a side of their ambivalence onto the therapist or analyst, and then interpersonally present “data” in such a way that it provokes the therapist or analyst to agree forcefully with the projection by stimulating the therapist’s or analyst’s unconscious omnipotence expressed as a wish to give advice or present an opinion. Ordinarily, these situations are commonly viewed as examples of faulty technique, in which the analyst succumbs to the invitation to advise or to parent or to take sides. However, the concept of projective identification defines the projection, interpersonal provocation, and containment that play important roles in this process and, I believe, adds to our understanding of these everyday therapeutic encounters.

*Transitional Phenomena, Projective Identification,
and Countertransference*

Experiences with both transitional phenomena and projective identification in analysis tend to elicit a specific variety of responses from the analyst. Both experiences involve issues of omnipotence and ambiguity for the analysand as well as for the analyst. The analysand uses the analytic situation and the interpersonal interaction with the analyst to create the illusory and ambiguous experience of transference and transference neurosis. This experience allows the healthier analysand the freedom to fantasize and create, without any requirement to notice ambiguity. He or she may have a feeling of omnipotent control of the process and a sense of freedom when the analytic

situation, with its free association process, is proceeding well in a setting of safety and containment. The analysand is creating the drama out of an inner life in the space provided by the analysand, the analyst and the analytic situation.

When the analysand's fantasies of omnipotent control also involve the interpersonal manipulation of projective identification, the omnipotent fantasies are not only projected onto the analyst, but the analyst is then provoked to act omnipotently toward the analysand. With transitional phenomena, analysands do not provoke. However, they react in a variety of negative ways to the disruption of the experience that ultimately can become manifestations of destructive projective identification.

Both transitional phenomena and projective identification will tend to elicit a variety of countertransference feelings in response to the analyst's comfort or discomfort in allowing the analysand to use the analysis in his or her own creative way when transitional phenomena are involved, and with a potentially harmful outcome with destructive projective identification. Such situations can elicit the analyst's need to be in control and to control, leading to unconscious attempts to squelch or destroy the creative, "playful" way the analysand is utilizing the illusory space of the transference neurosis. Or the potential destructiveness of projective identification may so threaten the analyst's feelings of being in control that he cannot allow it to be sufficiently played out to be experienced by both and to be analyzed. As will be discussed, these analyst responses also relate to the analyst's capacity to tolerate ambiguity and not being in control of the ways the analysand uses him and his responses, as well as the analytic situation.

The interpersonal provocation in projective identification for the analyst to know omnipotently or control omnipotently readily reverberates with the analyst's own need to control omnipotently as a manifestation of his own grandiosity. Thus, as described earlier, he can readily become involved in pronouncing judgment or offering advice about relationships and career choices, or knowing with certainty, for example, that the

analysand's treatment is stalemated or that the analysand is un-analyzable. It can become easy for the analyst to misinterpret Freud's (1916) statements about the analysand's incompleteness to mean that the analyst has the right to take over the analysand's life instead of serving as a selfobject (Kohut, 1971, 1977) for the incomplete, i.e., narcissistically vulnerable patient.

These themes of omnipotence and grandiosity are intimately related to the analyst's comfort or discomfort with the ambiguity that has been described as a central part of the analytic situation. Both the analyst's omnipotent need to control and his discomfort with ambiguity involve his own sense of self-cohesiveness (Kohut, 1971, 1977). To the degree that the analyst's self is vulnerable, these relatively uncontrolled, uncertain situations can threaten his vulnerable self with fears of fragmentation or disintegration. The analyst's reactions—to re-establish control and to minimize ambiguity—remove such fears, but obviously affect the analytic situation negatively. When these actions include the analyst's omnipotence in "knowing" answers in response to the analysand's transitional phenomena or projective identifications, the analyst's certainty removes his own vulnerable feelings for the moment, but also destroys the ambiguity so essential for creative analytic work. For example, if it is not clear whether the analysand's love or hate is for the analyst as he really is or for the analyst as a transference figure, then this ambiguity can stress an analyst's vulnerable sense of self. Similarly, Shapiro (1982b) has described families in which parents use pathological certainty manifested by a lack of curiosity about their children because of their inability to tolerate ambiguity, ambivalence, uncertainty, and relative helplessness. He explored the significance of the loss of transitional space for these children. In clinical illustrations, he demonstrated the importance of the analyst's non-intrusiveness in the face of the patient's uncertainty and ambivalence.

In addition, the uncertainty and ambiguity that I am describing can reverberate with the analyst's own obsessional "conflicts of ambivalence" (A. Kris, 1983) with the indecisive-

ness and uncertainty that accompany them. The analyst's response of certainty obviates this form of anxiety, which can include the analyst's attempts to master and defend against castration anxiety and guilt when the analysand's intense longings and anger emerge.

Finally, the therapist or analyst can inadvertently destroy the possibility of transitional phenomena and the creative aspects of experiences with projective identification because of his discomfort with intense affect.

CLINICAL ILLUSTRATIONS

The creative aspects of the essential or basic ambiguity of the psychoanalytic situation can best be illustrated further by vignettes demonstrating its potential or actual loss. Since the concepts that relate to this ambiguity—transitional phenomena and projective identification—stress an interpersonal component, clinical illustrations must emphasize data from the inner world of the analyst as well as of the analysand.

An analyst in supervision reported the material of a particularly difficult time for him in the analysis of an analysand. The analysand was a thirty-year-old mental health professional in her fourth year of analytic treatment. She struggled with oedipal and preoedipal issues which she experienced with much shame and guilt. These themes, as well as expectations about her own and her analyst's perfections were in the forefront of much analytic work.

Although aware of her positive attachment to the analyst as well as her anger, she had been unable to feel comfortable in bringing the anger directly into the analysis. She acknowledged its presence in her dreams and associations, but up to the current time it had been largely an intellectual experience. Recently, as part of her professional work, she had begun receiving supervision from an experienced clinician, who helped her make useful clarifications and interpretations with her patients by actively following and utilizing their associations. In a

series of sessions in her analysis, the analysand began to point out the differences in technique when comparing the analyst with her supervisor. She felt that the analyst did not pursue material in the way the supervisor did, and with increasing anger, raised questions about the competence of the analyst. Specifically, she wondered about the appropriateness of his technique and whether countertransference feelings interfered with his work.

The analyst was both pleased and upset by the emergence of this material. He had no difficulty in recognizing the importance of the analysand's experiencing anger in the transference and felt she was indeed doing that at present. At the same time he did not like hearing his technical skills questioned or being asked whether countertransference feelings were interfering with his work. His initial impulse was to agree with the analysand and to question, with some guilt and shame, whether he was indeed working poorly with his patient. Almost at the same time he felt that all this material was certainly part of the transference and that the criticisms of his technique had little or no validity. He was tempted to, but did not, interpret to the patient the relationship of her anger at him to her anger at her mother, whom she had idealized, knowing that there were many unsettled issues about her mother's parenting capacities. The analyst instead allowed the patient's dissatisfaction to emerge further, while bearing his discomfort over his feelings of inadequacy and dealing with his simultaneous wish to call it transference and interpret it.

In supervision, the analyst shared this material and his thoughts openly, though with some discomfort. He wondered to what extent the analysand's observations were accurate. On the one hand, he felt that work with this analysand seemed to progress well when he allowed her to make more connections herself; on the other hand, he felt that he could help her with more clarifications and interpretations and still maintain his analytic stance. He then acknowledged that he had been thinking about his analytic technique since the analysand's questions

about it. He was aware that he had little difficulty in being appropriately active with patients as a psychotherapist. However, regarding his functioning as an analyst, he thought that this analysand's feelings had some validity. He wondered whether it was related to unresolved feelings about his own analysis that had ended in the past year. In his analysis he had often discussed his wish that the analyst be more active and forthcoming. He thought that his tendency to be more passive than necessary could be an aspect of identification with the aggressor, related to unresolved feelings about his own analysis. This formulation made sense to him and would be something he would continue to pursue as his work with his analysand proceeded. He would attempt to sort out what came from him, what was appropriate technique in working with her, and what was ultimately interpretable in the transference in a way that was illuminating to the analysand and not defensive on his part. The supervisor agreed with his thoughts and supported his view of the way he wanted to proceed.

A vignette of a very common analytic experience such as this can illustrate the tenuous way in which the essential or basic ambiguity exists in an analysis and the ease with which it can potentially be destroyed. The analyst alternated between shame and guilt over his own inadequacies and a wish to ascribe all the difficulties to the patient and the transference. These feelings in the analyst can be explained as manifestations of projective identification, in which aspects of the analysand's shame and guilt associated with self- and/or object representations were projected onto the analyst; the analysand's interpersonal behavior then helped elicit these feelings in the analyst. This sequence was followed by a similar one involving aspects of the analysand's omnipotence, which were also projected and interpersonally provoked in the analyst. Of course, the analyst already had those aspects present within himself, which he could in part acknowledge by himself and in supervision. His capacity to bear these feelings that came both from his patient and from within himself allowed the experience to be one of constructive

projective identification rather than an example of destructive projective identification.

A defensive clarification or interpretation by the analyst could have threatened the safety of the analytic situation for the analysand who was finally ready to experience her anger at her analyst with feeling. At the same time, it was unclear to the analyst how much was transference and how much was related to himself and his own difficulties. His thoughts about unresolved issues in his own analysis seemed to be a link that partly explained his possible contribution to the situation. As noted, the analyst's capacity to bear his discomfort with the patient and with the described ambiguity allowed the analysis to proceed usefully.

In another clinical example, an analyst was experiencing discomfort in the prolonged anger of his analysand, who was repeatedly attacking him about his empathic capacities, his ability to understand the material, and whether he had anything of use to offer in response. The analysand felt that there was validity to his anger, but knew that the analyst must be saying "transference, transference" to himself in order to stand it. The analyst had to acknowledge to himself that indeed he was doing exactly what the patient had stated. He was sitting out the attacks, feeling that they were the inevitable anger of an analysand who was reliving intense feelings of anger at his parents whom he experienced as failing him in many ways. The analysand's confronting him helped him see how angry and devalued he felt, and that his tendency to be silent in the face of it was not only a result of his feeling somewhat overwhelmed, but also part of a wish to retaliate. The analyst also recognized that this wish, along with the silence that accompanied it, was a repetition of the many struggles between the analysand and his mother, experienced by the analysand as his mother's withholding and rejecting anger. The analyst's awareness of the transference aspects as well as his own contribution to the situation allowed him to take a more useful, non-defensive, exploratory, and interpretive stance. Even though the analysand's anger continued

for many more sessions, the analyst felt that he became more useful to the analysand when he recognized his retaliatory urges.

This vignette can be considered an ordinary example of countertransference in the analysis of someone experiencing intense affect in a regressive transference neurosis. However, I feel that viewing it as a situation that also includes the analysand's use of projective identification, with its projection and provocation, and the analyst's ultimate awareness and containment of it helps enrich our understanding of such instances. If the analyst had not become aware of his retaliatory wishes as part of the projective identification process, the ambiguity of the analytic situation would have been threatened, including the transitional space that played a role in allowing the regressive transference neurosis to emerge. In such circumstances, constructive projective identification could have turned into destructive projective identification, in which the analyst would have been unable to become aware of his contribution and unable to contain the patient's reliving of old issues in the transference.

A brief incident in an analysis also illustrates a loss of ambiguity. At a time of impasse in the analysis, the analysand was angry at his analyst for confusing an appointment time, which he felt revealed that the analyst was angry at him. The analyst, because he felt it necessary to respond to the analysand during a time of crisis in the treatment, told the analysand that he was not angry when the incident occurred. This intervention did not seem to have any impact on the impasse.

I feel that the intervention could have been more useful to the analysand if the analyst had stated that he was *not aware* of being angry at the analysand. Such a response would have presented an important ambiguity. It would have allowed the analysand to believe that it was possible that the analyst was angry, but was unaware of it. Thus the ambiguity between transference and the perception of the analyst's real behavior would have been preserved and would perhaps have allowed the tran-

sitional phenomena experience to return, rather than leading to what could have been related to destructive projective identification and "pathological certainty" (Shapiro, 1982b). Such "small" incidents often determine how much of the treatment will consist of transitional phenomena experiences and constructive projective identification and how much destructive projective identification.

The clinical vignettes presented illustrate the possible dangers of pathological certainty which can occur as defensive manifestations or destructive projective identification. The analyst's ability to be aware of his feelings of vulnerability, anger, shame, and guilt help him detect tendencies to protect himself by "knowing" with certainty that his theoretical or clinical formulations are correct. He then has to assume responsibility for his role in the analytic situation and bear the ambiguity related to the uncertainty about how much of the material is from the past, how much from the present, how much is a manifestation of the real relationship, how much is transference, and how much is countertransference. The analyst's capacity to bear uncertainty and to tolerate the essential or basic ambiguity of the analytic situation can often determine whether the analysis is one in which the creative use of transitional phenomena and projective identification predominates.

SUMMARY

The essential or basic ambiguity of the psychoanalytic situation was defined and elaborated. It was distinguished from the usual use of ambiguity as a technique in which the analyst allows the analysand to have more than one plausible clarification or interpretation regarding a specific problem. The essential ambiguity of the analytic situation derives from the experience in which it is unclear to both participants how much of current difficulty is related to the past, how much to the present, how much is transference, and how much is the real relationship.

The basic framework of analysis, with its technical ambiguity

—the use of a couch with the analyst, not visible behind it, functioning from a position of neutrality and relative abstinence—recreates a situation which is akin to that described by Winnicott in his discussions of transitional phenomena, transitional objects, illusion, and play. These concepts are also related to projective identification, which can be either constructive or destructive, depending upon the complex interaction between analysand and analyst as well as upon the analysand's pathology.

The countertransference issues related to ambiguity, transitional phenomena, and projective identification have been discussed and illustrated. The defensive use of pathological certainty was emphasized as a major countertransference difficulty.

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Psychoanalyse Und Neurobiologie. Zum Modell Der Auto-Poiese Als Regulations-Prinzip. (Psychoanalysis and Neurobiology. Toward a Model of Autopoiesis as a Principle of Regulation.) By Tobias H. Brocher and Claudia Sies. Stuttgart/ Bad Canstatt: Frommann-Holzboog, 1986. 140 pp.

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BOOK REVIEWS

PSYCHOANALYSE UND NEUROBIOLOGIE. ZUM MODELL DER AUTOPOIESE ALS REGULATIONS-PRINZIP. (Psychoanalysis and Neurobiology. Toward a Model of Autopoiesis as a Principle of Regulation.) By Tobias H. Brocher and Claudia Sies. Stuttgart/Bad Canstatt: Frommann-Holzboog, 1986. 140 pp.

"The harshest truths are heard and recognized at last, after the interests they have injured and the emotions they have roused have exhausted their fury," Freud wrote in 1910¹ when discussing the future prospects of psychoanalysis. It is no accident, of course, that the authors of this little book begin their preface with this quotation. For, indeed, they are issuing an impassioned call for all psychoanalysts to re-examine the theoretical and metatheoretical underpinnings of their science and practice in order to bring them into harmony with contemporary neurobiology. This aim—apparently so rational; who would object to such a reasonable demand?—is expected to arouse the highest resistance, for they also quote Max Planck: "A new scientific truth does not prevail by convincing its opponents but because these opponents gradually die out as a new generation, familiar with the new truths, grows up" (my translation).²

What are the new truths Brocher and Sies offer? They call attention to the fundamental change in paradigms that in other sciences during the last twenty-five years has led to a correction of the concepts of "objective reality," but has met with great skepticism in psychoanalysis. Specifically, by applying the difficult concepts of the abstract-logical biologic theory of knowledge of H. Maturana and his collaborators, F. Varela and G. Uribe,³ to psychoanalysis, they hope to further the dialogue between psychoanalysis and neurobiology that was initiated over ninety years ago by Freud in his *Project for a Scientific Psychology*.

¹ Freud, S. (1910): The future prospects of psycho-analytic therapy. *S.E.*, 11:147.

² Planck, M. (1949): *Scientific Autobiography and Other Papers*. Westport, CT: Greenwood, 1971.

³ See, for example, Maturana, H. R. (1982): *Erkennen: Die Organisation und Verkoerperung von Wirklichkeit*. Braunschweig/Wiesbaden: F. Vieweg.

It is not easy for a psychoanalyst to understand Maturana, et. al., much less to convey the depth of their ideas in a brief review such as this. Even Brocher and Sies admit to having sympathy with a psychoanalytic colleague whose first response to Maturana was "But that is absurd!" Yet they also remind us that Freud's ideas initially met with a similar rejection. Maturana clearly is the hero of this book. Contrastingly, psychoanalysis has operated with metaphoric descriptions that do not allow scientific proof of the underlying "reality." But psychoanalysis can no longer avoid recognizing that one cannot separate the observer from the observed nor avoid the insight that the surrounding "outer" world exists only as a subjectively invented "reality" about which one may achieve a temporary consensus but which does not describe an "objective" reality.

Maturana, in essence, postulates a radical new sketch of a biological theory of living systems. The authors believe that if such human functions as perceiving, experiencing, living, learning, remembering, speaking—these are also prime topics for psychoanalysis—could be grounded logically-systematically as well as empirically-neurobiologically within the frame of this new theory, then one might find new points of departure for correcting psychoanalytic metapsychology.

The decisive new insight of neurobiology is the definition of living systems as *autopoietic* systems. If I understand the authors correctly, *Autopoiesis* (self-making) is characterized as an organization that defines a class of units which generate a physical world that it cannot differentiate from the world which is characteristic for living systems. In this organization each element is a dynamic system that is constituted as a unit through the relations which—as a network of production-processes-of-components—it constructs out of various components. At the same time, these components participate, in recursive fashion, in the creation and actualization of just that network of production-processes-of-components which had produced them (the components). Through this, they build up this network of production-processes-of-components as a unit in the space in which these components exist, since they also create the borders of this unit. Autopoietic systems are homeostatic systems. Through their own activity they maintain their own organizations constant, as critical, fundamental variables (p. 29, my translation).

This hypothesis says that, for self-maintenance and self-renewal of certain forms of organization, biologic autopoiesis demands that an autopoietic system must undergo structural modifications when disturbances of the medium in which it exists interfere—via influence on the homeostasis—with the continuity of the autopoiesis as a fundamental organization; the autopoietic system, therefore, demands restoration by structural modification. If no suitable structural modification is available, then the system dissolves—the equivalent of death.

Three hypotheses of Maturana are mentioned. (1) The operation of the nervous system as a closed neuronal network—as a system determined by its conditions—creates relationships of neuronal activities that are determined by their structure, independent of the conditions of the surround. (2) The observed achievements of the nervous system, created by relationships of neuronal activities for the actualization of the autopoiesis of the organism under the given influences of the surround, result from the structural harmony between, on the one hand, the nervous system, and, on the other, the organism and the medium in which the autopoiesis can be actualized. (3) The observer can describe the interactive processes and the reciprocal actions of neuronal activity. This description, however, is dependent on the subject.

Living systems that are equipped with a suitable nervous system create self-consciousness through self-observation. Autopoiesis determines the organization of such living systems, which construct themselves and their borders in a continuing process of self-creation. Categories such as input, output, development, purpose, or time are categories of the observer but not of the organization of the system itself. Cognition as a phenomenon of the individual is subordinate to the autopoiesis of the knower. All cognition is determined by the way in which the knower enacts his autopoiesis and not by the surround in which this takes place. Cognition, in principle, is a phenomenon that depends on the subject.

According to this view, then, the concept of “reality” changes totally vis-à-vis that of traditional theory, which assumes an absolute objective reality. Rather, reality is a realm that is determined by the operations of the observer. Humans can speak about objects because the objects about which they speak are created by their speaking about them. “Literally we create the world in which we

live by living it" (p. 12). Of special importance for psychoanalysis is Maturana's empirical-biological establishment of the limits of language: "The realm of linguistic expressions is a closed one and it is impossible to leave it through linguistic expressions" (p. 13). Language, therefore, is connotative (associative, having emotional secondary meanings) and not denotative (having only conceptual content without secondary meaning). The latter is a category of the observer only.

Clearly, this is heavy going, even when presented elaborately as a quasi-philosophical discussion of basic neurobiologic findings. The authors are not dogmatic, and they introduce their theories with the aim of evoking thought and promoting a dialogue. They admit that at this time it is not possible to achieve full clarity about the relation of psychic experience and its neurophysiologic registration (p. 9). They criticize holding on to Newtonian mechanical models since they result in a splitting into such infertile categories as mind versus body (p. 10). They predict that the onset of a new, multidisciplinary, wholistic view beyond the limits of the Cartesian paradigm will have increasing influence in the coming years.

Much of the book is devoted to the application of these new concepts to various aspects of psychoanalytic theory and to certain social problems. Regarding psychoanalysis, they ask how close are the conceptions of psychoanalysis, as a basic model of a primary principle of regulation,⁴ and the neurobiologic model of autopoiesis, as a homeostatic principle of regulation serving the maintenance of life, renewal of self, and organization of self (p. 26). They agree with Gill⁵ that metapsychology deals with neurology and biology, with the material substrate of psychic functioning, while clinical psychoanalysis is a pure psychology that deals with intentionality and sense. In the frame of natural science, therefore,

⁴ Sandler, J. & Joffe, W. G. (1969): Towards a basic psychoanalytic model. *Int. J. Psychoanal.*, 50:79-90.

⁵ Gill, M. M. (1976): Metapsychology is not psychology. In *Psychology versus Metapsychology: Psychoanalytic Essays in Honor of George S. Klein. Psychol. Issues*, Monogr. 36, ed. M. M. Gill & P. S. Holzman. New York: Int. Univ. Press, pp. 71-105.

one deals with structure, energy, and forces, concepts that are not applicable to psychological data. Recent neurophysiologic research denies any direct relation between the neuronal network and psychic events as seen by psychoanalysis.

About the psychoanalytic process they make some thought-provoking statements. The basic rule causes a structural coupling between therapist and patient on various levels. On the level of ordinary language, the patient offers the therapist a consensual realm into which the therapist enters with his own level of ordinary language. At the same time, the therapist's evenly hovering attention opens another consensual realm that is unknown to the patient. It is a realm in which the patient is not able with his own state to freely interact as an observer. The analyst, who ideally can freely interact recursively with himself as observer, can become aware of this realm through the structural coupling with the patient and can lift it for both into language. At this point the patient becomes able, via the structural coupling with the analyst, to find access to the consensual conditions that were previously hidden to him, and that he can apply to himself, creating more consciousness (p. 31). "The possibility of an expansion of the cognitive realm is unlimited," the authors quote Maturana.

In a similar vein, Brocher and Sies elaborately discuss the construction of the experienced world, the concept and function of interpretation, the process of constructing patterns of interaction, the construction of objects, and the problem of the observer. Last but not least, they present a discourse on the application of these concepts to ethics, morality, and politics.

Let me now add some cautionary considerations of my own. Psychoanalysis has indeed failed in developing a convincing metapsychology. The authors' proposal implies that with contemporary neurobiologic knowledge of the brain and its functioning, plus such modern approaches as information theory, cybernetics, communications science, affect theory, and systems theories, we could produce a metapsychology that would make psychoanalysis a cause-and-effect activity rather than merely a hermeneutic-interpretive one.

I doubt that many of us are sophisticated enough in the above sciences or in the philosophy of science to state with any real con-

viction whether such a metapsychology can be constructed or whether this might be possible in the future, even in principle. But even if the construction of such a metapsychology were possible, would that still be psychoanalysis? Is anything that has a bearing on psychoanalysis part of psychoanalysis? And why stop with neurobiology? Perhaps one could describe all these events in terms of subatomic particles, electrons, protons, neutrons, quantum transactions, and higher mathematics. Would the descriptions on these subatomic levels then also become part of psychoanalysis? No doubt such knowledge would make an important contribution to human psychology and to psychoanalysis. However, the field of psychoanalysis proper must, I would think, be defined and delimited by its own methodology of data collection, i.e., introspection and empathy, as Kohut has so clearly stated. The contributions of other sciences, essential and important as they may be, do not make these other sciences psychoanalytic. Psychoanalysis is a science of empathically graspable mental states and their motivations.

All this does not mean that one should not study brains and their functions. But I believe these activities are best left to the scientists in those fields. As psychoanalysts, if we are fortunate, we might get some clues and inspirations from their findings that may lead us to explore new introspective-empathic directions. Our theories should deal with psychoanalytic data and our concepts should be testable by introspection and empathy.

However, the concepts and the language of this book are challenging, and they will repay the careful reader with a stimulating view of the rapidly changing interface between psychoanalysis and neurobiology. This is an important area for psychoanalytic research that Reiser⁶ recently characterized as conveying a sense of excitement and optimism.

ERNEST S. WOLF (WINNETKA, IL)

⁶ Reiser, M. (1985): Converging sectors of psychoanalysis and neurobiology: mutual challenge and opportunity. *J. Amer. Psychoanal. Assn.*, 33:11-34.

DEVELOPMENTAL DISORDERS. THE TRANSITIONAL SPACE IN MENTAL BREAKDOWN AND CREATIVE INTEGRATION. By Peter L. Giovacchini, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1986. 385 pp.

Giovacchini's most recent book offers us a summary statement of his work over the past twenty plus years. He treats the most difficult patients with whom we as psychoanalysts contend. They occupy the severest end of the character disorder spectrum, exhibiting what appear to be developmental arrests and structural distortions. To provide any sense of a therapeutic climate, one must make major alterations in the psychoanalytic setting.

Peter Giovacchini is to be commended for attempting to bring these patients within the domain of psychoanalytic acceptability. Like Kernberg, he has been a pioneer in this endeavor, although not as rigorous, perhaps, in linking his clinical observations to theory. He has followed a deficit model in addition to the more classic conflict-oriented one. He shows superior, even at times remarkable, clinical skills, courage, sensitivity, candor, and compassion. He obviously knows his way around the borderline-psychotic territory. In common with most analysts, he works out of a private office, without the support of a hospital setting or a team approach that utilizes other mental health colleagues.

His style is clear and easy to read. At times, he writes in an almost folksy manner, expounding major theoretical positions without feeling the necessity to justify them with supporting data. It is as if he is addressing his comments to a wider audience of mental health workers who are being inspired and directed to join him in adopting an analytic perspective, since that is the only way these patients can truly be helped.

Giovacchini describes a "psychoanalytic paradox" in which the classic setting, operationally guided by the principles of neutrality and abstinence so well suited for the unfolding of the transference neurosis, acts as a traumatic event for the patients he is describing, since it approximates closely the environment created by the unavailable, non-responsive mother. Further, in narrowing our focus to an exclusive interest in the intrapsychic world, he contends, we can recreate these patients' experience of their mothers' limited ability to see them as real people who have life and individuality

outside the urgent needs of the moment. Thus, the classical psychoanalytic operational mode blends too closely into the transference, and the patient believes, in line with the repetition compulsion, that he actually is confronting the same intolerable reality. Of course, for him, he is!

Giovacchini's strategy is to modify the setting so that these sicker patients' defensive compromises are supported sufficiently to provide a sense of safety. A controlled regression and then an enactment of the transference-countertransference experience can unfold. He feels that these patients are thus given the essentials of a psychoanalytic experience, i.e., the development, elaboration, and interpretation of transference and resistance. Up to this point, I am in agreement. By propping up the weaker ego functions and boundaries, as well as unstable self and object representations, an analytic-like experience can be achieved; and only an analytically trained clinician can do it. What happens to the transference is another matter, but this issue is not dealt with in this book.

The work of Winnicott is Giovacchini's theoretical frame. He uses it to justify his altering the analytic setting and to guide his interventions. He makes use especially of Winnicott's concepts of the holding environment and of the transitional object and space. He views his patient's psychopathological fixation as being present some time before separation-individuation, and he therefore finds Winnicott's ideas most congenial. This is the time in infancy when the maternal imago still resides somewhere within the peripheral but extended boundaries of the self. It is the time when her real maternal functions are needed to provide the necessary container function for id tensions and a mirror for the ego's omnipotent, controlling, and self-esteem-maintaining demands. Although to an outside observer, the analyst, functioning as a transitional object, may reside outside, to the patient Giovacchini is describing, the analyst is created psychologically from within.

To establish and maintain a holding environment that provides safety and security, the psychoanalyst needs to provide a semblance of what Winnicott felicitously called "primary maternal preoccupation." Within this setting, the transference-countertransference experience can unfold for these severely ill patients, described as extending from borderline to schizophrenic.

In this frame of reference, mental schemas play a central role.

Giovacchini develops his theme through chapters that are rich in clinical material and contain a wealth of examples of his idiosyncratic responses. Topics include primitive mental states and problems with object constancy and with mental representations. There are chapters on specialized techniques for dealing with resistances, working through, and countertransference. All are handled and mishandled, are productive and disruptive, present dilemmas or are a piece of cake. He blithely moves from one clinical vignette to another in anecdotal style. One is not meant to question the long-term implications of his creative and at times heroic interventions. He uses treatment-salvaging maneuvers, without which future therapy would not be possible, leaving it till later to worry about the ultimate effect on the patient's capacity to allow deeper layers to emerge, let alone be worked through. Giovacchini shows us not only how he deals with these difficult problems but also how his mind experiences and processes the crises and impasses he encounters.

Of particular interest, and I think his most unique contribution, is Giovacchini's description of patients with chaotic confusional states. He believes that these inner agitated tension states represent a primal awareness of an early "prementational trauma" at the hands of a mother who treats the infant as a transitional object of her own. The infant, he feels, is assaultively engulfed by the mother's own needs, rather than being provided the calming, soothing, and nurturing that is necessary to promote autonomy and individuation.

Giovacchini posits a vertical form of splitting, in which deeper layers have no connections with surface layers, so that they erupt without content derivatives. These patients can feel calm only if defensively they feel dead and anesthetic within, while without they create an environment of disruption, agitation, and confusion that is an externalization of their walled-off, denied, inner state of agitation. This synchrony, he feels, soothes them to a limited extent by restoring a sense of the past in the present, reinstating the only semblance of soothing they ever knew existed. Since no *real* soothing ever occurred in their lives, they have no capacity for self-soothing, and this chaos and agitation is better than the alternative available to them of a feeling of a void or nothingness. Here Giovacchini joins company with Winnicott and André Green.

Within the transference-countertransference, the patient forces this chaotic, agitated state into the therapist via an induction process that affords a temporary relief of inner agitation through a reversal of roles. If the therapist can absorb the inner agitation, survive, and move beyond it, the patient can then internalize the more adaptive self-soothing devices of the therapist. Giovacchini describes a remarkable countertransference experience of hypnagogic reverie in the course of his processing of one of his patients' transference enactments.

His is an interactional surface psychology, in large part: these patients seem to lack the depth to their psychology that is seen much more readily in more neurotic patients. My own experience, however, is that after years of working through the kind of primitive, surface interactional experiences Giovacchini describes, deeper layers do unfold. Then the classical model that emphasizes surface as manifest content to be analyzed and the layering effects of the interplay between drive and defense can be utilized.¹

The book concludes with an interesting section on creativity and its association with primitive mental mechanisms and severe psychopathology. Giovacchini discusses the transitional space utilized by play and creativity. He also offers a provocative, worthwhile characterization of the "maverick" as someone residing on the border between conventionality and rebellion.

The book remains true to its task of explicating the use of Winnicott's theories on the treatment of severe character pathology. Giovacchini avoids consideration of conflict between his ideas and those of some other workers currently active in the field. He also fails to acknowledge that his use of certain terms is idiosyncratic and is not necessarily consonant with those generally adopted. For example, Kernberg² would not view the transference-countertransference experience that evolves as a re-enactment of actual experience but rather as a fantastic enactment, since the patient's memories are retrieved through filters in one channel only—all

¹ Singer, M. (1988): Fantasy or structural defect? The borderline dilemma as viewed from analysis of an experience of non-humanness. *J. Amer. Psychoanal. Assn.*, 36:31-59.

² Kernberg, O. F. (1976): *Object Relations Theory and Clinical Psychoanalysis*. New York: Aronson.

positively or negatively valenced. Only after integration of the split perceptual world has occurred can its modulation or taming effect provide a more accurate picture of the past in place of this highly magnified and distorted, unidimensional version. On this point, I would side with Kernberg. It is necessary to avoid falling into the potential trap of a genetic fallacy. Although psychoanalytically informed family observations do support the role of severe parental distortions and the abuse of the borderline as a child,³ it seems better clinically to adopt a hesitant position and wait for integration before making attempts at genetic reconstruction.

Likewise, in my experience, one often sees indications of an equally strong, extremely positive transference (of a dependent kind) behind the negative one. This belies the exclusivity of the latter and provides evidence for the existence of a primitive version of the defense of one drive concealing its opposite.⁴

Other examples are the distinction Giovacchini makes between projection and externalization and his idiosyncratic concept of fusion after separation-individuation. He restricts the use of projection to the placing of discrete impulses and aspects of the self into object images and gives externalization the wider range of covering the general altering of the external world to support the inner world view and emotional state. I find this formulation useful, but it is quite different from that developed by A. Freud, J. Sandler, and the group involved in the Hampstead Index Project.⁵ I feel the same perplexity and the same wish that Giovacchini would compare and contrast his views with others when he uses "fusion" to describe the process after separation-individuation, whereby the individual internalizes aspects of the object's personality into the self, as against Jacobson's⁶ concept of selective ego identification.

³ Zinner, J. and Shapiro, E. R. (1975): Splitting in families of borderline patients. In *Borderline States in Psychiatry*, ed. J. Mack. New York: Grune & Stratton, pp. 103-122.

Singer, M. (1975) The borderline delinquent: the interlocking of intrapsychic and interactional determinants. *Int. Rev. Psychoanal.*, 2:429-440.

⁴ Abend, S. M., Porder, M. S. & Willick, M. S. (1983): *Borderline Patients: Psychoanalytic Perspectives*. New York: Int. Univ. Press.

⁵ Sandler, J. with Freud, A. (1985): *The Analysis of Defense. The Ego and the Mechanisms of Defense Revisited*. New York: Int. Univ. Press.

⁶ Jacobson, E. (1964): *The Self and the Object World*. New York: Int. Univ. Press.

Why he prefers "fusion," which is usually reserved for more primitive states, is unclear.

Even with these reservations, I find the book worthwhile. Most important is Giovacchini's attempt to make it acceptable to treat this ever-growing, difficult sector of our patient population. Perhaps the psychoanalytic treatment of these patients does not have the elegance and purity of form of analysis carried out with neurotics, but a psychoanalytic experience can be achieved with them if the analyst enters the system, uses aspects of his personality, and alters the setting to a certain degree. Only a psychoanalyst can do it properly, and Giovacchini provides the beginning of a model to frame it.

MELVIN SINGER (PHILADELPHIA)

CONCEPTUAL ISSUES IN PSYCHOANALYSIS. ESSAYS IN HISTORY AND METHOD. By John E. Gedo, M.D., Hillsdale, NJ: The Analytic Press, 1986. 243 pp.

Here is a collection of essays by one of the most prolific and thoughtful writers in the field of psychoanalysis today. Although one may disagree with many of Gedo's conclusions, it is very stimulating to follow his complex questions and theorizing. This volume should primarily interest those clinicians who continue to want to test and understand the relationship between psychoanalytic process and theory. These essays should also interest psychoanalytically oriented researchers in infant development and readers who are curious about the history of ideas within psychoanalysis. The essays are grouped in two major sections. First is a historical section, in which Gedo tries to show some dichotomies in the development of the ideas of Freud and Ferenczi, and reflects upon how subsequent thinkers, such as Lou Andreas-Salomé, David Rapaport, Melanie Klein, and Heinz Kohut, reacted to and were influenced by those who preceded them, as well as by one another. The second major section is methodological. It focuses on the interrelationship between psychoanalytic theory and the direct observation of behavior. These chapters deal primarily with the work of Henri Parens and Joseph Lichtenberg, and their understanding of how observations of infant behavior influence and alter psychoanalytic theory.

Rather than systematically listing Gedo's major points, I will focus on what I consider his most interesting and provocative discussions. I will necessarily omit discussion of some sections in which other readers will be interested as well, such as a chapter on the interpretation of texts.

In the historical sections, Gedo attempts to shed light on some of the heated controversies, both present and past, regarding the ideas and personalities of some psychoanalytic thinkers. Sometimes the points he makes are deceptively simple, and yet they have not been stated or sufficiently emphasized before. "We all tend to experience our subject as a contemporaneous presence rather than as a figure from a specific historical period no longer familiar to us" (p. 24). This is a reference to Freud, in which Gedo cautions against the tendency of biographical studies to idealize or denigrate an important thinker in order to prove or disprove their authors' theories. His point is to separate the value of his intellectual contribution from biographical data that would suggest motivations for his ideas.

In discussing the differences between Freud and Ferenczi, Gedo reminds us of their respective clinical experiences and how their differences might reflect Ferenczi's shift in clinical focus: "With the passage of a half century, we are in a position to say that each man was espousing a point of view valid for that group of selected analysands who gravitated into his orbit. Neither man was able to use the other's experience to expand the general theory of technique . . ." (p. 43). By pointing this out, Gedo does not reject the notion that Ferenczi's differences might be due to unresolved transferences toward Freud, but he feels that an overemphasis on the emotional connection between the two men discounts the importance of Ferenczi's technical innovations.

The theme of dissidence is one that Gedo focuses on throughout these essays. He sees Ferenczi, Klein, and Kohut as dissenting from the mainstream of the psychoanalytic movement. Although he sees different motivations for each of these figures to depart from some aspects of central theory in psychoanalysis, he also sees major disadvantages in their becoming dissident, in that many of their creative contributions are discounted by those in the mainstream. However, they themselves often discounted major aspects of psychoanalytic theory, which made their new contributions less convincing.

In the chapters on David Rapaport and Lou Andreas-Salomé we can see clearly that Gedo is choosing to focus on those aspects of their thinking that point to the need for the development of self psychology at some later point. In the Rapaport chapter he shows sections of Rapaport's thinking which indicate his recognition that ego psychology needed a more radical redefinition of narcissism and that psychoanalysis does not have a viable learning theory. He tries to show that Rapaport's interests were broader than those of psychology alone. He feels that Rapaport was more interested in the conflict-free sphere of the personality than in the ego proper. In further theorizing about Rapaport's monumental work, he attempts to show a line of reasoning which suggests that the self psychology school is a direct outgrowth of some of Rapaport's questions about learning theory, creative thinking, and the conflict-free sphere of the personality. These discussions are interesting and complex. It is not clear how Gedo wishes to fit his discussion about David Rapaport into the development of self psychology, or whether he digresses in order to admire the complexity of Rapaport's theorizing. There are some lessons that he takes from Rapaport's ideas; for example, "Psychoanalysts, as scientists, still have difficulty in taking the last step in reality testing, the consensual validation of their clinical conclusions" (p. 81). He admires in Rapaport's thinking his involvement with the mediation of thought and how the mind works rather than with superficial behavior.

In the chapter on Melanie Klein, Gedo makes an interesting point. Because of Klein's dissidence, many theoreticians fail to acknowledge their debt to some of her ideas. For instance, Klein had defined neurosis as an inability to integrate disparate memory clusters from earliest childhood, and this is an idea which Gedo thought was his own until he reread Klein's work. Another example is Kohut's idea that an infant has a propensity to idealize its caretakers; Gedo points out that this idea first appeared in Klein's work, *The Psycho-Analysis of Children*. He thinks one of Klein's major failings is her not having understood that the therapist's charisma could be the major curative factor. This led her to blindly accept the validity of the content of her interpretations, rather than recognizing the relationship she developed with the child as the curative factor.

In the chapters on Kohut, Gedo attempts to show how Kohut

became a dissident. After suggesting that Kohut's illness might have pushed him to make many premature conclusions about the universal applicability of his analytic findings with narcissistic personalities, Gedo goes on to list (pp. 125-126) the ways in which self psychology differs from traditional psychoanalysis. These include the following: the field of observation is defined by empathy; the study in the analytic process is that of selfobject relationship (with focus on issues of idealization and wishes for affirmation or for a silent double); the method for changing mental functioning is the promotion of "structuralization," brought about by "optimal frustration"; the theory of pathogenesis focuses on the failures of self-objects in childhood (this even applies to failure to resolve the oedipus complex); there is inevitable dependence on selfobjects, although there is a presumption that there is an evolution of the state of the selfobject from merger with the self to more mature forms.

Gedo attempts to show how self psychology can be "kept safely within the boundaries of psychoanalysis" (p. 127). Depending upon the reader's persuasion, Gedo's arguments will seem more or less convincing.

In the interesting chapter on dissidents within psychoanalysis, Gedo points out how theories may "capture the allegiance of practitioners on a number of different grounds; unfortunately, however, these may disregard both validity and pragmatic utility" (p. 142). And he makes an interesting statement about self psychology: "As Kohut well knew, self psychology is unlikely to appeal to those of us committed to the primacy of truth" (p. 142). Gedo has a refined sense of irony with respect to the theoreticians who presume that their theories will be demonstrated by the direct observations of infants or by direct observations in a clinical situation. In the section on infant observations and how they relate to psychoanalytic theory, he exposes his thinking in two directions: as an observer and as a proponent of his own version of self psychology, mainly derived from his 1973 volume, co-authored with Arnold Goldberg, *Models of the Mind*.¹ He makes it clear that he does not consider himself a dissident within psychoanalysis, but rather as a

¹ Reviewed in this *Quarterly*, Vol. 43, 1974, pp. 674-677.

self psychologist who still subscribes to classical theory for appropriate patients.

In several interesting chapters that follow, Gedo discusses Parens's 1979 work, *The Development of Aggression in Early Childhood*,² and Lichtenberg's *Psychoanalysis and Infant Research* (1983). He is predominantly critical of Parens's work, focusing on the metapsychological constraints upon his observations. For example, he objects to Parens's designating "the chewing motions of toothless infants" as instances of "non-aggressive destructiveness" (p. 150). He cannot see how aggression can exist in the mental functioning of the "sub-cortical" infant. He sees this as the imposition of metapsychological structure onto infant observations, producing biased data.

After acknowledging that Parens presents some important observations which confirm clinical phenomena in adults, he turns to Lichtenberg's approach. He sees Lichtenberg's view of infant research observations as being less bound by existing psychoanalytic metapsychology and more focused on the interactional aspects of infant behavior which, in his opinion, are confirmed by the observations. That is, he suggests that one cannot simply hypothesize discharge phenomena (p. 165) when direct observation seems to indicate that structure derives out of interactions from earliest infancy.

Although I tend to agree with his praise of the interactional model based on infant observations, I feel that we cannot escape from something that Gedo himself warns us of: the effect of our own theoretical bias on our interpretation of any set of observational data. I think that Gedo shifts from being a detached observer of various theoretical perspectives and clinical issues to being a biased proponent of his own understanding of infant observations and self psychology theory. This is not to criticize his views, but merely to state that it is difficult for him, or for any other thinker, to protest that his theory is better than any other for interpreting observations unless he can prove superior outcomes from his use of theory. Such a proof cannot yet be offered, as Wallerstein has so

² Reviewed in this *Quarterly*, Vol. 50, 1981, pp. 277-280.

eloquently stated in his 1987 plenary address to the International Psychoanalytical Association.³

Gedo in this volume, then, illustrates, through a review of several conceptual issues, some discursive analytic thinking: he observes from an outside perspective the development of new theories to explain discrepancies in clinical data. He sees the data of infant research as having a strong influence on revisions of theory and practice. From an inside perspective, however, he reveals his biases in theorizing and clinical observations.

A criticism of Gedo's approach is that he often loses sight of his own bias, particularly as it applies to the view of development in self psychology, which he accepts less critically than the view in the field of object relations or conflict theories. This criticism can also apply to many psychoanalytic writers who tend to see their perspective as superior to that of others, even as they protest their neutrality.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

MEMORY AND DESIRE. AGING—LITERATURE—PSYCHOANALYSIS.

Edited by Kathleen Woodward and Murray M. Schwartz.
Bloomington: Indiana University Press, 1986. 219 pp.

There is a natural affinity between psychoanalysis and literature. Each reaches into our inner human core to catch hold of the motivating elements hidden deep within us and hold them up, wriggling and squirming, for us to view. Freud made ample use of the intuitive observations of Sophocles, Shakespeare, Goethe, Dostoevsky, and others to help him understand human nature; and psychoanalysts have continued to do so ever since. Writers and literary critics, in turn, have been fascinated with the young science of psychoanalysis, and there has been ample cross-fertilization between the two fields.

In this volume, twelve scholars with an abiding interest in the interaction between literature and psychoanalysis grapple with the idea of the preservation and transformation of personal identity

³ Wallerstein, R. S. (1988): One psychoanalysis or many? *Int. J. Psychoanal.*, 69:5-21.

amid the strains and stresses of passage through the final, closing chapter of each life saga.

In the opening chapter, Murray Schwartz, former Chairman (as was Norman Holland) of the Center for the Psychological Study of the Arts at the State University of New York, Buffalo, draws upon Freud, Erikson, Lacan, Winnicott, and Bion to sketch out a concept of identity as a more or less stable collection of semi-fictitious self-images that both separate us from and connect us with significant others. He then uses this as a framework upon which to organize the efforts of the remaining contributors to study the ways in which the aging process either more firmly establishes our sense of identity or undoes "our fictions of self-coherence" (p. 3).

The two essays that follow, by Herbert Blau and Leslie A. Fiedler, are seemingly meandering literary strolls, but their themes are quite serious. The first examines the narcissistic deflation brought about by the ravages of the aging process. The second addresses itself more specifically to a connection between physical decline signifying the approach of death and feelings of impotence and impending castration. It thus deals with old age as a devastating phallic-narcissistic injury.

Norman Holland, presently Director of the Institute for the Psychological Study of the Arts at the University of Florida and author of a respected recent book on identity,¹ offers an exposition of the effect of aging on the personal identity of Little Hans. It has an infinitely more positive, hopeful tone than anything else in the book. Holland resists the temptation to reductionistically search for the struggling, phobic Little Hans he might have presumed to be preserved intact within the adult Herbert Graf, the stage manager of the Metropolitan Opera. Instead, he meditates upon what he sees as certain themes that persist, with variations, from childhood into adult life. Unfortunately, I find the "identity themes" he points to in Hans/Graf, with their presumed constancy from childhood into adulthood and old age, to be superficial and unconvincing. In fact, his concept of steady "identity-growth" from the beginning to the end of life, unaffected by care, defeat, or physical decay, seems to me more wishful than realistic, except perhaps in

¹ Holland, N. N. (1985): *The I*. New Haven/London: Yale Univ. Press. Reviewed in this *Quarterly*, 1987, 56:399-401.

the most fortunate or the most simple and undemanding of individuals.

Kathleen Woodward offers an extremely interesting essay on individual and societal antipathy toward the aged in our midst. She attributes it to their holding up to us an image of our own physically deteriorating selves which conflicts with our preferred, narcissistic self-image as robust and forever in our prime. She draws upon Proust (*The Past Recaptured*), Simone de Beauvoir (*The Coming of Age*), Freud (especially his autobiographical vignette, in "The Uncanny," of his "thorough dislike" and disavowal of the mirror image of his aging self, threatened with decrepitude, pain, and death), Lacan, and Erikson to develop an idea of an inverse "mirror stage" of old age. The central theme is the urge to disown and *disidentify* with the image of the present or future aged self that is shown us by the mirror of life.

Diana Hume George provides an equally stimulating essay that expands upon Woodward's ideas. In it, she shares some fascinating observations derived from a study of contemporary women poets' use of their poetry to contend with the process of aging. Included are such leading poets as Elizabeth Bishop, Louise Bogan, Denise Levertov, Adrienne Rich, and Muriel Rukeyser. She finds that these poets are frightened by their aging and by the approach of death, but instead of shrinking back or turning away, they confront these terrifying specters with surprising courage. In particular, they are drawn to engagement "in the difficult process of *trying* to accept the aging body" (p. 141) of their own mother, and with it their own future failing self. She emphasizes the very special relationship a woman has with her mother as the mirror image and mirroring object from whose powerful maternal mind and body she has sprung, as a being who is the same but somehow separate and different. I would wonder if there is not an additional, psychosocial factor as well. Perhaps women, with their greater helplessness and powerlessness vis-à-vis the powerful biologic forces within themselves and the equally powerful social forces in the world around them throughout their lives, are more oriented toward facing their failing powers as they advance in age than are men. Men tend to be so highly invested for the maintenance of self-esteem in phallic-exhibitionistic activity predicated ultimately on physical prowess that they *must* disavow the signs of physical

deterioration they detect in themselves. The essays by Woodward and George are well worth reading.

John Muller's essay on the imagery of light and dark in the poetry and journal of Louise Bogan also is very interesting. Applying some of Lacan's concepts, he vividly brings the poet to life as a chronically unhappy, unfulfilled individual searching endlessly for the "primal other" her mother failed to be for her. Her narcissistic mother, Muller indicates, did not reflect back to her as a little girl the kind of desire for her that would encourage her to be attracted to and to identify with her mother's desire so that she could go on to desire to love and be loved by others. Whether we find his formulation convincing or not, he presents it clearly, cogently, and in very human terms. Along the way, he provides an explication of some of Lacan's ideas that greatly clarifies them. He comments, for example, that "there is nothing like being desired to stir up desire. We are therefore vulnerable to visual cues; especially those of the face and eyes, that tell us we are the completing object of the other's desire. Thus Lacan tells us that . . . we desire to be desired, that in so desiring, our desire becomes identified with the other's desires and takes on its contours" (p. 84). This is an essay that well rewards its reader.

Ellie Ragland-Sullivan's examination of Oscar Wilde's *Picture of Dorian Gray*, on the other hand, exemplifies the worst kind of misuse of the psychoanalytic ideal of searching for deep psychological truth. This is a jargon-filled tour de force in which Wilde's agonizing masterpiece is draped willy-nilly upon Jacques Lacan's theoretical views on psychic development, with a push here and a pull there to make it fit. The result thoroughly dehumanizes both the literary work and its author. Even sadder, Ragland-Sullivan ignores the very biographical information about Wilde that she herself adduces in the essay. She completely passes over the indications of wrenching anguish in a writer who longed to identify with a father he passionately loathed. This is a terrible essay that does a disservice to everyone involved.

William Kerrigan, Professor of English at the University of Maryland and co-editor with Joseph H. Smith of the *Psychiatry and the Humanities* series, in an essay that otherwise is so wandering and abstruse that it is all but impossible to follow, presents us with a very wise and clever reading of Shakespeare's *The Tempest*. Drawing

upon Freud's idea, expressed in "The Theme of the Three Caskets," that the third woman in a man's life, personified by his daughter, is Death, Kerrigan develops a concept of the male oedipus complex as a lifelong phenomenon that is marked by at least three crises or renegotiations at different ages. The first involves the necessity of giving up sexual claims to the mother in favor of the father, whose rule is accepted and internalized as the superego. The second consists of entering manhood by courting and "winning from a father a successor to his original love object" (p. 172). The third is "the paternal drama of relinquishment, where once again, as he was in childhood, the old man is the lonely corner of the triangle, losing his daughter to a suitor" (p. 172). As part of this, he has to struggle to control his vengeful rage and transform it into forgiveness and the granting of a paternal blessing. Kerrigan's conceptualization not only interprets *The Tempest* in a psychologically convincing manner, but also is quite consistent with clinical experience.

Carolyn Asp's article on *King Lear* serves as a companion piece. She views the play as depicting the *tragic* failure of a father to achieve the resolution of the third oedipal crisis that Prospero had carried out so successfully in *The Tempest*, a *romantic* comedy. The reading of the play she offers is plausible but superficial, as though it were a simple narrative account of actual events rather than a complex literary conundrum. Her interpretation addresses itself to the aged Lear's inability to accept the inevitability of death. It centers on his yearning to recover the narcissistic childhood illusion of a constant, protective, "idealized maternal nurturance" (p. 195), which paradoxically brings him toward, rather than away from, death.

Curiously, Asp examines the play solely from the point of view of the character of Lear, although the play is about daughters as much as or more than it is about fathers. She passes up the opportunity to reflect upon the use that Shakespeare, who had two daughters (his only son died at the age of eleven), made of the play as a vehicle to examine the difficult choices *daughters* have to make in the evolution of their relationships with their fathers. It seems to me that Shakespeare was saying a great deal more about Cordelia's silence than merely that it was "deathly" (p. 194).

If males go through a multiphasic oedipus complex, can it be

otherwise for females? What sort of conflicts do *women* experience when they arrive at the point of marrying? What are the options available to them at that point in their lives? Will they honor and cherish their father but give him up for a new man of their own? Will they marry a paternal clone or a symbolic substitute for him? Will they marry someone different but then disparage him and cast him aside for someone more oedipally exciting, as Goneril and Regan did? Will they identify with their fathers, as exemplified by Goneril's reversal of roles with her husband? Will they mock their fathers with bold dissimulation and go on to humiliate and punish them for "spurning" them, as Lear's older daughters did? In my reading of the play, I find Shakespeare addressing himself much more saliently to these questions than to that of a man's reversion in old age to infantile dependence upon maternal care and protection.

Memory and Desire closes with a brief but stimulating essay by Gabriele Schwab on Samuel Beckett's *The Unnamable*. In it, the play is interpreted as a prime example of the use of poetic language as a transitional, intermediate area of existence that can be used to help with the problem of coping with the anxieties involved in preparing for departure from life. Beckett, Schwab maintains, utilizes language in this play as a medium through which one "can learn to let go, to dissolve the boundaries of our self, and to cope with the menacing dissolution of the body" (p. 207). "The Unnamable," she indicates, struggles to achieve the impossible goal of coming to terms with the prospect of self-dissolution. He does this first by using words to frame the concept of corporeal decay and dissolution. Then he attempts to relinquish concrete existence in favor of a linguistic journey into abstract endlessness. He finally tries to empty speech of the "burden of meaning that he has accumulated throughout life" (p. 212) through a "dissolution of syntax and semantics that appears to be equivalent to a diffusion of the self into language by dissolving the mutual boundaries between language and the self" (p. 212). He cannot, of course, realize his aim of "using his own voice to wean himself from his body, his self, and his language" (p. 213). He can only transform himself, by manipulating language for its transitional properties, into an imaginary, transitional, literary character hovering between life and death

without resolution. No one is truly capable, Schwab implies, of accepting that he or she shall one day cease to be.

The old joke that a camel is an animal designed by a committee can be aptly reworded to apply to most collections of essays. *Memory and Desire* is a prime example. Its contents are anything but uniform in their quality, and they vary considerably in form and focus. A few are superficial, weak, or even bad. But the majority are serious, scholarly, and well worth reading. They collectively shed light upon the psychological impact of the aging process.

We are offered several views of aging, each of which deserves attention. One involves the dread of growing old and infirm that affects people in general. And psychoanalysts are not exempt from this dread. The focus in psychoanalytic theory and practice upon the centrality of childhood conflicts makes it easy for us to avoid the anxieties mobilized by the aging process and the mechanisms employed to cope with them. The essays by Blau, Fiedler, Woodward, George, and Schwab address themselves cogently to these matters, and therefore are quite worthwhile.

A second view uses the topic of the aging process to lift certain well-known psychoanalytic themes out of the childhood-only perspective in which some analysts prefer to dwell. It drapes them instead across a wide canvas that takes the entire life span as its range. Fiedler's personalized observations upon the cyclical reorganizations undergone within each man's castration complex as he travels through his life's drama toward the final act are pertinent in this regard. Kerrigan's view of the male oedipus complex as undergoing continual revision as a man passes through the successive chapters of his life, from childhood into (what is actually) middle age, is cogent and useful. Asp's essay on *King Lear* carries this further into old age proper, although she misses the opportunity to apply it to the life cycle of women. (I am in the process of making such an effort in a paper in preparation.)

The essays by Muller and George illuminate, in a moving way, the exquisite relationship that exists between a mother and a daughter. Taken together, they depict a girl as passing during the course of her life through a series of crises in which she learns from her mother, more or less successfully in each instance, how to love, how to live, and, finally, how to die. An essay by Mary Lydon

on the French film-maker, Marguerite Duras, which is of mild interest, also belongs in this group.

Freud was criticized at one point because his case reports sounded like novels. This volume, as uneven as it is, demonstrates the way in which the work of perceptive writers can serve as meaningful, useful "case reports." We have as much to learn from literature as literature has to gain from psychoanalysis.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

THE PSYCHOANALYTIC STUDY OF LITERATURE. Edited by Joseph Reppen, Ph.D. and Maurice Charney, Ph.D. Hillsdale, NJ/London: The Analytic Press, 1985. 290 pp.

This collection of thirteen essays deals with more than psychoanalysis and literature. Going far beyond its title, it also contains studies of cinema, linguistics, philosophy, literary theory, and rhetoric. Like many such collections, it offers something of interest to almost anyone. The essays are so uneven in quality, however, so inconsistent in their assumptions, so varied in their intellectual and ideological emphases, and so different in their fundamental understanding of both literature and psychoanalysis that no reader is likely to find all the essays worth attention. Many readers will find it impossible to read straight through the book without tedium. This book is best tasted, not swallowed whole.

The editors have hindered rather than helped the sampling process by using misleading section titles and arrangements of essays. Take the first three section titles: "Freudian Concepts and the Literary Process," "Clinical Approaches to Creativity," and "Freud, Philosophy, and Linguistics." The initial essay in the first section applies principles of literary criticism to Freudian concepts, not psychoanalysis to literature. The "clinical" essay—Irving Schneider's thorough account of the representations of psychiatrists in films—is not in the slightest clinical; it is purely historical. Roger B. Henkle's essay on the comic is concerned neither with philosophy nor linguistics, and only peripherally with Freud. Henkle's interesting essay is "psychocultural" in spirit. However, the two essays that are included under that rubric are not. One is concerned with authorial reconstruction and the other with literary "transference." Jerry Aline Flieger's essay on Freud and Proust is

included in the section on "Lacanian Interpretation and the French Freud," although it is not at all Lacanian, while Peter L. Rudnytsky's essay is Lacanian, but is not in that section.

Let me try to offer a guide to psychoanalysts who might wish to make use of this book. The first observation is that although "literature" and "psychoanalysis" are evenly balanced in the title, they are not at all balanced in the book. Irving Schneider is the only psychoanalyst in the volume, but he has written a fine historical essay. Of the remaining contributors, one is a philosopher and the other eleven are literary critics.

Perhaps not entirely unexpectedly, then, the representation in this book of Freud, psychoanalysis in general, psychoanalytic technique, and the contributions of psychoanalysts to the study of literature, language, philosophy, and the arts tends to be distorted, shallow, disconnected from clinical practice, partial, and sometimes flat wrong. For instance, in "Freud's Philosophy of Mind: Cartesianism and Unconscious Intentions," Arthur Collins states boldly that "Freud's thinking about the mind is quite inadequate from a philosophical point of view" (p.71). But a reading of the essay shows that Collins's knowledge of Freud's writings ends with his 1901 work, *The Psychopathology of Everyday Life*. The remainder of the essays give the impression that there are only two great psychoanalysts who have contributed to these subjects—Freud and Jacques Lacan. Lacan is of central importance in more than half the essays. In 277 pages, fewer than twenty other analysts are cited, and of these, only Winnicott and Roy Schafer are accorded more than passing attention.

This, then, is a literary book, not one that is deeply informed by psychoanalytic scholarship. But having said this, I can offer two strongly positive reasons for psychoanalysts to read this book. One is that the book *does* provide a *literary* mirror of psychoanalysis in which the literary critics represented in it present several instructive lessons for psychoanalysts.

Perhaps most significant is their exhibition of Lacan's importance, especially as a stimulus to original thought in others. Some American analysts have read him and know that in the thirties he made important contributions to the theory of infant mirroring and to the function of "inscribed" language in schizophrenia. Both contributions, of course, were independently paralleled in works

by British and American analysts. But this has allowed Americans to ignore the vitalizing influence Lacan has had upon such co-workers as André Green, J.-B. Pontalis, and Jacques Derrida. While Lacan's disciples can sometimes become foolish in their slave-like imitations of the master's wit (see Leopold Charney [pp. 247-252] on the number 3 in the Irma "specimen dream"), Lacan's inventiveness and originality deserve to be better appreciated in America.

Then too, the very fact that the literary critics represented in this volume are poorly informed about recent psychoanalytic history and the current scope of psychoanalysis has one distinct advantage: they thereby preserve some of the power of the early history of psychoanalysis which recent psychoanalysts have neglected. In this volume we hear nothing of ego psychology, object relations, self psychology, Bion, Mahler, Stern, Kohut, or Gedo. But in one essay after another, the powerful psychoanalytic themes of fifty to seventy years ago are given a fresh demonstration. The complexity of the unconscious, the entanglement of fantasy and reality, the difficulties of interpretation, the excitement of reconstruction, all are quickened again in these pages. For all of our advances, psychoanalysts in the 1980's must be reminded of these earliest gains.

The second reason for a psychoanalyst to sample this book is that it contains one remarkably good and important essay. With a sure instinct for quality, the editors have placed it first in the volume. It is Donald M. Kartiganer's "Freud's Reading Process: The Divided Protagonist-Narrative and the Case of the Wolf-Man." Kartiganer writes specifically as a literary and rhetorical critic in analyzing "Freud as reader: the analyst in the act of transforming the most baffling, disjointed forms of human behavior into a coherent and significant text" (p. 3). Drawing upon literary theories of narrative, and specifying the "divided protagonist narrative" as the type of narrative in the Wolf Man case, Kartiganer centers upon the issue of interpretation—hermeneutics—as the primary focus in Freud's text. He has mastered the relevant psychoanalytic and literary scholarship equally well. His essay helps to illuminate Freud's case and can stand on the same shelf with essays on the Wolf Man by Schur and Blum. Anyone who wants to know what the last twenty years of refinement in literary theory can do for clinical understanding should read this essay.

American psychoanalysts, I have often argued, have allowed themselves to be too insulated from other major intellectual currents. Despite their own all too evident and sometimes disabling provinciality, the literary critics in this volume illuminate for us some of the important trends of thought in our time as well as reopening a window to the vigor of psychoanalysis in the past.

JAY MARTIN (IRVINE, CA)

VIRGINIA WOOLF AND THE "LUST OF CREATION." A PSYCHOANALYTIC EXPLORATION. By Shirley Panken. Albany: State University of New York Press, 1987. 336 pp.

Can there have been many subjects who have so richly provided their biographers with the plentitude of documentary material as did Virginia Woolf? Not only did she leave a massive legacy of letters, diaries, novels, stories, and essays, but a similar mine of documents has come to us from her husband, sister, friends, and mere acquaintances. Many of these people were gifted, articulate, and given to letter writing, reminiscing, and plain gossip; several of them have, in turn, been the subjects of biography. For the psychobiographer—ultimately, are not all biographies psychological?—Woolf provides a virtual plethora of psychogenetic and dynamic motifs: parents who had both lost previous spouses; older half siblings—the males who sexually molested her; intensely and unremittingly ambivalent feelings toward both parents; a mother whose maternal behavior was, to say the least, erratic; the death of this mother when Woolf was thirteen years old; the death of her older half sister two years later; the death of an adored older brother; a complex competitive and seemingly eroticized relationship with her sister Vanessa; and, of critical importance, Woolf's life-long susceptibility to profound depressions, which reached psychotic proportions, and suicidal preoccupations and attempts, of which the last was—to use the usual word, uttered with unconscious irony—successful.

At the outset, Panken explicitly sets forth her goals and concerns in undertaking this study: it is "to correct the distortions concerning her [Woolf's] 'madness' and its presumed link to her creativity and to demystify the aura surrounding her emotional oscil-

lations, [and] the belief that 'deep down in her mind she was never completely sane' [quoted from one of the volumes of Leonard Woolf's autobiography]. My rescue needs devolved from my psychoanalytic orientation, interest in healing, aversive labels that are stigmatizing and assume a life of their own, in addition to my need to respond to what I discerned as Woolf's cry for help. I hope to challenge the 'official' theory that Woolf's suicide attempt after marriage, and her suicide, were engendered by anxieties concerning completion or revision of her novel" (p. 2).

Panken presents "four major constellations" with which Virginia Woolf grappled throughout her life: an uncompleted mourning for her mother; her identification with her father; her "vacillation" regarding her self-concept and her "sexual and personal identification"; and her "fragility of self, poor tolerance for frustrating or emotionally charged events, [and] her feelings of victimization" (p. 16). The author marshals abundant data from Woolf's early and adult years to support the foregoing psychodynamic formulations. Going beyond specific biographic material, Panken subjects Woolf's major writings to detailed analyses to further illuminate the psychogenetic and dynamic concepts she has focused on. This is generally successful but at times leads her into exegeses of the novels and stories in which it is unclear just what the connections are with Woolf; the behavior and psyche of a character are dangled before our eyes and we are presumably invited (or seduced?) to make inferences about Woolf which Panken herself avoids making. In general, however, she thoroughly explores and establishes the "four major constellations" beyond any important doubt.

In her attempt to rescue Woolf from the "official view" (whose?) that her completion of a major work provoked "anxieties," Panken is less successful. The work on and completion of each novel were accompanied by many intense moods, ranging from anxious and depressed to triumphant and exhilarated. As Panken shows, literary creation was a complexly symbolic act for Woolf (as it probably is for all artists), and prominent among its various meanings was that of childbirth. Indeed, Woolf herself at times observed that artistic creation actually was more important and gratifying than having children. In noting the physical and emotional distress accompanying or following the writing of at least four of Woolf's novels, Panken attributes it merely to "oscillations of self-esteem in context of her emotional difficulties or conflicted personal rela-

tionships at the time" (p. 253). This interpretation seems to beg the question.

Panken is never quite clear on Woolf's sickness. She erects and demolishes a straw man by deploring the link of creativity to insanity that is buttressed in "psychoanalytic parlance" by the closeness of both to the primary process. Since the artist has the power "to make shape out of his or her personal maelstrom," Panken asserts that Woolf could not have been psychotic, curiously equating psychosis with schizophrenia. But, quite simply, it is clear that there were identifiable occasions when Woolf's sense of reality was severely impaired, a perception of which no one was more devastatingly aware than Woolf herself. Precisely because her psychotic episodes (accompanied by hallucinations, delusions, etc.) were only occasional can we understand both her ability to work creatively and, at other times, to be totally blocked.

Today, Woolf's depressions would surely be diagnosed as melancholia—as Freud would have described them—and, regardless of dynamic precipitants, would be recognized as possessing a crucial biologic character for which appropriate treatment would be instituted. That Woolf would have benefited from psychoanalysis, as Panken says, is a moot question—certainly, it would have been quite unavailing when she was in the depths of a depression. Her hostility to analysis would hardly have made matters better. Panken's criticism of Leonard Woolf for being "influenced by the psychiatric lore of the time" (p. 4) and for not arranging for his wife to undergo analysis in 1913, the year when Ernest Jones had only begun to practice in London, simply cannot be taken seriously.

This leads me to note a jarring aspect of Panken's study: her persistent bashing of Leonard Woolf. From his first appearance to the last, he is almost unremittingly cast in the role of the devil, a characterization that radically departs from Panken's attempts to understand Virginia Woolf. Even Leonard Woolf's caring for his wife is construed as infantilization or "punitive caretaking." His wife's loving statements about him are brushed aside as merely her desire not to hurt his feelings; Panken wonders about his "masculine identification" and insinuates that he may have been having an affair during Virginia Woolf's last months; Woolf's reading his novel, *The Wise Virgins*, "chiefly contributed to the resumption of Virginia's illness"; although he considered her novel, *Jacob's Room*,

a "work of genius," he was really disparaging of it because he pointed out that the characters seemed "wooden." One could cite dozens of ways in which Leonard is pilloried mercilessly; not the least are the comments—more than innuendo—that he was virtually responsible for Woolf's suicide attempt in 1913, and could have—should have—prevented her death in 1941. Such a *parti pris* in a scholarly work is both unwelcome and, in this book, poorly supported by the available evidence.

Psychobiography is a tissue of interpretations, as, ultimately, clinical psychoanalysis itself is. Among other qualities, what makes one study superior to another is the plausibility and firmness of the interpretations. Although Panken provides the reader with sufficient data to support her "four constellations," she repeatedly introduces weaker, more problematic conjectures which not only do not further strengthen her arguments but weaken them. The use of might, probably, perhaps, no doubt, quite possibly, etc., is excessive. Frequently, Panken disingenuously asks rhetorical questions of the reader. In psychoanalytic treatment such questions can be useful in framing genuinely tentative interpretations to which the analysand may respond in some manner; in this study, the purpose seems to be to permit the author to make a statement but not to be held to it. I would prefer that she had simply advanced her conjectures—as such—and had taken responsibility for them.

Virginia Woolf and the "Lust of Creation" is generally written in a serviceable dissertation-like style, marred to some extent, for me, by the use of such terms as Proustian wise, finalize, actualize, positive feedback, scapegoating, etc. But this is, as are all such matters, a question of taste. The book contains helpful notes, about three hundred references, and a good index.

It is difficult to know to whom this book should be recommended. Its focus is too limited to take the place of a general but riveting biography, such as that by Quentin Bell, for instance. It may be too general for the Virginia Woolf specialist. Perhaps its true audience lies with readers of Woolf, both analysts and the general public, who are interested in a psychoanalytic exploration of the life and works of this writer, who remains one of the major novelists of the twentieth century. When all is said and done, her life, like that of all artists, lies in her works, and not in the drama of her painful existence.

DAVID S. WERMAN (DURHAM, NC)

TRAUMA AND MASTERY IN LIFE AND ART. By Gilbert J. Rose, M.D.,
New Haven/London: Yale University Press, 1987. 239 pp.

Nietzsche has said that we need art so that we will not be made mad by Truth. T. S. Eliot made the controversial assertion that the more perfect the artist, the more separate are suffering man and his creating mind. Heine said that in creating his poetry, he healed himself. And Ansel Adams stated that all art is a vision penetrating the illusions of reality and that photography is one form of this vision and revelation.

We may take these statements as representing reliable thinking on some aspects of the subject of what art is and how it serves us, but we must still ask how the expression and appreciation of whatever it is that we are pleased to call "art" comes about. What are its psychologically operative functions, whence does it arise, and—the ultimate metaphysical question—why does it arise?

In his interesting and far-ranging book, Rose takes as his thesis "the ideas of trauma and mastery as tracing a suitable cross-section to explore clinical and creative process. . . . [A]mong the chief effects of trauma, the phenomena of psychic splitting stand out; and at the heart of mastery lies the matter of reintegration" (p. ix). He draws analogies, comparisons, and contrasts between the splitting and reintegration in psychopathology, psychoanalytic treatment, and creativity. At his best, he does this authoritatively, in a clearly written expository style. But he has cast a wide net for his readership: he writes for a lay audience as well as for a professional one, and herein lies a weakness of the book. There are long stretches that, for the well-informed psychoanalyst, serve no useful purpose; interspersed are stimulating conjunctions of ideas, observations, and formulations from a variety of artistic spheres, as well as from clinical work.

Despite Freud's unique creative contributions to the psychology of art, at least of sculpture and of literature, his emphasis on the scientific, rational side of his own nature at the expense of the intuitive, irrational, and artistic, led to a relative neglect of a fuller exploration of the arts. There are many forms of splitting, as a glance at the index of this book will confirm. Rose's thesis is certainly borne out in his exposition, in a descriptively metaphorical explanation of seemingly disparate phenomena. His first chapter speculates on what influenced Freud, in his discussion of Dostoevsky and parricide, to conclude that the basic problem of the meaning

of the creativity of the artist could not be solved by psychoanalysis. He proceeds to a brief pathography of Dostoevsky, illustrating normal and pathological splitting, and turns again to Freud's creative resolutions of this aspect of his own characterology. There follows a comparison of a trauma from Dostoevsky's youth with that of a young Texan who had a similar trauma that led to his becoming homicidal. Then, comparing clinical with creative reintegration, Rose offers an interesting (but far too lengthy for this reviewer) contribution to an understanding and demonstration of multiple personality disorder. In subsequent chapters he applies his thesis to modern music, contemporary literature, and plastic arts.

Much in these sections will be lost upon the majority of us, who, for example, deeply enjoy music but are not musicologists, even though the topic excites our curiosity. Concerning his statements about literature, I have no arguments. Writers suffer, mildly or greatly, when they are at work. Hemingway, asked how he went about writing, replied that first he defrosted the refrigerator. Others put off the "moment of truth" by sharpening countless pencils, lighting cigarettes, drinking coffee. But the metaphor of the refrigerator is apt: a thawing to and of the Muse is necessary. And this variable female transference imago, for whom every writer writes,¹ is stern and demanding, yet generously giving, a product of the interdictive as well as the benevolent functions of the superego. A reader, too, has parallel or analogous facilitating and inhibiting processes that arise from his own passions and controls. If I read Rose accurately, he does not sufficiently take into account these superego/ego ideal processes and how they are seduced or suborned into the service of creativity, sometimes against all odds.

He suggests that splitting and reintegration, clinically and creatively related to trauma and mastery, represent internalizations of the rapprochement subphase of development, prototypical of making and breaking relationships. The theme of loss and creativity in the artist's developmental structure is one that itself has been repeatedly lost and refound within psychoanalytic theorizing.

¹ Olinick, S. L. & Tracy, L. (1987): Transference perspectives of story telling. *Psychoanal. Rev.*, 74:319-331.

Within this background, Rose points out, the struggle between the creative and the conventional selves in artists and laymen is a ubiquitous one. I first became aware of this as an undergraduate, naïvely approaching the psychology of Lewis Carroll/Charles Dodgson who, as so often is the case with these splittings, valued his conventional, mathematical contributions over his creative, literary artistry. His Muse, or idealized transference reader-imago, was embodied as a prepubertal child, whom he lost as she matured. What, or whom, had he lost in his own childhood, to be refound as an acquiescent girl-child?

Such reductiveness to the rapprochement subphase is plausible, even while it is scientifically hazardous. Almost all of these explanations are attractively plausible, while remaining for the most part descriptive and metaphorical, respectable in their intent to expand the field but not entirely piercing the veil that guards talent and genius from close scrutiny. When we speculate in terms of accessibility of primary process and the synthesizing of such data with conscious observational stimuli, culminating in the ability to produce analogies and metaphors that are products of the special combinatority, synthesizing functions of the conscious and preconscious ego, even then we have only approximated answers. Rose deserves praise for his sensitive efforts, continued from his first work, *The Power of Form*,² but the problem of the creative artist remains unresolved.

STANLEY L. OLINICK, M.D. (WASHINGTON, D.C.)

MELANCHOLIA AND DEPRESSION. FROM HIPPOCRATIC TIMES TO MODERN TIMES. By Stanley W. Jackson. New Haven/London: Yale University Press, 1986. 441 pp.

With this opus, Stanley W. Jackson has given us a labor of love. He has also given us an indication of his love of labor. He writes that his professional lifetime of efforts to ameliorate the distress of various sufferers, many of them depressed, gradually joined with his associated interest in the history of medicine and psychiatry. Together, these became focused on tracing the consistency and co-

² Rose, G. J. (1980): *The Power of Form: A Psychoanalytic Approach to Aesthetic Form*. New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1982, 51:457-461.

herence in the cluster of symptoms and signs referred to as melancholia and depression over a time frame of approximately twenty-five hundred years (pp. ix-x). So the journey begins. It is a journey that delves into the theories that have evolved to explain the etiology and pathogenesis of melancholia and depression. Considerable effort is spent in distinguishing depression as a clinical pathological condition, a disease, from some other assemblage of signs and symptoms. A history of the passions and emotions, the affects, then becomes relevant, as do the physiological and biological substrates of depression. Treatment modalities for depressive diatheses, which often parallel those utilized to treat other diseases in general medicine, are surveyed and compared. Attention is also paid to belief systems other than medicine, such as religion, for dealing with dejected states of mind.

As he extracts quotations to elucidate many writers' ideas on melancholia, the author simultaneously provides us with glimpses and reflections on the more general medical thinking of the various times. The major historical lines bear common denominators. As long ago as ancient Greece and Rome, mental aberrations were thought of either as diseases or symptoms of a disease which should be explained in naturalistic terms (p. 29). They were regarded as psychological manifestations of physiological disturbances, not so different from many modern conceptualizations. The variations came in the theories of localizing the site of the illness. Most believed that melancholia was an affliction of the brain. Others developed a cardiocentric position. For the centuries that followed, until the seventeenth, the concept of a humoral theory held sway in explaining most diseases. Here melancholia was related to black bile (a bilious disposition), with other bodily sites such as the stomach (the hypochondriacal area), the blood, and the spleen drawing attention, together with the brain.

Treatment favored efforts at eliminating the excessive or noxious humor, with such evacuative remedies as purgatives, bloodletting, and emetics. Accounts of the forms of sadness and grief were largely descriptive. Nomenclature varied with the constellation of symptoms, whether delusions were or were not present, how great the degree of dejection was, and which somatic concerns preoccupied the patient. There were only moderate changes in the manner in which melancholia was conceptualized

until the seventeenth century, when the humoral theory gave way to iatrochemical and then to mechanical explanations of disease. Corpuscular and hydrodynamic theories of circulatory flow and concepts of maintaining a bodily "equilibrium" were developed. Yet these explanations left the clinical syndrome of melancholia essentially unchanged, and therapeutics remained much the same. In the eighteenth and nineteenth centuries the theme of loss was frequent, often with reference to the sufferer's soul being deserted by God. Arguments centered on whether melancholia was a partial or unitary insanity, and on how it was related to mania. In the strongly descriptive environment fostered by Esquirol, Greisinger, and Krafft-Ebing, the question bantered about was whether melancholia was primarily an affective disorder or an intellectual, delusional one. The longitudinal viewpoint, following the longer range course and outcome of the symptoms, was espoused by Kraepelin in the nineteenth and twentieth centuries in his classifications of discrete disease entities. Meyer emphasized the importance of the lifelong history of the person in understanding maladaptive reaction patterns. Jackson devotes but a short section to Freud's psychoanalytic, dynamic point of view, citing particularly "Mourning and Melancholia." Then he briefly summarizes the work of Abraham, Rado, M. Klein, E. Bibring, Jacobson, and Spitz on the subject. The historical survey ends with mention of the recent biological themes in both etiological investigation and treatment modalities.

The second half of *Melancholia and Depression* is devoted to some special connections of melancholia to other conditions, such as hypochondriasis, grief, and mourning. Belief systems relating to melancholia are also reviewed in sections on religion, the supernatural, lycanthropy, love-melancholy, and nostalgia. The author concludes that those who can best empathize with a depressed person are those "fellow human beings who also know something about personal losses, disappointments, and failures . . . about being sad and dejected, and who have some capacity for distressed response to such a distressing state. With such distress, we are at the very heart of being human" (p. 404).

There can be little doubt that Jackson has accomplished what he set out to do. His great amount of work and extensive research is readily apparent. He has provided us with a thoroughly docu-

mented, detailed compendium of the thoughts on melancholia of every important medical and psychiatric author through the ages. *Melancholia and Depression* could easily be used as a source book on the subject.

Yet, from this reviewer's perspective, the book has its weaknesses. Although the author is a psychoanalyst, he gives the reader the sense that his interest in history has overcome his dynamic orientation. There is too much repetition of descriptive accounts, the redundancy making it difficult for the reader to concentrate on the material. For the psychoanalyst there is disappointingly little. The section devoted to analytic writers is truncated to seventeen pages, and the writings themselves hold importance mainly in their historical context. Not enough emphasis is placed on the qualitatively different contribution made by analysts. Perhaps this is the result of the particular concentration of interest in psychotic depression. The emphasis on the psychotic end of the spectrum, throughout the historical review, would appeal more to general psychiatrists who treat these patients in a hospital setting or to those specifically interested in studying the history of psychiatry. Of more interest to analysts would be the structure, dynamics, and therapy of depressed patients who are seen in outpatient treatment. Focus on analytic technique for treating this group is insufficient. One also would have wished that more space had been devoted to developments in the recent past, also historical, in the areas of both the theory and the methodology of managing depressive illness. Then the dynamic present, not only its genetic past, would have come alive. While the author did justice to his own historical interests, he might have achieved a better "equilibrium" with his psychoanalytic orientation.

S. WARREN SEIDES (NEW YORK)

FREUD AND THE IMAGINATIVE WORLD. By Harry Trosman, M.D.
Hillsdale, NJ: The Analytic Press, 1985. 233 pp.

Large in scope, this slender volume attempts to encompass within its sweep cultural influences on Freud, the creator of psychoanalysis, and Freud's influence on thinking about high culture through ideas developed in the course of his work. Included is an examina-

tion of the nature of artistic and scientific creativity itself. The work presents a distillation of Trosman's immersion in the wellsprings of psychoanalysis as a scientific discipline and the application of his findings to our understanding of art. Following Freud, Trosman hopes his exploration into art will lead to further advances in psychoanalysis as a science. He writes in the preface: "In examining Freud's major theoretical and clinical writings, I look to their literary yield. . . . His literary writings . . . are scanned for their clinical or theoretical formulations and their contributions to psychoanalysis as a science" (p. xi).

The opening essay, "Freud and the Formative Culture," is the keystone of Trosman's structure. Originally published in 1973, in Volume 1 of the *Annual of Psychoanalysis*, it remains essentially unchanged for this publication. Trosman searches out the sources and routes of the significant influences on Freud's thinking as psychoanalysis evolved in his mind: Romanticism as current thought, life and politics in nineteenth century Vienna, the Jewish tradition, and Freud's classical education.

Influenced initially by David Beres's paper, "Psychoanalysis, Science and Romanticism,"¹ Trosman is convinced that Romanticism was a significant intellectual orientation affecting Freud's scientific thinking. Beres had stated, "Where the extreme of classicism suppressed the irrational and the extreme of romanticism denied the role of reason, psychoanalysis found the basis for a scientific study of their combined activities, the imaginative process."² This imaginative process, the result of the interaction of reason and the irrational, is the subject of Trosman's book. Beres, in the work mentioned above, spoke of "the romantic core of [Freud's] mind." This influence has recently been rediscovered and further documented by Madeleine and Henri Vermorel,³ who feel that the fundamental link to the Romantic tradition in German language and culture was the constant point of reference in

¹ Beres, D. (1965): Psychoanalysis, science and romanticism. In *Drives, Affects, Behavior*, Vol. 2: *Essays in Memory of Marie Bonaparte*, ed. M. Schur. New York: Int. Univ. Press, pp. 397-417.

² Beres, *op. cit.*, p. 403.

³ Vermorel, M. & Vermorel, H. (1986): Was Freud a romantic? *Int. Rev. Psychoanal.*, 13:15-37.

Freud's thought. One would only have to view the historical, literary, and artistic materials in the recent exhibition on William Wordsworth and the age of English Romanticism at the New York Public Library to be overwhelmingly convinced of the major impact of Romanticism on psychoanalytic thought.

The section on Freud's Jewish identity is fascinating. Freud's ambivalent attitude toward himself and others as Jews is richly documented. It is intimately and poignantly related to his changing relationship to his father. Stimulated by Trosman's work, one could be impelled, as I was, to pursue the matter in the flawed volume, *Freud and His Father* by Marianne Krüll, for later historical data, and *A Godless Jew: Freud, Atheism, and the Making of Psychoanalysis* by Peter Gay, for the argument that only an atheist could have invented psychoanalysis. In his ambivalence, Freud identified with the sage, Yochanan ben Zakkai, who, hidden in a coffin, escaped from Jerusalem as it fell to the Romans, in order to establish at Jabneh a continuing seat of Jewish learning. In his journey from Vienna to London after the Nazi occupation, Freud voiced his need, as a Jew, to preserve intellectual continuity, "perpetuating learning and scholarship," although he had not found it necessary to provide his children with a Jewish education.

The first half of the book discusses the influences on Freud's creativity. The second half deals with his literary style and his views on creativity. It contains chapters on the aesthetic response, psychoanalytic biography, and psychoanalytic literary criticism. In dealing with each of these subjects, Trosman is always entertaining, informative, controlled, and deliberate in his manner of exploration. He points out that Freud was very conscious of his literary style and varied it to suit his purpose. He took his audience into account, as well as selecting the style appropriate to the content of each of his works: e.g., "... the form he chooses for the reporting of a dream is often an indicator of the latent dream thoughts" (p. 119). Freud's narrative style in presenting scientific data derived from such literary models as the short story. Trosman discusses Freud's use of analogy and metaphor, his "genetic" and "dogmatic" approach in his exposition, and his use of direct and indirect dialogue, aphorism, and epigram.

Acknowledging Derrida and Mahony, Trosman reminds us that "Freud's style at times mimics what he writes about" and that his

composition is "processive"; i.e., he "portrays his own mind in the process of thinking" (p. 127). Taking Buffon, the greatest of French naturalists, seriously in his assertion that literary style reflects personality, Trosman points out that Freud's characteristic manner of linguistic expression, his cognitive style, was one of apposing conceptual dualities. He is well aware, however, of the danger involved in attributing aspects of style to individual idiosyncracies alone, slighting the stylistic influence of literary tradition.

Trosman's chapter on the aesthetic response derives very much from Freud's book on jokes, with its focus on unconscious wishes and economic formulations. Added to this is an examination of subsequent and more current literature. Most interesting is Freud's observation that those works of art which had a powerful effect on him were either literary or sculptural, with less appreciation for painting and none at all for music. Freud was attracted to the *content* of a work rather than to its formal or technical qualities. "In order for the emotional impact of a work to affect him, he had to understand something of its meaning" (p. 145). Trosman uses Freud's self-observations and the writings of others to build a deeper understanding of Freud, as well as to develop a fuller formulation of a psychoanalytic theory of aesthetic response. As presented in his paper, "Toward a Psychoanalytic Iconography,"⁴ Trosman outlines the principal ingredients to be included in a psychoanalytic appreciation of a work of art: (1) the biography of the artist, primarily critical life experiences; (2) the unconscious content represented in the artist's characteristic motifs and their experiential basis; (3) the aesthetic response added to the formal means available to the artist for solving artistic and personal problems; and (4) the work as a representation of the creative process which brought it about.

Trosman's discussion of Freud's paper on Leonardo da Vinci and of the invention of psychoanalytic biography cannot be praised enough. Freud's enthusiasm was expressed in a letter to Jung, dated October 17, 1909: "... we must conquer the whole field of mythology. . . . We must also take hold of biography. . . . The riddle of Leonardo da Vinci's character has suddenly become

⁴ Published in this *Quarterly*, 1986, 55:130-167.

clear to me.”⁵ Throughout this chapter, Freud’s enthusiasm is matched by Trosman’s own, as he sensitively, delicately, and with great scholarship discusses Freud’s watershed contribution to this genre. Trosman leads one through this great but seriously flawed work, weighing the reservations of the critics. Integrating his own observations of Freud’s self-analysis with Freud’s conflicted relationship with Jung and others and his beginning theoretical work on narcissism and homosexuality, Trosman ends with a new synthesis, written in a style close to Freud’s own.

Trosman begins his essay on literary criticism by discussing Freud’s favorite play, *Hamlet*. We are led through the Freud-Jones hypothesis, which explains Hamlet’s characteristic bouts of indecision and procrastination in terms of underlying oedipal conflicts. After an interesting critical review of the usefulness and pitfalls of treating literary characters as if they were analytic patients, Trosman treats us to an informative, emotionally and intellectually exciting reading of the opening scenes of the play. He illustrates convincingly that a psychoanalytic reading of a play can add much to an understanding of its artistic value and literary effectiveness, through careful investigation of the formal devices used by the author to stimulate and resolve levels of conflict in the audience. He suggests that this way of viewing literary works of art might be more fruitful and explanatory than that of uncovering universal fantasies in a literary character.

Freud’s paper, “The Moses of Michelangelo,” is considered by Trosman as a contribution to the psychology of creativity. It is the subject of the final and least satisfying chapter of this book. Though Freud’s powerful response to viewing the sculpture is fascinating, my judgment is that it reveals more of his internal conflicts than it does of insight into the creative process. Perhaps we should follow Freud’s judgment (also quoted by Trosman): “Before the problem of the creative artist analysis must, alas, lay down its arms.”⁶

⁵ McGuire, W., Editor (1974): *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung*. Cambridge: Harvard Univ. Press, 1988, p. 158.

⁶ Freud, S. (1927): Dostoevsky and parricide. *S.E.*, 21:177.

Freud and the Imaginative World is to be read by all those who are interested in Freud and in humanity's highest cultural achievements. Trosman whets one's appetite with this book.

MAYER SUBRIN (BLOOMFIELD HILLS, MI)

ART AND LIFE. ASPECTS OF MICHELANGELO. By Nathan Leites. New York/London: New York University Press, 1986. 157 pp.

Ever since Freud's 1914 paper on the *Moses* in San Pietro in Vincoli, psychoanalysts have been fascinated by Michelangelo. A partial list of psychoanalytically informed works on this titanic and protean artist would include the studies by such authors as Stokes,¹ the Sterbas,² Liebert,³ and Oremland,⁴ as well as brief references in the works of countless others.⁵ Thus, the slender volume reviewed here joins an extant and varied body of literature to which it contributes by offering a unique organization and methodology. In what follows here, I shall focus on its methodology, for the apparent strengths and weaknesses of Nathan Leites's approach have perhaps as much to teach us as the more substantive elements of his text.

¹ Stokes, A. (1955): *Michelangelo: A Study in the Nature of Art*. London: Tavistock.

² Sterba, R. F. & Sterba, E. (1956): The anxieties of Michelangelo Buonarroti. *Int. J. Psychoanal.*, 37:325-330; (1978): The personality of Michelangelo Buonarroti: some reflections. *Amer. Imago*, 35:158-177.

³ Liebert, R. S. (1977): Michelangelo's mutilation of the Florentine *Pietà*: a psychoanalytic inquiry. *Art Bull.*, 59:47-54; (1977): Michelangelo's *Dying Slave*: a psychoanalytic study in iconography. *Psychoanal. Study Child*, 32:505-543; (1979): Michelangelo's early works: a psychoanalytic study in iconography. *Psychoanal. Study Child*, 34:463-525; (1983): *Michelangelo: A Psychoanalytic Study of the Man and His Images*. New Haven/London: Yale Univ. Press.

⁴ Oremland, J. D. (1980): Mourning and its effect on Michelangelo's art. *Annual Psychoanal.*, 8:317-351; (1985): Michelangelo's *Ignudi*, hermaphroditism, and creativity. *Psychoanal. Study Child*, 40:399-433.

⁵ Among others, see Wollheim, R. (1974): *On Art and the Mind* (Chapters 10 and 15). Cambridge: Harvard Univ. Press; Fuller, P. (1980): *Art and Psychoanalysis* (Chapter 1). London: Writers and Readers Cooperative; Spruiell, V. (1985): The joke in "The Moses of Michelangelo": imagination and creativity. *Psychoanal. Study Child*, 40:473-492; Gedo, M. M., Editor (1985): *Psychoanalytic Perspectives on Art* (Section 4). Hillsdale, NJ: Analytic Press; Spitz, E. H. (1985): *Art and Psyche: A Study in Psychoanalysis and Aesthetics* (Chapter 3). New Haven/London: Yale Univ. Press.

To comment first, however, on the contents specifically, it would be appropriate to point out that the volume under review here converges in the analytic picture it presents of Michelangelo with that of Liebert who has persuasively emphasized the artist's early lack of consistent maternal nurturing. The author states this explicitly in his preface (p. xii). Thus, all the complex defensive maneuvers delineated throughout the text—the various projective devices, reversals, withholdings and hidings, the embracing of pain and of more acceptable fears to screen those felt to be overly dangerous—are traced to this source. At one particularly poignant moment, Leites focuses on the artist's anguished bisexuality and speculates that Michelangelo, in forbidding himself to penetrate a woman, was driven to smash and split blocks of marble, which he did even at night by the light of a specially devised candle (p. 108). The image of the master that thus emerges from these pages is perhaps a more tormented one than that portrayed by Liebert but not dissimilar in its essential features.

Unlike so many other psychoanalytic studies of artists' lives and works, this one neither follows a strict chronological sequence nor proposes comprehensive analyses of individual works of art as such. Rather, it is organized topically according to a set of thematic chapters enticingly labeled (in all cases but the first) with paired terms, including among them such antithetical gerunds as "Separating and Merging," "Surviving and Perishing," "Bestowing and Robbing," and "Raging and Suffering." Constructing out of each set of paired terms an interpretive frame, Leites gathers within these borders references not only to sculptural, painted, limned, and architectural works but also to poetic fragments by Michelangelo and to events from the artist's life as gleaned from a variety of sources.

Such an approach (despite problems, a few of which are addressed below) has the positive value of liberating its author to move freely not only from one work of art to another, but from medium to medium, from artistic image to poetic word, from concrete example to abstract inference (or, as is more often the case here, in the reverse direction—from idea to illustration). Thus, Leites's methodology offers a refreshing emancipation of the whole interpretive enterprise. It takes, actually, something of a free

associative quality, which, given the contemporary state of art criticism, seems quite apropos.

Thus, for example, in the early "Separating and Merging" chapter, compositions involving "figures close to each other . . . yet divided by contours" (p. 17) are viewed as expressing a simultaneous desire for both of these contradictory states. Leites cites as examples here such diverse paintings as the *Doni tondo* and the *Conversion of St. Paul*. Examples could, however, be multiplied endlessly. After pointing out the psychological ambiguities, the *double entendres* inherent in painted boundaries and contiguities, Leites traces their impact to that specific stage in psychoanalytic developmental theory when a child experiences conflict over separation from union with mother. Thus, his methodology involves a loosely structured web of insights in which general psychological issues are rediscovered in specific, widely ranging examples.

One problem here is that, sensitive as Leites's insights are, they often do carry such general valence that one is tempted to ask whether indeed they are specific not only to the works cited but to Michelangelo himself. In the case of the example just cited, it is easy to see that an identical discussion would surely fit Leonardo's *Virgin, Child, and St. Anne*, the ambiguous mergings of which were addressed long ago by Freud in his much maligned and valiantly defended essay of 1910. To say this is, of course, neither to deny nor to approve its relevance for Michelangelo. It is, however, to raise one of the thorniest problems in applied psychoanalysis—namely, the question of how one moves from data to theory and vice versa.

In published correspondence on another psychoanalytic book on Michelangelo, the art historian Leo Steinberg introduces a pejorative phrase: the "abuse of visual data."⁶ This phrase describes what he takes as a psychoanalytic tendency to view works of art through prefabricated scrims that automatically filter whatever one's theory has already predisposed one to see. Whenever, of course, this is the case, works themselves *do* seem to merge and become interchangeable, dwarfed by the grand concepts they are taken to illustrate—a

⁶ Steinberg, L. (1984): Reply to letter by Ellen Handler Spitz on "Shrinking Michelangelo." *The New York Review of Books*, December 6, p. 52.

danger, however, that Leites has tried assiduously in this book to avoid. Leites, in fact, has made a particularly zealous effort to deflect just precisely this type of criticism. And he has done so in part by what feels to this reviewer like a deliberate act of self-denial: to wit, Leites has abstained from giving us any descriptions *in his own words* of Michelangelo's art—a task that many critics might have regarded as their greatest pleasure and challenge (*vide*, Freud). Shunning his own voice entirely when it comes to the works of art, Leites has allowed himself to refer to them only through the descriptive passages of others. Such passages, scrupulously set out in scare quotes replete with authors' names, dates, and page numbers in proper brackets, profusely pepper his text. Taken as Leites's self-proclaimed effort (see p. xi) to avoid any accusation of psychoanalytic distortion or the "abuse of visual data," however, the success of this stratagem must be called in question.

We may question it on two grounds, one formal and the other substantive. First, while apparently releasing himself from constraints inherent in more familiar approaches to psychoanalytic criticism (as mentioned above), Leites in fact shackles his reader, his subject, and himself by the awkwardness of these endless quotes. Thus, paradoxically, his evocative format with its suggestive headings is constricted. The quotes, imposed to ward off anticipated criticism, serve to cramp the whole project. Their effect is to disrupt the flow of the text: relentless irritants, they distract and aggravate in the manner of embedded commands on a computer screen. Secondly, substantively, they foster a strange and misleading aura of pseudo-objectivity, for, clearly, any author must accept full responsibility for the quotes he chooses. To quote selectively and uncritically for the words of other critics in the context of one's own interpretive work is hardly to avoid presenting one's own perceptions! Leites, unlike a historian of criticism or a critical art historian (see, for example, Fried⁷), quotes other voices not to discuss them as other voices but to use them as a kind of speaking tube for his own.

What fascinates me above all about Leites's work, therefore, is the way in which its own interpretive form is echoed in the textual

⁷ Fried, M. (1980): *Absorption and Theatricality: Painting and Beholder in the Age of Diderot*. Berkeley/Los Angeles/London: Univ. Calif. Press.

strategies it exploits. Thus, Leites, despite his desire for objectivity (his wish, by analogy, to find only in the marble what it already contains), actually permits himself at times to speak with Michelangelo's own voice minus scare quotes (see, among others, pp. 24, 82, 83, 93, 103)! Thus, he both forbids and allows his own subjectivity to merge with that of the artist and in so doing re-enacts the simultaneous ambivalences about which he writes. Indeed, the thrust of the entire monograph can be summed up by subtleties inscribed in the early chapter on "Separating and Merging" which are echoed and replayed with variations throughout the volume, especially perhaps in the chapter on "Hero and Slave."

Another stricture Leites has imposed on himself is that of enclosing in asterisks conjectures that he considers based on clinically derived evidence (see p. xi). This device, like quotation, however, fails to allay charges of a biased subjectivity, for if evidence is required to ground such hypotheses as "*Failing to live up to his sometimes unfeasible promises he confirmed what he attempted to deny*" (p. 69), surely mere asterisks won't do. Those who are closed to psychoanalytic understanding will not thereby be convinced, while those who are already persuaded need no such contrivances.

In summary, the idea of this book is quite wonderful. Readers who can withstand the mechanics described will be enriched by its pages and will find kernels of wisdom relevant not only to Michelangelo but to human experience more generally. The (partially disavowed) subjectivity of its interpretive stance is refreshing and welcome, at least to this reviewer, who was deeply moved by the overall text. The author, however, led perhaps by a wish to appear more objective than may be either possible or desirable in a work of this kind, betrays in part his own schema. Would that he had trusted more fully his intuitions and simply allowed himself (and his beleaguered reader) the pleasures of an unfettered set of thematic meditations! Had this, however, been the case, the book would have lost some of its own *double entendre*—namely the interpreter's replications of his subject's strategies, conflicts, and defenses. Leites's lovely and resistant book, like Michelangelo's *oeuvre*, pulls and pushes us into and out of the most difficult methodological questions. It is highly recommended to all who struggle with them.

ELLEN HANDLER SPITZ (NEW YORK)

FREUD AND HIS FATHER. By Marianne Krüll. Translated by Arnold J. Pomerans. New York/London: W. W. Norton & Co., Inc. 1986. 294 pp.

This book is a translation, enthusiastically endorsed by Krüll, of the original German edition (*Freud und sein Vater*, Munich: C. H. Beck, 1979, 345 pp.), with a few additions. The author, a sociologist, originally planned a short study relating Freud's intellectual, social, and economic background to the evolution of his theory. Several factors, preeminently the influence of Helm Stierlin's application of the family-systems approach to a psychobiography of Hitler, led her to attempt this analogous study of Freud.

Krüll's major thesis is that Freud's life and work were dominated by a mandate from his father: he must honor his father, especially by avoiding direct confrontation with his father's transgressions and by expunging his father's guilt, and he must solve the great mysteries of life. She suggests that the paternal transgressions included breaking with orthodox Hassidism, failing to honor his own father, and probably marital infidelity and/or adult masturbation. The fulfillment of the first part of this mandate indirectly caused Freud, she further suggests, to avoid recollection of his own childhood sexuality. She proposes that the crucial event in Jacob Freud's transmission of his mandate to Sigmund was their joint reading of the Bible during Sigmund's childhood, especially the story of Jacob, which she believes to be a "family romance" strikingly similar to the inferred story of Freud's father, one encapsulating the teaching of his own mandate to Sigmund. The death of Freud's father, according to Krüll, reactivated and reinforced this mandate to such a degree that it took precedence over all other considerations in determining Freud's entire subsequent career.

To provide context, support, and a demonstration of her thesis, Krüll has written boldly, forcefully, and with much scholarship. She begins with a detailed consideration of Freud's personal and scientific position at the time of his father's death and of the impact of the reactivation of his father's mandate on both: namely, the abandonment of the seduction hypothesis, which exculpated the father for past sexual sins against his children and the consequent freeing of Freud's intellectual creativity. To provide the familial context for the origin of the mandate, Krüll then examines in detail the cultural-historical background of Jacob Freud (that is, the

culture of Galician Jewry), his life as a merchant, especially in Freiberg, Freud's childhood and the Freud family life in Freiburg, the departure from Freiberg, and Freud's childhood and adolescence in Vienna. She closes her book with a consideration of the full sweep of the father's mandate in all the years after *The Interpretation of Dreams* until his death. This section of the book features a novel interpretation of *Moses and Monotheism* as a coded autobiography, especially of his own childhood and his charged relationship with his father.

I found especially interesting her early historical material on Galician Jewry and her attempt to understand empathically the traumatic significance for Freud of his separation from Freiberg and the impact on him of the transition to life in Vienna. She demonstrates, however, the necessity for the reader to check her historical scholarship: for example, she misquotes Sajner¹ on the Jewish population of Freiberg in 1856 when Freud was born, quoting figures Sajner cited for 1880. She also reveals a proclivity for careless factual and interpretive scholarship in her detailed citations from Freud. I will specify only two examples.

First, she writes, "... Freud has reported no dreams in which the mother is the central figure . . ." (p. 115). Yet Freud did report just such a dream in *The Interpretation of Dreams*:

. . . in it I saw my beloved mother, with a peculiarly peaceful, sleeping expression on her features, being carried into the room by two (or three) people with birds' beaks and laid upon the bed. I awoke in tears and screaming, and interrupted my parents' sleep. The strangely draped and unnaturally tall figures with birds' beaks were derived from the illustrations to Philippson's Bible.²

Krüll knew about this dream, for she makes extensive use of it just ten pages further on when she asserts that it "points . . . unequivocally to a sexual relationship between Philipp and his mother" (p. 125). In addition to her erroneous assertion about Freud's dreams, we see here a dubious interpretation. The association to Philippson's Bible and those that follow suggest that Freud might either have fantasied a sexual relationship between his mother and Philipp, or remembered one. They hardly point unequivocally to the latter.

¹ Sajner, J. (1968). Sigmund Freuds Beziehungen zu seinem Geburtsort Freiberg (Příbor) und zu Mähren. *Clio Medica*, 3:167-180.

² Freud, S. (1900). The interpretation of dreams. *S. E.*, 4/5:583.

Secondly, Krüll writes, "In his most detailed case history, that of the 'Wolf Man' . . . , Freud again failed to trace the patient's neurotic symptoms back to seduction in early childhood and other highly traumatic infantile experiences, and instead treated them as so many expressions of the Wolf Man's Oedipal fantasies . . ." (p. 182). Yet Freud, in fact, ascribed great etiological and developmental significance to the patient's witnessing the primal scene and to the subsequent reactivation of the memory of it, the castration threats by Grusha and Nanya, the seduction by his sister, and the discovery of her lack of a penis. In commenting on the first of these events, Freud said, "The activation of the picture [of the primal scene] . . . operated not only like a fresh event, but like a new trauma, like an interference from outside analogous to the seduction."³ And about the emergence of the Grusha scene, he said, "The old trauma theory of the neuroses . . . had suddenly come to the front once more."⁴ According to my reading, such factual and interpretive errors abound in the book, often in the service of the major thesis or of contributory minor ones. In what follows, I will refer to some of them. Another disconcerting feature of the book is the progression from one episode to another of escalating inferences. In one breath, Krüll admits to a liberal use of inferences, but in the next breath she treats as facts the conclusions she bases on them. In general, I believe much of the book requires further reality testing and secondary revision.

What about Krüll's central thesis concerning the delegation of the mandate by Jacob, the father, to his son, Sigmund, and the impact of that mandate on Freud's career? As to the transmission of the mandate and its reactivation upon the death of the father, Krüll is unconvincing. Certainly, there is every reason to believe that Jacob successfully transmitted the mandate to honor one's father. But there is no convincing evidence here that the mandate specified that Freud was to turn away from confronting sexual transgressions of his father. Krüll infers that to be the case only because of what she infers Jacob transmitted as he and his son read the Bible together and because of her particular interpretation of

³ Freud, S. (1918): From the history of an infantile neurosis, *S. E.*, 17:109.

⁴ Freud, S. (1918): *Op. cit.*, p. 95.

Freud's well-known dream ("You are requested to close the eyes") at the time of his father's death. Her interpretation of it as a symbolic representation of a mandate by Jacob that Freud should "close his eyes" to Jacob's past transgressions is one of many alternatives that might be advanced, given the paucity of Freud's associations to the dream and the potential diversity of individual views about Freud. Perhaps the best source of available material to be examined concerning the existence of such a mandate are all the dreams and their associations reported in the first edition of *The Interpretation of Dreams*, not only the single one used by Krüll. My study of the father-son themes in that material⁵ revealed a variety of themes, but not one of that specific nature. However, I did not approach the material with such a specific question in mind. So the critical study remains to be done.

But let us assume for the moment that Krüll is right about the existence of such a mandate, and let us turn to the evaluation of its proposed impact on Freud. The centerpiece of her proposal is the inferred *immediate impact* of the mandate: the abandonment of the seduction theory of hysteria. A secondary but perhaps more invidious feature of her proposal is the inferred *enduring impact* of the mandate: its domination of Freud's entire subsequent career.

We will consider first, and in more detail, the inferred immediate impact of the mandate. The basic points of Krüll's scenario are as follows. Freud publicly advanced his seduction hypothesis of hysteria and the obsessional neuroses in the spring of 1896. His father died the following October and his mandate was reactivated. Starting in December 1896, Freud refined his seduction hypothesis by claiming that the culpable seducer was the father. In February 1897, he concluded that his own father had seduced some of his siblings, producing hysterical symptoms in them. In August 1897, Freud decided that he too had hysterical symptoms. With this, his father's mandate, against which he had been struggling over the intervening months, intensified to such a point that it paralyzed his creativity and his incipient self-analysis, because the latter threatened the very recall of the childhood events forbidden by the man-

⁵ Mahl, G. F. (1982) Father-son themes in Freud's self-analysis. In *Father and Child. Developmental and Clinical Perspectives*, ed. S. H. Cath, A. R. Gurwitt, & J. M. Ross. Boston: Little Brown, pp. 33-64.

date. Thus a crisis had developed in Freud's life. He resolved it by renouncing the seduction theory near the end of September 1897, and shortly replaced it with a theory based on the oedipus complex. "And he did this . . . precisely at a time when his self-analysis could have forced him to accuse his own father of being a seducer, of being perverse" (pp. 57-58). Krüll argues in detail that the reasons Freud gave in his letter of September 21, 1897, for abandoning the seduction theory were spurious and ultimately self-serving. And she claims that the oedipus theory was a "fantasy theory" in that it enabled Freud to substitute a defensive fantasy instead of violating Jacob's taboo by recapturing valid childhood memories of Jacob's transgressions. Freud, the oedipal child, had been guilty of sexuality, not his parents, especially not his father. Thus the very first impact of obeying his father's mandate was his abandoning the valid seduction hypothesis and introducing "fantasy," a "myth," a "mystification of the interhuman dimension"—i.e., the oedipus complex—as the cornerstone of psychoanalysis. Having thus exonerated his father and having obviated any violation of his father's mandate, according to Krüll, Freud's self-analysis proceeded apace via the dream recall of fragments of childhood experiences—but not his "real childhood experiences" (p. 69)—and there resulted a resurgence of his intellectual creativity. The latter were also, then, immediate consequences of submitting to his father's mandate.

Several considerations cast serious doubt on the validity of this line of reasoning. First it is clear that Freud did not abandon his seduction theory "precisely" when he concluded that his father was a child seducer; he had reached that conclusion seven months earlier. Secondly, and more importantly, the proposal fails to recognize that the "abandonment" of the paternal seduction hypothesis in September 1897 was but an initial, temporary step toward the final abandonment which occurred fifteen months later in January 1899, with the discovery of screen memories via his own self-analysis. In the meantime, starting about six weeks after that initial "abandonment," Freud returned to the paternal seduction hypothesis, and to a more perverse form of it—that of oral-anal seduction.⁶ And thirdly, contrary to Krüll's view, Freud's rejuvenated

⁶ Masson, J. M., Translator and Editor (1985): Letter of November 14, 1987. In *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904*. Cambridge, MA: Harvard Univ. Press, pp. 278-282.

self-analysis thrust onward even while he continued to struggle with the relative validity of the seduction and the oedipus complex hypotheses. And, furthermore, Freud did precisely what Krüll says he avoided by obeying the mandate—he likened his father to a syphilitic, sexually immoral God.⁷ As for his great surge in creativity, a great deal of *The Interpretation of Dreams* was written during this time period. Fourth, Krüll offers no evidence to support her view of the defensive nature of the oedipus theory and its mythic nature. She offers only assertions. (It is noteworthy that both Krüll and Masson,⁸ in their otherwise quite dissimilar revisions of the early history of psychoanalysis, deny the import of the oedipus complex.) And, finally, it should be noted that Krüll regards Freud's concept of screen memories as merely an attempt on his part to justify his oedipus theory, whereas Freud regarded it as the clincher leading to his irrevocable, though qualified, abandonment of the seduction hypothesis.

What about Krüll's inference of an enduring impact of the father's mandate upon all major areas of Freud's existence: his immediate family relations, his work with his patients, his interaction with his followers, and the entire body of his scientific works? One is rendered incredulous by the extent of the reductionism involved and by Krüll's apparent lack of understanding of Freud's undertaking. To illustrate, she attributes the evolving nature of Freud's views to the influence of "personal experiences . . . [that] seem linked with his childhood traumas so that the transformation of his theoretical views can once again be said to have been dictated by Jacob's taboo" (p. 183). For example, she observes that the proposal of the structural theory in 1923 was associated with a "personal reorientation that coincided with the onset of cancer" (p. 183), which presumably resonated ultimately, somehow, with Jacob's mandate. Such claims not only omit specifying the presumed intervening processes, but, above all, they fail to acknowledge the degree to which new clinical discoveries and more accurate reappraisals contributed to Freud's developing, ongoing thinking. While the influence of his cancer can be discerned in *The*

⁷ Freud, S. (1900): *Op. cit.*, p. 217.

Grinstein, A. (1968): *Sigmund Freud's Dreams*. New York: Int. Univ. Press, 1980, pp. 154-155.

⁸ Masson, J. M. (1984). *The Assault on Truth. Freud's Suppression of the Seduction Theory*. New York: Farrar, Straus & Giroux.

Ego and the Id, the structural model evolved from *On Narcissism* through *The Unconscious*, *Mourning and Melancholia*, *Beyond the Pleasure Principle*, and *Group Psychology and the Analysis of the Ego*. According to Krüll, this intellectual history never occurred.

There is a major problem with Krüll's thesis. Granted that personal factors played some role in Freud's work, as with that of all scientists. Usually, we see Freud sublimating these personal issues in a constructive, fruitful manner as he grapples with clinical empirical data and/or conceptual problems. Concern with "reality" usually predominates. Krüll's view assigns "reality" little role in Freud's presumed sublimation of his father's mandate. What he is primarily doing is fulfilling the mandate.

Krüll has it that the death of his father left Freud in chains for life. Freud, on the contrary, said of his father's death, "it revolutionized my soul."⁹

GEORGE F. MAHL (NEW HAVEN, CT)

EMPIRICAL STUDIES OF PSYCHOANALYTIC THEORIES, VOL. 2. Edited by Joseph Masling. Hillsdale, NJ: The Analytic Press, 1986. 266 pp

This volume professes to present the best and most current experimental studies on psychoanalytic theory. In the preface, the editor sets forth the scientific indictment of clinical psychoanalysis as an enterprise. He quotes Robert Holt to the effect that the uncontrolled case study method is devoid of scientific value, except as a source of hypotheses. As a sympathetic supporter of psychoanalytic theory, he seeks to utilize "empirical" research for the validation of psychoanalytic ideas, the clarification of psychoanalytic processes, and the correction of theory where it is flawed and inadequate. Such a view of the problems and their potential solutions deserves consideration as to its merits as one examines the contents of the volume.

Joseph Weiss and Harold Sampson offer an interesting contribution on testing alternative psychoanalytic explanations. In it, they attempt to test the fit of Freud's early formulations regarding

⁹ Schur, M. (1972). *Freud: Living and Dying*. New York: Int. Univ. Press, p. 318.

the nature of the unconscious and the structures of the mind with his later structural theory. To do this, they utilize the data of an analysis recorded in another city without prior knowledge of this eventual use of the material. Their carefully designed study leads them to the conclusion that predictions based on Freud's second set of formulations are borne out by the data, at least in this case. The researchers are careful to point out that the results of the study, strictly speaking, apply to this one case. A striking observation that emerges from the study is that there are analysts who habitually use one set of formulations rather than the other. In the particular case examined, the significant issue involved was whether the patient would find frustration of her transference demands to be a source of unwelcome regression and painful affects or whether she would be relieved because her conviction that her unconscious desires were dangerous would be disconfirmed. In a clinical view of the analytic process and the theory appropriate to this or any other patient, such issues would presumably depend upon a diagnostic appraisal of the particular patient.

Beatrice Beebe's contribution is "Mother-Infant Mutual Influence and the Precursors of Self and Object Representations." She emphasizes the exquisite attunement in actions and vocalizations, simultaneously and by turn, between mother and infant at three and four months of age. The focus is on interaction and mutual influence, not on action and reaction. Patterns are discerned between mother and child that are seen as constituting proto-defenses derived from a variety of mutual influences. Precursors of self- and object representations are described as arising out of interactional patterns, such as the "chase and dodge" interaction. The studies reviewed and presented in this paper have relevance as a basic science contribution to developmental theory.

Doris K. Silverman offers "Some Proposed Modifications of Psychoanalytic Theories of Early Childhood Development." She utilizes infant research studies to argue against an initial autistic phase, for interaction being more crucial than poor mothering, and for bonding rather than drive satisfaction as central to growth. She notes that gratification is not just a function of tension reduction. After satiation, a baby is alert and active, and crucial interaction takes place. Maturation is genetically programmed, not a function of delayed gratification. Discontinuities in development

have been repeatedly confirmed and pose serious questions about the inferences drawn from adult analyses with regard to the early roots of adult behavior. The need for revisions in concepts of regression and the unconscious is emphasized. While there is much of interest in this contribution, a major flaw is the apparent assumption that the most naïve views characterize analytic theory and practice. It is as though these issues have not been addressed in the psychoanalytic literature through the years, leading to ongoing, significant modifications in theory.

Joseph Masling's paper is "Orality, Pathology, and Interpersonal Behavior." He describes the evidence in Rorschach studies of oral percepts in passive dependent subjects, alcoholics, and obese people. The studies confirm that there are oral traits and oral personalities. The author emphasizes that there is no answer to be obtained from these studies about the role of genetic factors, i.e., about whether experiences create personality or personality accounts for experiences. The studies are an "empirical" addition to the observations that have emerged as generalizations from clinical practice.

In a complex contribution, "On Depression: The Paralysis, Annihilation and Reconstruction of Meaning," Norbert Freedman focuses his attention on impairments in the construction of meaning in various forms of depression. He differentiates, on a descriptive and process level, among categories of depression as they involve paralysis of meaning or assault on the body self (core depression), the annihilation of meaning construction (introjective depression), and reconstructive elements in symbolizing and developing meaning (the depressive position). Such categorizing attempts to relate ego functions to the depth of pathology again seem to be very close to what takes place in ongoing clinical studies. They are useful, but their special virtue—as distinct from case studies—in expanding analytic theory seems questionable.

In "A Cognitive Dynamic Theory of Reflection-Impulsivity," Stanley B. Messer and Thomas E. Schacht pursue conceptions of cognitive style, controls, and strategies. They describe various current theories that separate reflectives from impulsives. The hypothesis of the authors is that the reflection-impulsivity continuum is paralleled by an isomorphic continuum in the structure of the ego, active and passive mental processes central to psychodynamic

thinking. They explore the existing reflection-impulsivity empirical literature for the degree of fit with their hypothesis and suggest some research strategies for testing the cognitive-dynamic model. It is a loosely bound, speculative approach to psychoanalytic concepts.

The final paper, by Les Greene and Judith Rosenkrantz, is on "Idiosyncratic Needs for Fusion and Differentiation in Groups." They present three analytic postulates for the understanding of unstructured groups: (1) group-induced regression to early object representation, (2) externalization and projective fit, and (3) idiosyncratic needs for fusion and differentiation. They describe efforts to test the significance of these postulates for different members of the group with regard to the attractiveness of the setting, the leader's gender, and members' personal boundaries within the group. The difficulties in applying analytic concepts to group phenomena are acknowledged by the authors.

The studies reviewed in this volume, interesting though they may be in their narrow purview, hardly seem to provide a method of ensuring "scientific" changes in theory in contrast to clinical experience. Skepticism about clinical reports is most assuredly in order. The analyst is a participant-observer as well as the instrument for recording and processing the data. In fact, the analyst may unwittingly engage in an interaction in which his personality defenses are an essential ingredient in the process. Analysts may impose their theories on patients, with beneficial or disruptive consequences. The internal perceptions and meanings generated in the analytic encounter are the essential data in a complex communicative process that is only partially captured, whatever the record.

Analyses have been described as experiments. The current conventional wisdom is to scoff at such an idea. Yet the history of psychoanalysis is replete with examples of major changes in theory and technique which were based on the clinical work of analysts whose creative innovations came about through their empirical experience of analysis in its full complexity. The function of dissidents who bring their own prisms to bear on clinical experience deserves study and understanding in the evolution of theory. This empirical research is essential.

In the clinical setting, patterns of meaning, theoretical general-

izations, and technical approaches are tested for validity over time through replication and review in the clinical experience of analysis, re-analysis, and follow-up. To depreciate this process and suggest that it is only good for hypothesis-formation seems absurd. The challenge is to develop clinical research paradigms that better exploit the potential for studying process and outcome, in conjunction with what is described in this volume, in a restricted and reductionistic sense, as empirical research.

NATHAN SCHLESSINGER (CHICAGO)

CLINICAL EMPATHY. By David M. Berger, M.D. Northvale, NJ: Jason Aronson, Inc., 1987. 294 pp.

This book could be subtitled *A Psychotherapist's Guide to Psychoanalysis and Self Psychology*. The first third of the book consists of a theoretical elucidation of the difference between classical psychoanalysis and self psychology (deficiency/parental failure theory) from the point of view of empathy, with occasional explicit attention paid to object relations theory. Berger clearly, if sometimes laboriously, differentiates between the self-responsibility of psychoanalytic theory, for which he uses the term agency, and the other-responsibility of self psychology, for which he uses the term victimization. His presentation of psychoanalytic theory, in general, seems a little dated; his presentation of self psychology seems rather idiosyncratic.

There is an interesting historical review of the development of the traditional concept of empathy. The author postulates that affective resonance, inference, and generalization play more important roles in the development of empathy than do identification and projection. The capacity to tolerate puzzlement, to resist needing to know, contributes to empathy. Although Berger indicates that empathy contains a cognitive component, he regards it as primarily a function of the experiencing ego which facilitates the establishment of close emotional contact with the patient. Intuition, a function of the observing ego, does the same in the realm of ideas. Empathy takes time to develop. Berger quotes Gide: "Do not know me too quickly." As therapy progresses in time, ac-

cording to the author, the therapist progresses toward a "theory-distant" position, and an empathic position comes more into being. Berger puts forth the view, held by Ella Freeman Sharpe and others, that a broad knowledge of literature and a familiarity with a wide array of human activities favors the development of empathy more than does a knowledge of theory. Fundamentally, Berger distrusts theory.

Overall, in this first section of the book, the author attempts to present a fairly balanced account of his versions of psychoanalytic theory and of self psychology, and endeavors to integrate the two. In a work with this title and with the amount of space given to self psychology, it comes as no surprise to the reader that the author magnifies the importance of empathy. Nonetheless, criticism of self psychology is not lacking: "Self-psychology, with its emphasis on the patient as victim, neglects the rich interplay of paradoxical stories. It does not address such potential sources of pathology as envy, parental strife, sibling rivalry, differences in input from father and mother, and actual parental abuse. . . . The so-called fragmentation of the self may in fact represent a maneuver to contain or ward off anger. Self-psychology often neglects anger and sexual feelings" (p. 56), according to Berger.

Part I of the book seems intended for the experienced clinician. Part II, the clinical section, is mostly directed toward the beginning psychotherapist, and perhaps also toward the teacher of psychotherapy. Empathy is examined and elaborated upon through an abundance of thoughtful clinical examples. Once again, in several chapters, the differences between traditional psychotherapy and self psychology are detailed. None of the examples are drawn from psychoanalysis; all are from psychoanalytic psychotherapy. There is an informative section on categorizing patients according to ways in which they relate rather than according to their symptoms. There are fine chapters on empathy as the curative factor and on the fate of empathy at termination.

Berger presses the endeavor to integrate his models of classical psychoanalytic psychotherapy and of self psychology: "Is a sexual drive significantly different from a need for self-affirmation? . . . Sexual feelings and grandiose wishes, those timeless mythic yearnings, arise from a common matrix" (p. 164). He states further, "Ideally the therapist should maintain a neutral position in

which responsibility for an interference [sic] is attributed neither to the patient in the form of a drive nor to the therapist/parent in the form of an unmet need" (pp. 164-165). But in practice, the author claims, "Such neutrality is impossible" (p. 165).

Again in this section of the book it is evident that Berger's interest is more clinical than theoretical: "Therapists are individuals who are specially trained not in the application of theoretical knowledge but in the use of empathy" (p. 214). A self psychology bias often shows through. His definition of psychotherapy might very well be that it is a process in which events are constructed and experienced in the presence of an empathic other. Many of his case examples "illustrate that therapists do need to tie in their own actual or perceived lapses with the patient's unconventional stories of victimization" (p. 159).

But what Berger recommends repeatedly is a balanced approach. Here is where the author is most successful. He brings together his versions of psychoanalytic psychotherapy and of self psychology, demonstrating that features of both models can have a place in psychotherapy: "No dynamic psychotherapist would dismiss either 'soothers' or 'interpreters' as insignificant to the outcome of therapy" (pp. 225-226). He states that "a flexible approach involving multiple perspectives . . . enhances empathic understanding" (p. 259), and that "one can ultimately discover stories of both agency and victimization in the patient's narrative" (p. 165). Although they may not acknowledge it, many therapists, I think, conduct themselves clinically as if there is merit in these points. As Arnold Cooper writes, "we have always been better at what we do than at what we say we do."¹

Despite his recommendations for a balanced approach, Berger seems reluctant to give up the primacy of empathy. He admits, somewhat grudgingly, that there is more to therapy than empathy: "If the therapist's aim is only to provide the patient with a *feeling* of being understood, he may collude with the patient in overlooking unconscious or warded-off contents. By looking for themes beyond the patient's immediate awareness, the therapist will openly pro-

¹ Cooper, A. M. (1987): Changes in psychoanalytic ideas: transference interpretation. *J. Amer. Psychoanal. Assn.*, 35:87.

vide an understanding (and a feeling of being understood) at a more complex level of comprehension" (p. 225).

In summary, the agenda of *Clinical Empathy* as a whole runs deeper than a mere elucidation of empathy. There is a laudable attempt to bridge the gulf between psychoanalysis as a theory of intrapsychic processes and self psychology as a more interpersonal theory. It is an ambitious attempt, and many stimulating questions are raised. The inevitable conclusion that to be an excellent practitioner one must have the fullest capacity for empathy is in line with some of the more modernist views held by contemporary mainstream psychoanalysts. Especially useful for the beginning therapist is the clarification of many points of self psychology in relation to psychoanalysis. There are numerous informative clinical examples. Without exception, the material appears to be drawn from psychotherapy. One imagines that the work could be considerably improved by the inclusion of clinical discussions derived from psychoanalyses.

O. TOWNSEND DANN (MIAMI)

WHAT NURSERY SCHOOL TEACHERS ASK US ABOUT. PSYCHOANALYTIC CONSULTATIONS IN PRESCHOOLS. (Emotions and Behavior Monograph 5.) Edited by Erna Furman. New York: International Universities Press, Inc., 1986. 247 pp.

This book, directed primarily to day-care and nursery-school teachers, consists of a compilation of papers originally published or presented at workshops in the greater Cleveland area between 1966 and 1984. Most of the chapters are written by either Erna or Robert Furman, with a few others by their colleagues. All are designed to teach, in jargon-free ways, about the dynamic understanding of a range of common problems arising in preschool programs. The authors succeed admirably in their objective.

The book is divided into two parts. The chapters in the first part concern normative developmental issues, for example "Separation on Entry to Nursery School," "Discipline," "The Father-Child Relationship." Those in Part II address various sorts of disturbances in development, such as language problems, immature levels of

functioning, abuse, and the impact of death. Quite appropriately, the final chapter is "Readiness for Kindergarten."

The clarity, the sensitivity to their audience, and the effectiveness of the examples all contribute to this work's value and usefulness. With that positive view as background, let me address my few disappointments and disagreements.

As with all multi-authored compilations, this one too suffers from a degree of unevenness of voice and substance. Of the former, my own preference is for the informal conversational style of Robert Furman's chapters. However, Erna Furman's more teacher-like style is admirably lucid and jargon free. A more troubling unevenness is accounted for, no doubt, by the very wide time span covered by the papers. The earlier papers, from 1966 to the early 1970's, sound as if they have not been revised in the light of later thinking in child development research. This may, in fact, relate to what is my only other serious disappointment in this otherwise excellent book. The viewpoint, so splendidly conveyed, is narrowly psychoanalytic (which indeed is the editor's intent, as evident in the subtitle). Nonetheless, I find it regrettable that none of the more recent work of "baby watchers," psychoanalytic or developmentalist, such as Emde, Stern, or Galenson and Roiphe, is touched upon.

In any collection as varied and detailed as this, a reviewer will find points of disagreement. Mine were by and large few. I was troubled in the chapter, "Helping Children with Speech," by what seemed to be too little concern for early identification of serious language problems. (No doubt this view is colored by the fact that in my own work I am seeing such a striking increase in language impairment in preschoolers.)

A brief statement in Erna Furman's discussion of the causes of developmental lags or arrests troubled me. Included in a listing of various factors which interfere in the child's need for a consistent one-to-one relationship is "when the youngster spends time in a group setting, such as a day care center." Without further qualification, and none is offered, this leaves the reader likely to infer that day-care centers interfere with the development of healthy one-to-one relationships, a viewpoint not unique, but hardly undebated. Indeed, a study done by Sekaer and Sloate at the Child Development Center's Infant Care Center points to day care as

having strongly enhanced the attachments of previously poorly attached mother-infant pairs.

Disagreements and disappointments aside, let me close on a deservedly very positive note. The topics addressed and the clarity and down-to-earth quality of their presentation (with special praise to Erna Furman's splendid distillation of her widely admired work concerning preschoolers and death, and to Robert Furman's chapter on preschoolers and deformities) make this book a rich resource not only for the teachers and parents to whom these papers were originally addressed. Any psychoanalyst working with preschool children, or serving as consultant in settings dealing with them, will find this work of immense value. I can think of no better example of how to teach analytic concepts to non-analysts.

ALICE KROSS FRANKEL (NEW YORK)

Psychoanalytic Study of the Child. XL, 1985.

Frederick Meisel

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ABSTRACTS

Psychoanalytic Study of the Child. XL, 1985.

Abstracted by Frederick Meisel.

Internalization and Psychological Development throughout the Life Cycle. Rebecca Smith Behrends and Sidney J. Blatt. Pp. 11-39.

In this comprehensive study, Behrends and Blatt elaborate a unified concept of internalization as persisting throughout life. The argument put forth is clear and compelling. It takes as its paradigm the gratifying infant-mother unity and the subsequent loss of certain aspects of that relationship, followed by the internalization of what is lost. The authors focus not on images or symbols but on the gratifying aspects of relatedness that are internalized in an attempt to restore disrupted "order, coherence, and integrity." That is, in the face of impending disorder and in response to the anxiety and helplessness that signal the dissolution of self-integration, internalization and the building of psychic structure occur. The precipitating disorder can result from object loss or from "the deprivation of a function, intrapsychic conflict, conflict between one's own wishes and . . . the environment, and maturational crisis." It occurs at every developmental crisis, when "the structures of self-identity at one developmental stage are confronted by both internal and environmental events which usher in the next stage." In this light, the loss of certain aspects of relationships promote growth, although if that loss is "too sudden or severe, the individual may not be capable of internalization and consequently resorts to less successful means of adaptation; e.g. . . . symptoms or pathological mourning." Finally, the authors suggest that internalization is the result of the lifelong conflict between "longing for intimate union and striving for autonomy and mastery." This is traced through the oedipal period, adolescence, and into adulthood, when love and sexual relations become possible as a result of the internalizations that take place in the face of "rivalry, death wishes, fear of castration, penis envy, and the incest taboo." They make the point that relationships between other people, i.e., the parents, are internalized as well.

Intergenerational Separation-Individuation. Treating the Mother-Infant Pair. Peter Bloss, Jr. Pp. 41-56.

Bloss begins with a clear summary of Mahler's concept of separation-individuation: "separation refers to the psychological process of differentiation, the setting apart of one being from another. Individuation refers to . . . the process of consolidation and integration within the newly differentiated being." He then presents two cases which illustrate the maternal side of the differentiation process, in which mother-infant psychotherapy allowed "the maternal neurosis which threatened to engulf the baby and distort development" to be placed where it belonged—in the mother's past. The first case demonstrates how a control struggle around eating originated in the mother's own struggle with her strict and estranged mother. When the mother achieved insight into this, the struggle was ended, and the infant began once again to thrive. The second case was more complicated; the mother saw her

infant as a rival for the attention of her own unresponsive and depriving mother, but this mother too was able to resolve her displaced neurotic feelings toward her child in a relatively short time. Blos then asks, "Why can these mothers change with such ease?" He concludes that it is possible because of the "normative potential for psychic restructuring" which occurs with pregnancy and delivery for mothers and which lasts into the toddler years of these infants.

The Effect of Role Reversal on Delayed Marriage and Maternity. Maria V. Bergmann. Pp. 197-219.

This paper is based on the analyses of six women with common features: failure to outgrow their symbiosis, role reversal of mother and daughter, and the father's seductive relationship with them. Bergmann suggests that these characteristics constitute a "central psychic constellation." She found that these women wish for a symbiotic relationship and therefore erect "strong defenses against fears of engulfment by the mother" and fears of abandonment by either parent. Role reversal was a genetic turning point for these patients: the "mothers' neediness forced [them] to alleviate the mothers' distress—by attempting to mother their mothers," and often younger siblings too. The fathers were frequently absent. Often anxious, depressed, or withdrawn, the mothers would make explicit demands, confide in the girl as though she were an adult, or show unreasonable expectations. The child's consequent rage led to regressions, transitory loss of differentiation from the mother as *caregiver*, and "disturbance in the cohesiveness of the child's developing self representation and self constancy." The use of role reversal as a defensive substitute for separation-individuation allowed the child to feel less threatened, as she was needed and was a "mother" herself, but at the price of a "lost sense of a carefree childhood" and a sense of enslavement. Bergmann also explores the father's role and relates the women's desire for children to the "heightened incestuous guilt which emanated from the unmarried state and . . . the tie to the father. Early and eroticized attachment to the father interfered with the normal separation-individuation. The pain and disappointment of the girl's oedipal feelings for the father were denied in her idealization of him. Bergmann goes on to describe the normal integration of body image and pregenital concerns, which depends on the successful identification with the parent of the same sex. In these patients, however, "the mother's unresponsiveness to [their] feminine and bisexual tendencies . . . [left] the girl with a sense of feminine identity that was infirm." Separation could never take place fully, and every man was an incestuous object, every woman a potential mother.

Remembered Images and Trauma. A Psychology of the Supernatural. Lenore Cagen Terr. Pp. 493-533.

After a brief discussion of Freud's understanding of the uncanny as the return of repressed internal conflict, usually of the oedipus complex, the author reports on another sort of uncanny experience: that associated with individual psychic trauma. She describes with rich clinical material the following five aspects of mental functioning consequent upon this trauma. (1) Repetitive memories of traumatic perceptions: "The posttraumatic memory is a mental image which has the intensity of a

current perception and does not decay over time." These images occur in repeated dreams, or as "flashbacks" or daydreams. They are felt to be intrusive and may be seen as a haunting. Often they can be used for purposes of denial (especially of death). They may reflect the guilt of the traumatized, haunted person, whose house then becomes haunted as well. (2) Memory elaborations and distortions: These are of two types, one in which the trauma is remembered in a sensory modality other than the one in which it had originally been experienced. In the other type, perceptions are distorted but are experienced in their original modality; in these, inanimate objects can become animate, and the familiar unfamiliar. These distortions express certain unacceptable aspects of the experience, and also serve denial. (3) Hallucinations: When the ego is overwhelmed, as in a trauma, "imprinting" can describe the brain's response to its perceptions. The friendly ghosts of longed-for lost loved ones must be sought out, whereas the ghosts arising from fear, guilt, and anger come uninvited. The visual aspects of these ghosts come from aspects of the child's perception during a trauma, from the lost and longed-for companion, or from the agent of the trauma. (4) Intrusions and extrusions of imagery: Whole images may be introjected after a trauma, with identification with the figure involved in the trauma, either its agent or the victim. The suddenness and psychic pain of the trauma, and the relatively undefended nature of the overwhelmed ego, can lead to a feeling of being intruded upon and taken over. (5) Contagion of post-traumatic imagery: The brain needs to make sense of the unexplainable and therefore categorizes the trauma with existing anxieties. This makes possible the transmission of trauma and its associated sensory elaborations.

Adolescent Psychiatry. XIII, 1986.

Abstracted by Marianne Makman

The Adolescent, the Family, and the Culture of Narcissism: A Psychoanalytic Commentary. Donald R. Rinsley. Pp. 7-28.

Rinsley warns us that this lead article of this volume may please some and offend others. He suggests that sociocultural changes in the 1960's and 1970's, including the demystification of heroes and traditions, feminism, civil rights movements, pseudomutuality with blurring of boundaries of authority and gender roles, even environmentalism, have produced "dysfunctional" families which in turn produce troubled adolescents unable to successfully negotiate separation-individuation. He believes that the "dethronement" of the male, the "challenges to white male authority," in our society have made healthy maturation difficult. He seems to call for a return to a "tradition" which is represented by a religious two-parent family, with mother maintaining the "nest," father protecting it, and both parents clearly and authoritatively transmitting values and sex-roles to their children. I would agree that this one-sided view is indeed controversial.

Some Forms of Narcissism in Adolescents and Young Adults. Richard P. Munich. Pp. 83-99.

The author discusses the normal increase in self-absorption and "self-consciousness" essential to the consolidation in healthy adolescents of a stable sense of iden-

tity. He then contrasts this with the disturbance seen in adolescents and young adults with narcissistic personality disorder. Using clinical examples, he presents the contrasting therapeutic approaches of Kernberg and Kohut, suggesting that the techniques employed by both can be useful in the treatment of individual patients. He concludes that it may be more crucial in the treatment of adolescents and young adults to focus on the therapeutic alliance than on the psychodynamics which produced the difficulty.

Factors Complicating the Psychiatric Diagnosis of Adolescents. Elisa G. Sanchez. Pp. 100-115.

Accompanied by a vast list of references, this article offers a concise, clear, comprehensive review of important elements which must be considered in differentiating between healthy adolescents and those with psychopathologic conditions. The categories to be considered ("characteristics of adolescence," "therapist's conceptual framework," "personality of the therapist," "familial factors," "sociocultural factors") are all accompanied by brief, pertinent clinical examples. This essay provides a superb framework for teaching and discussion.

Focal Analysis of a College Freshman. David Dean Brockman. Pp. 139-163.

Brockman presents a rather detailed description of a traditionally conducted six-month analysis of a well-functioning, strongly motivated, intellectual young man in acute neurotic distress. A thoughtful discussion follows, both of the psychodynamics of the case and of the questions raised by the uncharacteristically short successful analysis, e.g., was this a transference cure, a corrective emotional experience, a cognitive exercise? The author believes the treatment genuinely effected consolidation of personality by freeing up arrested adolescent development through unmodified analytic technique. He clearly concludes that such technique can be helpful in certain cases, even if abbreviated by moves and circumstantial changes common in the lives of people of college age.

Psychotherapy with Adolescents: The Art of Interpretation. John L. Schimel. Pp. 178-187.

This whimsical essay, richly illustrated with brief examples of dialogue, discusses the crucial importance of gradual preparation of adolescents in therapy for interpretations. The author uses laconic, even surprising clarifications and confrontations to lay the groundwork for interpretations which the patient then can collaborate in voicing.

Traumatic Contributions in the Development of an Obsessional Neurosis in an Adolescent. Loretta R. Loeb. Pp. 201-217.

After a brief review of the psychoanalytic theory of psychosexual development and also of studies of children's reactions to death and separation, the author describes in considerable detail the four-year analysis of an adolescent girl with obsessive-compulsive neurosis. She found that the patient's symptoms were in part determined by her inability to "deal with multiple deaths and losses during her oedipal and latency periods." The article is interesting and useful because it so thoroughly illustrates the value of the analytic process and insights in the resolution of neurotic

conflicts even in a relatively young adolescent (aged thirteen to seventeen during her treatment).

Introduction: An Overview of Eating Disorders. Arthur D. Sorosky. Pp. 221-229.

In his excellent, informative introduction to the vast and comprehensive Part III of this volume, Sorosky defines the common current eating disorders of adolescence and places them in a historical and current societal context. He alludes to the serious medical consequences of "the pursuit of thinness" and succinctly summarizes subsequent papers which cover etiology, epidemiology, medical and endocrinological aspects, and a wide range of treatment approaches to these disorders.

The Psychoanalytic Therapy of Bulimic Anorexia Nervosa. C. Philip Wilson. Pp. 274-314.

Unlike many of his colleagues also working with anorexic and bulimic patients, the author continues to believe that psychoanalysis can provide excellent, often curative treatment for some of these people. In a lengthy, complex paper, he differentiates "restrictor" (self-starving) anorexics from "bulimic" (gorging and vomiting) anorexics. He would prefer that the term "anorexia" be replaced with "fat phobia." These patients fear "insatiable hunger as well as impulses of many kinds." He goes on to describe what he considers to be characteristic family dynamics as well as psychodynamics, particularly "unresolved masochistic and oral-phase conflicts" in these patients. He believes it essential in understanding and treating bulimic anorexics to investigate "childhood habits" (e.g., nail-biting, thumbsucking, hair-pulling) so often forerunners of the later eating disorder. Using several case studies as illustrations, he discusses psychoanalytic treatment techniques and common resistances and defenses in anorexic-bulimic patients. The author recommends hospitalization only in true emergencies. He also feels that medication (e.g., antidepressants) is contraindicated in those patients who can utilize analysis.

Adolescent Pathology: Commencement, Passage, or Catastrophe. Evelyn Kestenberg. Pp. 455-466.

This is a beautiful, refreshing translation from the French of a paper which must be even more remarkable in the original language. The author is fascinated by adolescence, by this truly unique period of human life, and demonstrates her fascination through vivid case examples and an almost poetic description of the tasks and experiences of it. At the moment "the body becomes permanently sexual," the process of reorganization of the psyche toward adulthood commences. During this process the adolescent may demonstrate a "bizarre" series of reactions, behaviors, attitudes, which do not represent the individual's "character" but rather are a complex mass of reaction-formations and counteractheses often resulting in temporary intellectual inhibition. Sometimes this passage can reach "catastrophic" proportions. An adolescent may appear to be psychotic. The astute therapist may carefully gamble that this is not truly psychosis, may continue to treat such a patient through the period of apparent catastrophe, be it a few weeks or a few years, and thus support a healthy outcome rather than a premature psychiatric labeling.

Tracking the Borderline Triad. James F. Masterson, Pp. 467-479.

Masterson once again illustrates his basic hypothesis about the psychodynamics of borderline pathology, with detailed description of treatment of an adolescent girl, age seventeen years, with borderline character structure. The "triad," which must be analyzed and worked through, is the following: "separation-individuation leads to anxiety and depression, which leads to defense."

Adolescent Psychopathology and Aims of Treatment. Moses Laufer. Pp. 480-492.

This powerful essay defines adolescent psychopathology, no matter what the symptomatology, as the breakdown in adolescent development functions. The pathology specifically interferes with the "integration of the sexually mature body as part of the body image." The psychopathology tends to begin at puberty when ultimate differentiation into male and female must take place. The author recommends more frequent, intense treatment (i.e., more sessions per week, a more analytic approach) the more severe the functional breakdown is. He adds that the younger adolescent is still too tied to efforts to free himself or herself from the oedipal parent and that more effective analytic efforts can occur later when the patient is sixteen to nineteen years old. Laufer strongly believes that the only true reversal of the pathologic process comes through the revival and working through in the transference of the patient's hatred and rejection of his or her mature sexuality.

Bulletin of the Menninger Clinic. L, 1986

Abstracted by Sheila Hafter Gray.

Clinical Diagnosis of the As-If Personality Disorder. Charles S. Gardner and Susan Wagner. Pp. 135-147.

The authors propose phenomenological criteria for a diagnostic entity, "As-If Personality Disorder." These are: (1) apparent normality; (2) shifting identifications; (3) lack of affect; (4) easy substitution of one relationship for another; (5) absence of social isolation; and (6) preservation of reality testing. In addition, such patients may also exhibit simulated affect, extensive imitation of others, moral plasticity, and lack of insight. They suffer from depressive syndromes only rarely; they may report feelings of emptiness or emotional deadness. The differential diagnosis of the As-If Personality Disorder includes schizoid personality, the borderline syndromes, and normal adolescence, in which as-if phenomena are frequently observed. There are three brief case presentations which illustrate the application of these criteria in the psychiatric evaluation.

The Borderline Patient and Affirmative Interpretation. Norman D. Schaffer. Pp. 148-162.

The author notes that there is a significant divergence among psychotherapists concerning both the nature and the timing of interpretations offered to borderline patients. He is in explicit disagreement with authorities who recommend the early and consistent confrontation of primitive defenses and emerging negative transfer-

ence phenomena. He finds that borderline patients tend to experience this approach as a disrespectful condemnation of their behavior, which compromises the individual's fragile self-esteem. He does, however, confirm that interpretations are necessary in the beginning of treatment. Following Roy Schafer, he believes that interpretations ought to be of an affirmative sort that demonstrates empathic understanding of the patient's situation and appreciation of the adaptive value of his or her behavior and problematic life-style. He finds that patients experience affirmative interpretations as setting the stage for their trustful communication with the therapist, and that they will readily accept interpretations which focus on the adaptive function of the transference.

A Comparison and Critique of Mann's Time-Limited Psychotherapy and Davanloo's Short-Term Dynamic Psychotherapy. Ann Rasmussen and Stanley B. Messer. Pp. 163-184.

The authors examine two models of dynamic brief psychotherapy from the points of view of their theoretical substructure and clinical utility. Davanloo works with a classical model of mental disorder. He therefore considers it the task of the therapist actively to expose and resolve the patient's nuclear oedipal conflict. Object-relations theory and the idea that narcissism has its own developmental line inform Mann's focus on a specific issue which has caused the patient's pain or diminished self-esteem, and away from issues of intrapsychic conflict. He therefore tends to be empathic rather than confrontational. Both treatments seem to afford good clinical results. It is possible that each is attractive to the sort of patient who can utilize it effectively. The authors believe it is more likely that these very different approaches are equally effective because each offers the patient a similar opportunity to discover a coherent cognitive and emotional explanation of his or her presenting problem.

Electrophysiological Studies of Schizophrenia. Terry Patterson. Pp. 238-256.

Schizophrenic individuals appear to have a fundamental defect in the capacity to attend at will to a given element in the environment and to maintain that concentration as long as the perceiver desires. This results in a clinical picture which reflects the style and success of the adaptations developed by the patient to circumvent this defect. Delusional ideation, blunted affect, withdrawal, and depression are examples of such adaptive responses. Electrophysiological studies suggest that in schizophrenic individuals the information-processing which takes place in the lower brain may be variously defective, causing the attribution of affect, motivation, and significance of incoming information to be mishandled. This may represent a basic defect in the lower brain, defects in the cortical instruction to the lower brain, or both. Patterson's paper, in the opinion of this abstractor, may prove of considerable interest to those concerned with psychoanalytic study of psychosis.

Exploratory Psychotherapy in Schizophrenia-Spectrum Patients: A Reevaluation in the Light of Long-Term Follow-Up of Schizophrenic and Borderline Patients. Michael H. Stone, M.D. Pp. 287-306.

This is an interim report of an extensive and detailed follow-up study of a large group of patients who had been admitted to the New York State Psychiatric Insti-

tute for exploratory psychotherapy between 1963 and 1976. The schizophrenic patients in this group were more likely to have been rehospitalized, to be functioning at no better than a "marginal" level, and to be at greater risk of death, even from "natural causes," than comparable borderline patients. In addition, some patients who declined this treatment and left the Psychiatric Institute appeared to be functioning at a very much higher level than those who remained for the full course. The author concludes that exploratory psychotherapy seems to have had little positive impact on this group of schizophrenic patients, and it may have harmed some.

Acting Out the Countertransference. James L. Nash and James B. McGehee. Pp. 379-384.

The authors present the case of a young professional woman who suffered from the sequelae of a disappointing oedipal relationship with a seductive but frustrating father. In the second year of treatment, her failure to succeed with men was repeated both in a failure to achieve promotion at work and in her experiencing the psychiatrist as frustrating, accusatory, and phallogocentric. The psychiatrist believed the patient was unconsciously furious with him, but he failed to clarify this. At this time, he unwittingly enacted one of the patient's dreams. In supervision, the psychiatrist suddenly made the connection between his action and the patient's dream. He could then identify and subsequently analyze the components of his complementary identification with the patient. He was able to help the patient bring her rage into the psychotherapy sessions. An extensive and well summarized review of pertinent literature on this topic is provided.

Structure and Defense in the Therapy of Little Hans. Beth L. Fineberg. Pp. 440-446.

The author believes that Little Hans's phobia arose from preoedipal separation-individuation conflicts and sexual identity problems. She suggests that the mother's excessive closeness to the child and her threats to have his penis amputated if he continued to masturbate may best be read as examples of her incapacity to permit him to grow away from her. The phobic symptom arose, therefore, as a way of containing the child's separation anxiety rather than his castration anxiety. When Little Hans's father treated the phobia, he afforded the child an opportunity to form a strong father-son bond. This facilitated both his outgrowing his exclusive dependence on his mother and his developing a phase-appropriate masculine identity. The treatment thus permitted him to enter into a normal oedipal phase. He was then able to resolve the conflicts of that phase spontaneously. His father's interpretive interventions are thus incidental to, and not the cause of, his taking this next developmental step.

Successful Treatment of a Case of Ocular Tic Utilizing Brief, Intensive Psychoanalytic Psychotherapy. Donald B. Rinsley. Pp. 447-455.

A young professional woman entered treatment complaining of an ocular tic of acute onset soon after she had begun to experience feelings of lassitude. Several months earlier, her most recent lover had left her for another woman. The patient also had a significant ego-syntonic character disorder. The presenting symptom ini-

tially seemed related to the patient's childhood exhibitionistic masturbation and to the idea that she had been rejected by her mother because she was not a boy. Her father, too, had been emotionally distant; the exhibitionism, which had continued in her adult fantasies, seemed to represent a phallic identification with him. In only four weeks of psychotherapy the patient came to believe that she might harbor a wish to be pregnant as her mother had been pregnant with her. Her tic disappeared as soon as she connected this wish to the memory that her mother, too, had had an ocular tic. The patient has remained asymptomatic for nine years. Her love relationships continue to be brief and intense.

Action Language in the Psychological Test Report. Michael K. Harty. Pp. 456-463.

Harty believes that reports of psychological testing frequently suffer from an excess of metapsychological speculation at the expense of clear descriptions of the patient. He deplores the custom of discussing mental activities as if they were physical entities, for example, "parts of the self." He offers alternative guidelines, based on Schafer's concept of action language, for organizing psychological test reports. Following this model, the primary aim of the testing process becomes to ascertain the patient's adaptive or defensive attitudes as they are revealed in the test situation, rather than to discover material which the patient may have repressed. This permits the psychologist to address specific therapeutic issues relevant to a particular case. The article contains a brief report written from the two points of view, to help the reader understand how they differ.

Clinical Case Conference: Contrasting Approaches to the Treatment of Anxiety Disorders. Joseph M. Hyland; Alfredo Namnum; William S. Simpson. Pp. 573-582.

Hyland presented the case of a young married woman who complained of acute panic attacks and related symptoms. The discussants told how they would treat this patient. Namnum focused on the differential diagnosis of anxiety symptoms from a psychoanalytic point of view. His assessment emphasized ego psychological and developmental issues, as he needed to judge the patient's analyzability. He discussed other dynamic and biologic treatments that he would consider if psychoanalysis was not feasible. Simpson organized his thinking around accurate DSM-III diagnosis. He would initiate pharmacotherapy early in the contact with the patient, before the evaluation had been completed. He would assess the patient's psychological mindedness and her motivation for psychotherapy, but he would not routinely prescribe it. This approach, he suggested, will become the national standard of care for anxiety disorders.

American Imago. XLIII, 1986.

Abstracted by Anita G. Schmukler.

The Specimen Dream as a Childhood Trauma. Timothy Anderson. Pp. 171-190.

Freud used the Irma dream to demonstrate his theory that a dream fulfills a wish. Anderson suggests that those who have engaged in further explication of the dream have avoided significant attention to "latent gaps" which Freud did not explore in

his paper. At the time of the "specimen dream," Freud was confronted with substantial conflict—both internal and external. His relation with his mentor, Breuer, was strained, the publication of *Studies on Hysteria* did not meet immediate acceptance, he was concerned with a "difficult patient," Emma, and a close friend had died from cocaine injections. Anderson observes that little attention has been given to relating the dream to known fantasies and events of Freud's childhood. He then draws our attention to Hartman's comment that "Freud's father fell terminally ill during the very month of the dream." Hartman further reminded us that "linking the dream to early sexuality is more likely to yield the uninterpreted meaning of the dream." Freud expressed feelings of depression in letters written during the spring and early summer of 1895, the year in which the dream occurred. Freud's feelings of sadness, despair, and increasing dependence on Fliess are found in letters written during several months preceding the occurrence of the specimen dream. On the day of the dream he wrote to Fliess, "Daemonic (Demon), why don't you write? How are you? Don't you care at all any more about what I am doing?" Anderson suggests that the Irma dream "may represent the search for a 'lost and loved object from childhood,'" and he tries to demonstrate this by examining parallels between the dream and Freud's screen memory of an empty cupboard. Anderson views his interpretation as "an addition to, rather than competing with" the literature which has accumulated on the Irma dream.

Revenge and Forgiveness. Donald B. Moss. Pp. 191-210.

Moss explores motives of revenge, forgiveness, blessing, and curse from a Lacanian perspective. He employs two stories, one clinical and one biblical (Noah and Ham) to illustrate his point of view. Moss's notion is that revenge, forgiveness, and love have the "unattainable" aims of finding reconciliation with "traumatizing figures of the oedipus complex." The aim is unattainable because the effects of trauma cannot be obliterated.

Beltraffio: Henry James's Secrecy. Melissa Knox. Pp. 211-227.

The author examines ways in which Henry James attempted to resolve internal conflicts in his story, "The Author of Beltraffio," which deals with secrets and mysteries. The narrator of the story continually reminds the reader that Mark Ambient is an author "so well known that there's no need to describe him." Thus the reader's curiosity is stirred, as James apparently expresses conflict over wishes to reveal and conceal. Mark Ambient's wife engages in mysterious activities, which lead to the death of their son, presumably "so that he does not grow up to read his father's books." Thus James employed the familiar technique of permitting the reader to view the *effect* of responses, while much remained to be gleaned by inference. Henry James was absorbed by matters relating to secrecy, both in the content of his stories and in his "elusive prose style." The relation between James and his character, Mark Ambient, has been sufficiently demonstrated, and James's adoration of Ambient is clear in the story. While Mrs. Ambient allows her small child to die, and Miss Ambient (the author's sister) is an object of scorn, both Mark Ambient and Dolcino (the dying son) are presented in terms of veneration. Knox addresses James's homoerotic wishes, veiled in elusive prose and a preoccupation with secrecy, and raises the

question of whether the story might have been more successful if James had been better able to face his disturbing conflicts.

Predatory Germanic Implants and Jewish Identity in Psychoanalysis. Stanley Rosenman. Pp. 229-260.

Rosenman examines the role of psychoanalysis as an aid to the Central European secular Jew, whose separation from his religious, cultural, and linguistic past weakened his psychological defenses against his idealized neighbor-enemies. He draws parallels between Jewish values and the principles of psychoanalysis: emphasis upon acquiring knowledge, tolerant attitude toward sexuality, importance of self-examination, study of latent content to understand the manifest, and finally, the salutary effects of truth. Freud is described as a needed hero, whose task was to rescue the Jewish people from that which prevented their being successful survivors: notions of being "exceptions," and the self-pity, rage, and dependency which this generates. An aim of psychoanalysis was to dismantle stereotypes and appreciate human worth through an assessment of both strengths and weaknesses. Both self-destructive impulses and the compulsion to repeat could be understood psychoanalytically, thus enabling the Central European Jews to assess their unique position in a constructive manner.

Caravaggio's Imagery of Death and Allusion. Charles N. Lewis. Pp. 261-272.

The author suggests that oedipal conflict, with "prominent castration anxiety," is recurrent in the work of the seventeenth-century Italian painter, Caravaggio, whose father died when the artist was six and who was convicted of homicide at age thirty-five. The themes of oedipal conflict and castration anxiety appear to occur with increasing frequency following the homicide. Lewis supports his point of view by referring to various paintings in which Caravaggio's identification with victims can be seen, affirming his "need for self-punishment." It is curious that while the artist's work portrayed primarily religious themes, "his personal life became increasingly unlawful from 1600 onwards." Decapitations in Caravaggio's works showed a distinct change after the homicide. Prior to the murder, victims are presented in a struggle for life, and after 1606, the eyes of the victims are lifeless. Caravaggio's late work depicts alternation between his identification with victims and his participation as an innocent observer of violence.

Mysticism as Defense in Javanese Shadow-Play Theater: The Story of Dewa Ruci. Jeanette DeBouzek. Pp. 273-287.

Freud reminded us that while we require a dreamer's associations to uncover the latent meaning of a dream, we can also glean significant information from *symbols*, which have a fixed meaning, independent of the dreamer's associative links. The unconscious similarities between dreams, myths, and folklore have been set forth since the inception of psychoanalytic thought. In this paper, the author examines a Javanese shadow-play from a psychoanalytic perspective. Water, wind, light, and fire are significant symbols in the story. Their meaning is integrated with the dynamics of the tale of Dewa Ruci, involving preoedipal and oedipal conflict. In addition, traditional beliefs and proverbs are cited to support literary evidence. De-

Bouzek also directs her attention to sociocultural perspectives, and demonstrates that the Dewa Ruci story expresses Javanese ideals, while it also represents an effort to resolve unconscious conflicts in both an individual and a group context. For the refined Javanese, quieting one's passions is an ideal, and "mysticism is purportedly practiced to calm one's inward feelings." Here we have one defensive aspect of the activity defined as "mystical experience."

Fig Leaf, Pudica, Nudity, and Other Revealing Concealments. Seymour Howard. Pp. 289-293.

A cartoon from the World War II era depicted two GI's staring through binoculars at a nude woman on a beach. The caption was, "Wouldn't she look great in a sweater!" The author addresses our "cloaking the charged generative centers of our bodies" and the sometimes subtle associated symbolism. Unconscious conflicts are clearly expressed in such "concealments," which the author presents in historical and mythological perspective. The implication is that symbolic components of genital coverings have significant import for all clothing. This brings to mind Anatole France's notion that he had learned more about another civilization from a perusal of its fashion magazines than from an entire array of historical, political, and sociological writings.

Robert Frost's "The Subverted Flower." Margaret Storch. Pp. 295-305.

"The Subverted Flower" is based on Frost's fantasies related to an incident that occurred during his courtship of Elinor White, who later became his wife. An additional component is Frost's relation with his sister, Jeannie, whose progressive mental disorder eventually took the form of psychosis. Cautiously, Frost monitored his own mental processes, fearful of a similar fate. In the poem, as the man experiences rejection of his passionate expressions, his guilt, fear, and rage engender a perception of himself as a brute. Simultaneously, the woman who shuns him is transformed progressively from one who is "richly erotic" to a "pathetic imbecile." Storch hypothesizes that Frost's perception of the rejection by the young woman is linked to his early conflict with his mother. The safety of the walled garden, from the young woman's perspective, is viewed symbolically as maternal. The theme of "protective walls" representing woman is juxtaposed with the intense feeling aroused by the rejecting fiancé and the psychotic sister.

Archetypes of Apocalypse in Dreams and Fantasies, and in Religious Scripture. Mortimer Ostow. Pp. 307-333.

Ostow gives us a lucid, scholarly presentation of clinical material in which apocalyptic experiences are prominent, and of classical apocalyptic literature. The experience is thus examined from the perspective of both individual and group psychology. In both cases, there is an effort to restore balance to profound disequilibrium, generally characterized by feelings of rage and powerlessness. In individuals, the dynamic consists of "the fantasy that the world is or will be destroyed, and that thereafter a deserving remnant will be rescued." Relief is experienced in the fantasy that one's enemies will be destroyed and that the sufferer "will be reborn in a mystical reunion with mother." Ostow deftly presents the political implications in-

volving potentially extreme danger when this process finds expression in a group whose superego functions are yielded to a leader.

Shakespeare's Dream-Stuff: A Forerunner of Freud's "Dream-Material."
Frankie Rubenstein. Pp. 335-351.

The author presents a thoughtful, absorbing account of symbolism in Shakespeare, particularly as expressed in his interest in the "color, form and sound" of words. She points out the unconscious links between puns and dreamwork, and demonstrates how a careful study of Shakespeare's rich use of language gives us a far deeper perspective on the psychological meaning of the plays. Rubenstein enriches her paper with fruitful examples from her book, *A Dictionary of Shakespeare's Sexual Puns and Their Significance*. She also addresses the resistance aroused by the concept of literary symbolism and how this often dissuades the otherwise serious scholar from producing a penetrating study.

Meeting of the New York Psychoanalytic Society

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NOTES

The Psychoanalytic Quarterly at this time wishes to thank, on behalf of its editors and its readers, the colleagues listed below who have contributed to our Abstracts Section during the past year. Their work has involved two functions: choosing which of a vast number of articles in many journals would be of interest to our readers, and, after that, condensing what they have chosen into brief but adequately complete and clear abstracts. Both functions we think they have performed very well.

We have clear evidence that our Abstracts are read and valued by many of our subscribers. That they are so valued is due to the efforts of the persons listed here. Again, we thank them for their good work.

LOUISE DIERKER
MICHAEL L. FLEISHER
RODERICK GILKEY
STEVEN H. GOLDBERG
LUKE F. GRANDE
SHEILA HAFTER GRAY
LEE GROSSMAN
JEROME A. HANOWSKY

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MARIANNE MAKMAN
FREDERICK MEISEL
GERALDINE SCHELLER-GILKEY
ANITE G. SCHMUKLER
JAMES E. STORM
EMMETT WILSON, JR.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 10, 1987. THREE COMMENTARIES ON GENDER IN FREUD'S THOUGHT: A PROLOGUE ON THE PSYCHOANALYTIC THEORY OF SEXUALITY. William I. Grossman, M.D. and Donald M. Kaplan, Ph.D.

Dr. Grossman and Dr. Kaplan presented a prologue to a series of papers they plan to write on sexuality as exemplified by female sexuality in psychoanalytic thought. They believe that being aware of Freud's three ways of talking about sex and gender—his "three commentaries"—is a helpful prelude to understanding his ideas. With respect to female psychology, some of Freud's ideas were not technical. That is, the justification for what he wrote had nothing to do with the psychoanalytic method. His observations of allegedly female and male traits are examples of this, and form what the authors call the first commentary. In a psychoanalytic perspective, a trait is only of preliminary interest, because a trait fails to convey anything dynamic that is of differing significance in the mental lives of different people. Like a symptom, a trait is a point of departure into a whole history of conflict.

There is a second commentary that is only partly technical. This commentary consists of Freud's various well-known narratives of female development. Although

these narratives were put together from observations and reconstructions in the clinical situation, they appear to assume that the discovery of significant nodal points in development is also an account of how these are inevitably traversed and what they signify for developmental outcome. The process of analysis does not simply recapitulate the process of development. To liken development to analysis is a forced analogy made by oversimplifying individual analyses—divorcing a few repeated themes from their dynamic context in analysis and then overgeneralizing them into a hypothetical developmental scheme. A single version of gender development, though gleaned from a multitude of analyses, is at best a statistical finding rather than a psychoanalytic one.

The third commentary on female psychology shows Freud's acknowledgment of this difficulty, and, according to Drs. Grossman and Kaplan, it is technical. This commentary, found largely in Freud's asides and modifying prefatory remarks, emphasizes the variability of development in relation to chance events, parental fantasy, and individual conflicts. The dynamics and complexities of a psychoanalysis of development and outcome are thus retained, surpassing the fixed linearity of Freud's narratives of development and of outcome described as fixed traits. In the light of this third commentary, the development of gender in general and of female psychology in particular is understood according to the same principles of psychoanalytically conceived developmental processes as are symptoms, character, and "libidinal types." Freud's third commentary includes his observations on the technical problems arising in the encounter of gender issues and the clinical method.

DISCUSSION: Dr. Susan P. Sherkow noted that Drs. Grossman and Kaplan took issue with and rejected any form of analytic thinking which categorizes traits or sequences of events in development. They argued that proper analytic technique is predicated upon the idea that, when the analyst listens to a patient, everything is subject to scrutiny. Nothing can be taken for granted; no assumptions about female psychology or sexuality can be allowed to influence the analyst's thinking. The precaution against the use of preconceptions in our analytic work is valid, but it is difficult to apply this to the study of female sexuality. While reductionism and categorical imperatives are to be avoided, there is one category that cannot be reduced: men are anatomically different from women, and the influences of their biological differences on their psychology must ultimately affect the analyst's thinking. Female sexuality, or the difference between the sexes, cannot be analyzed as a state of mind. Unfortunately, in their attempt to convey the relativity of ideas and events, the authors gave way to somewhat reductionistic thinking themselves.

Dr. Roy Schafer focused on Drs. Grossman and Kaplan's second commentary: Freud's having gone too far too soon in universalizing certain sequential and causal features of female development. Dr. Schafer suggested that the authors had not sufficiently appreciated the heuristic and clinical value of Freud's having laid out the three lines of female development (inhibited, masculine, and "normal feminine") as organizing narratives. There is an inevitable tension within analytic work between using story-lines in order to comprehend and assess clinical material and working closely with the individual aspects of each case in a way that allows new factors to be defined. The same tension appears with respect to the categorizations in Freud's thinking that were criticized in Drs. Grossman and Kaplan's first com-

mentary. One consequence of this tension is the interpenetration in the clinical dialogue of the analysand's material and the analyst's pre-established narrative points of view. Dr. Schafer questioned the authors' reference to "actual" development in relation to reconstruction, arguing that all versions of development are dependent upon the theoretical preconceptions and specific methods that select and shape observational data and developmental narratives, both of which may be subsequently presented simply as empirical findings.

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

November 3, 1986. COUNTERTRANSFERENCE AND ANALYTIC PROCESS IN FIVE CLINICAL HOURS. Alan Z. Skolnikoff, M.D.

In a psychoanalysis, the patient is the insider, providing the raw data of the analysis, while the analyst is the outsider, with his interpretations serving as questions to be confirmed by the patient's response. Similarly, in supervision the supervisor's comments are confirmed or denied by the analyst from the raw data of the analysis. Dr. Skolnikoff conducted a "consensual analysis" to study his subjective reactions to a patient in analysis. He would provide Dr. Emanuel Windholz in advance with a copy of the process notes of an ongoing analysis. At weekly meetings with Dr. Windholz, Dr. Skolnikoff would present a monologue of his reactions to the patient during the week before. These sessions were taped so that at their conclusion, he could compare the process notes with his verbal impressions of the patient from the previous week. There was an attempt to reach a consensus on the meaning of the analytic process, with special emphasis on how Dr. Skolnikoff's reaction to the patient influenced his interventions. He looked closely at the "inside-outside" paradox," Dr. Skolnikoff being inside the analytic process and Dr. Windholz being outside. Only in reviewing the analysis of a patient after the passage of time could Dr. Skolnikoff attain a more dispassionate stance on how much his remarks during the analysis were influenced by his involvement with the patient. Although the case Dr. Skolnikoff presented had not been studied through the "consensual analysis" method, he felt it would be useful for the discussants and the audience to study the process notes to discover the analyst's subjective reactions to the patient.

DISCUSSION: Dr. Jerome Sashin focused on the use of countertransference to understand the patient's dynamics. There is still controversy over whether the study of countertransference enhances our understanding of the patient in ways that are otherwise unavailable. In analysis we are able to observe the way certain patients bring psychological pressure to bear upon significant others, including actually playing out certain roles with them. He noted Joyce McDougall's model of the theater, with the analyst as the stand-in for significant people from the analysand's inner world. Winnicott referred to the psychoanalytic capacity for play, in which the psychoanalytic work progresses only through the action of two psychic players. McDougall talked of the analyst's risk of *actually* playing out the role. Dr. Sashin then examined the play enacted in Dr. Skolnikoff's analytic material and asked us to

consider what it tells us about the patient and the analyst. Dr. McDougall had described a paradigm from her analytic experience, which she identified as “cask mother, cork child.” In Dr. Skolnikoff’s clinical material, he described a session which began with him waiting in his office with his door open for eight minutes for the patient to enter, while the patient waited in the waiting room. The imagery of this configuration brought to Dr. Sashin’s mind Dr. McDougall’s “cask mother, cork child” paradigm. Could it be that analyst and analysand were playing this out? In Dr. McDougall’s description of these cases, the analysand is desperately afraid of becoming the instrument of another’s will, just as she or he had been the instrument of an overfeeding, overcontrolling mother in childhood. Dr. Sashin asked whether countertransference might help us understand our patients’ experiences from the preverbal stage. He wondered about Dr. Skolnikoff’s countertransference thoughts, fantasies, and feelings in analyzing the patient whose case he had presented.

Dr. Alfred Margulies discussed the impact of the “consensual analysis” process, that is, the reporting of the analyst’s thoughts about the analysis to a second analyst, whose only task is to listen to the process of the analysis. The aim of consensual analysis is “to get at the treating analyst’s countertransference . . . which the neutral, and only listening, analyst can help unravel.” Dr. Margulies spoke about the paradox of attempting to study introspection, memory, and subjective experience. “Not only are we confronted with minds studying themselves, here we have a method studying itself, turning on its own reflection.” He noted that “the phenomenon of transference will get in the way of our ever being able to make ‘clean’ observations about transference itself. We are in the position of looking into a mirror in the hopes of seeing what we look like with our eyes closed.” He suggested that the patient’s transference and the analyst’s countertransference mold each other and are likely to be complicated by the “looming significance” of the audience that will listen to the presentation of the data that are gathered. How can we differentiate the countertransference that would exist beyond the artifact of all the scrutiny of analyst and analysis? Dr. Margulies wondered if the analyst in the consensual analysis process might be “doomed to become self-conscious,” and, as a consequence, something would be lost. He noted that the countertransference in such a case might reflect the loss of spontaneity, playfulness, life, libido . . . the essence of free association and creativity [which are] synonymous with the ideal sense of the word psychoanalytic. Dr. Margulies inquired whether Dr. Skolnikoff, after completing the study, experienced a sense of relief in regaining the privacy, intimacy, and secrecy “that is necessary for the freedom of psychoanalysis.” He paraphrased Freud, wondering if a “case devoted from the first to scientific purposes and treated accordingly suffered—perhaps a little—in its outcome.”

Dr. Skolnikoff responded to Dr. Margulies by noting that he was enormously respectful and admiring of the analyst who listened to the material. He agreed that this kind of scrutiny creates distortions, with the analyst speculating about what a variety of different people would say if they knew what was going on. He wondered what the study would be like if the process continued with colleagues who were on a par with one another, rather than with one junior and one senior. In response to Dr. Sashin, Dr. Skolnikoff noted an uncanny similarity of this patient’s relationship with her mother to the paradigm “cask mother, cork child,” in terms of the process

of "re-enactment." Dr. Skolnikoff did not raise these issues in the analysis, because at the time, the patient would respond by focusing on the analyst's raising an issue, rather than on the subject itself.

Audience comments focused on the patient's re-creation, with Dr. Skolnikoff, of her relationship with her cold, detached, intellectualizing, preoccupied mother, and on the analyst, doing his job, re-enacting this mother in his relationship with the patient. The countertransference pressure is for the analyst to play out the role of the mother.

KENNETH M. SETTEL

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 3-7, 1989, at the Hyatt Regency Embarcadero, San Francisco.

CHILDREN AT RISK: AN INTERDISCIPLINARY HEALTH CONFERENCE will be held April 8-16, 1989, at the Hôtel de la Paix, Lausanne, Switzerland. The Conference is sponsored by the Department of Social Work Services and the Schneider Children's Hospital of Long Island Jewish Medical Center, New Hyde Park, N.Y., and is open to social workers, psychologists, psychiatrists, pediatricians, nurses, and allied health professionals. For further information, contact: Ann J. Boehme, CMP, Long Island Jewish Medical Center, 400 Lakeville Rd., New Hyde Park, N.Y. 11042; phone: 718-470-8650.

The 66th Annual Meeting of THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION will be held March 31-April 4, 1989, at the New York Hilton, New York City. The theme will be "Changing Families, Changing Responses: Reorienting Services and Programs." For further information, contact: Terri Thal, ORTHO, 19 West 44th St., Suite 1616, New York, NY 10036; phone: 212-345-5770.

The 46th Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 9-11, 1989, at the Ramada Renaissance, San Francisco. For further information, contact: American Psychosomatic Society, 6728 Old McLean Village Drive, McLean, VA 22101, phone: 703-556-9222.

The 12th Annual Convention of the INTERNATIONAL PSYCHOHISTORICAL ASSOCIATION will be held June 14-16, 1989, at Hunter College of the City University of New York. The official language of the convention will be English. For further informa-

tion, contact: Professor Samuel S. Janus, Ph.D., P.O. Box 2247, Charlottesville, VA 22902; phone: 804-971-8086.

THE ASSOCIATION FOR PSYCHOANALYTIC MEDICINE in collaboration with THE COLUMBIA PSYCHOANALYTIC CENTER will sponsor a Symposium on "The Perversions of Everyday Life: New Psychoanalytic Perspectives on the Perverse and Near Perverse in Clinical Practice," to be held March 18-19, 1989, at the Grand Hyatt Hotel, New York, N.Y. For further information, contact Wayne A. Myers, M.D., Association for Psychoanalytic Medicine, 180 East 79th St., New York, N.Y. 10021.

The 5th Conference of THE SIGMUND FREUD CENTER of the Hebrew University of Jerusalem will be held June 12-16, 1989. The subject of the Conference will be "Psychoanalysis and the Visual Arts." For further information, contact: Sigmund Freud Center, Hebrew University of Jerusalem, Jerusalem 91905, Israel. Telephone: 972-2-883380.

ERRATUM: Dr. Ernst Federn has informed us that there were two errors in wording in the previously unpublished minutes of the Vienna Psychoanalytic Society, edited and translated by Dr. Louis Rose, which appeared in Vol. LVII, No. 2 (1988), of the *Quarterly*. The errors resulted from misreadings in the transcription from the original handwritten minutes. On page 151, the sentence beginning on line 15 was printed as follows: "A few examples suffice to remind us of the facts: clothes play a special role, hair, underclothing, ultimately anything possible, can become a fetish, even those things whose connection with the person is not very obvious." The sentence should have read: "... whose connection with the person is not any longer obvious." On page 164, a sentence beginning 6 lines from the bottom, was printed as follows: "In any case, the discrimination of the sense of smell of all these people is important." The word "investigation" should be substituted for the word "discrimination."