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THE FUTURE OF PSYCHOANALYSIS IN ACADEMIC PSYCHIATRY: PLAIN TALK

BY MORTON F. REISER, M.D.

> Be ready to question yourself as well as others. It is essential if you are to enjoy the privilege of doubt. If you leave no room for doubt you will have no room to grow.
>
> KINGMAN BREWSTER, 1973

When I accepted the Editor's invitation to write about the current status and future of psychoanalysis in academic psychiatry, I did not realize how difficult (even painful) a task it would be, especially for someone deeply involved in and dedicated to both.

My paper starts with bad news. Psychoanalysis is in trouble in United States medical schools. With few exceptions, the role of psychoanalysts as educators and the central position that psychoanalytic concepts formerly enjoyed in departments of psychiatry have steadily diminished. The number of bright and caring graduates of psychiatric residencies applying to our Institutes has been declining (Michels, 1988). For both of these reasons, prospects are dim for developing a new generation of medically educated psychoanalytic scholars who would be qualified and welcome to participate in medical and psychiatric edu-

EDITOR'S NOTE: This is the fifth in a series of invited papers on this topic. For previous papers, see the January, April, and July issues for 1988, and the January issue for 1989.

cation—and to serve on Institute faculties, where they could participate fully in all aspects of psychoanalytic education and research. In my opinion, this is a very serious situation. The academic future of psychoanalysis, like that of any other discipline, rests upon the educational and research abilities of its future leaders. Optimally, the next generation of leaders should include in it a cadre of scholars grounded in medicine and biology as well as in psychoanalysis, who could teach in *both* settings. Where are they to come from if the present trend continues?

How could this situation have developed, especially when the intrinsic vitality and intellectual power of psychoanalysis itself remain so strong, and when it is otherwise so widely recognized and appreciated?

Surely there are many external factors involved, but the entire fault may not be "out there." It is time to look into the nature of the problem and to see whether we may have unwittingly contributed to its development. If so, there should be ways in which we could—if we wished—initiate changes that would eliminate or appreciably diminish our part in the problem, and perhaps, even if only indirectly, favorably influence the external factors. The impact of such changes could be strong enough to make a difference in the overall picture.

Accordingly, this paper will attempt, first, to identify factors that have contributed to the development of the situation; second, to clarify what psychoanalysis and academic psychiatry have to offer each other; and third, to formulate some ideas about possible measures that the psychoanalytic establishment itself (particularly its educational arm)[1] might undertake in an effort to lessen the distance that has developed between the two. The paper began with bad news and cannot promise more than

[1] I am here referring to the American Psychoanalytic Association, which has constituted the principal U.S. organization engaged in accrediting the psychoanalytic training of medical/psychiatric graduates.

a hope that good news could come later—if these thoughts, and the ideas that others might develop, point in the right direction, and if appropriate measures can be devised and implemented. But make no mistake about it, *the changes will not be minor or easily accomplished.* Still, the stakes are high—and we are readier now to undertake major changes than we were in the past.

I

HOW DID IT HAPPEN?

As a profession, psychiatry—fully appreciative of the rapidly expanding body of knowledge in neurobiology and its immediate practical applications in clinical psychopharmacology—has been intensively engaged in a process of "remedicalization." The impetus for this has received reinforcement from a variety of other pressures, such as new patterns of reimbursement, cost/effectiveness "criteria," and blurred professional boundaries in the field of mental health. All of this has led to major changes in patterns of mental health care and psychiatric practice, in both public and private sectors. Along with these developments, questions have been raised about the "relevance" of psychoanalysis for psychiatry, some of them reflected in shifting attitudes, values, and policies within the American Psychiatric Association.

How different this current relationship is from that which obtained when psychoanalytically informed psychotherapy of patients suffering from neurotic symptoms and from personality and character disorders constituted a major sector of psychiatric practice. Such treatment was recognized to be helpfully effective (even if less than definitively curative) for these patients. Furthermore, it was intellectually stimulating and gratifying because it was guided by a theory that provided a reasonable conceptual rationale. The relevance of psychoanalysis was clear—it

provided that theoretical foundation. For this group of patients, these things are still true—*that is not what has changed.*

What has changed is that this group of patients no longer constitutes the majority of those under active psychiatric treatment. Nor do they represent the much larger population of more severely ill patients for whom there formerly were few satisfactory treatments available. It is this latter group that presents the major mental health challenge and obligation faced by contemporary society. It is a challenge to which psychiatry could respond effectively—as it has—once advances in neurobiology and psychopharmacology had provided the knowledge, techniques, and therapeutic armamentarium required to do so. These advances have led to improved diagnostic accuracy and have extended the range of effective (even if less than definitively curative) psychiatric treatment to the larger and more seriously disabled population of patients, including those with major affective disorders, psychoses, substance abuse, panic disorders, and most recently, severe obsessive compulsive disorder.

Note that the expanded empirical data are primarily in the biological sector. Given that states of mental health and illness can be fully understood and comprehensively managed only when their psychological, social, and biological dimensions are understood, there is no sound reason for abandoning attention to any one of these dimensions, or for declaring one or another of them irrelevant in respect to the others. In principle, progress in the biological dimension—no matter how impressive and immediately useful in practice—should not crowd out or preclude consideration of the other two, particularly since the drugs are not universally or fully effective even in those conditions that respond with substantial symptomatic improvement. It would seem paradoxical, then, to find that there is even less attention being paid to psychosocial issues and more doubt about the relevance of psychoanalysis in many medical school departments of psychiatry than in the general psychiatric com-

munity.[2] Nonetheless, that is frequently the case. Why? There must be additional factors.

To begin with, the problem is compounded for departments of psychiatry because of the vastly increased amount of information to cover. They are responsible for covering a broad curriculum in a relatively limited amount of time: for medical students, basic behavioral science in the preclinical curriculum, psychopathology and clinical psychiatry in the clinical years; for residents, the expanding knowledge base and technical skills required for the already described widening scope of contemporary psychiatric practice (Reiser, 1988).

Additional Factors

In a jam such as this, some things have to give way and they will, of course, be the ones with the least amount of faculty support. You can well imagine that junior and mid-level faculty appointment decisions tend to favor psychiatrists who are comfortable working on short-term clinical services where the pressures of time preclude serious consideration of psychoanalytic principles—where the pace of the work is, in fact, incompatible with it. It should be noted also that residency training takes place in these settings with the more disturbed and disadvantaged population of patients mentioned above. The faculty who run these services (and serve as role models for the residents) do so under time pressure and cannot ordinarily devote much attention to psychodynamic issues. Understandably, they cannot ordinarily be expected to evince much positive interest in a psy-

[2] It is correspondingly paradoxical when psychoanalysis tends to look away from advances in the biological dimension. As noted later, relevant new biological facts pose important questions in respect to theories of etiology, pathogenesis, and therapy. Answers to the challenge of reconciling new biological information with information from the psychological and social domains should enrich psychoanalysis. Serious response to this challenging opportunity will require collaborative efforts. These, in turn, should work to lessen the estrangement and reduce the distance that has developed in recent years.

choanalytic approach, and few of them speak for it in curriculum committee debates. Nor do they offer encouragement to residents interested in psychoanalytic training and practice.

What, then, about senior faculty, top leadership? Isn't that where values, principles, and tone are really set, or at least powerfully influenced and guided? The answer is yes. But here again we run into the unpleasant fact that much too often psychoanalysis encounters active opposition and unfriendliness—not just indifference and lack of enthusiasm and support. As mentioned earlier, there should, in principle, be no reason for this. As a matter of fact, I am certain that the majority of academic leaders are sincerely committed to a "biopsychosocial approach"; but even among them, there are many who exclude psychoanalysis from discussions of the psychological dimension.

Later I will enumerate what I think are strong and logical arguments for why psychoanalytic information is needed, and suggest how it might be comfortably and appropriately folded into medical student and residency curricula. But I realize that psychoanalytic concepts and principles, no matter how well founded, may not gain acceptance in biased, dismissively rejecting atmospheres. Bias may, of course, arise in a variety of ways. But some of it may be rooted in circumstances of our own making. If so, we should be able to take steps to rectify it.

An appreciable number of now senior academic leaders (including some chairmen and former chairmen) whose attitudes toward psychoanalysis have been quite negative are *graduates of approved psychoanalytic institutes*! But none of that number are members of the American Psychoanalytic Association, and none of them currently practice psychoanalysis or identify themselves as analysts. Yet each one of them was a serious and enthusiastic candidate, motivated strongly enough to complete training and to graduate. During training, most of them enjoyed and found gratification in analytic work with patients, but now they are dismissive or explicitly negative. What went wrong?

This now senior group belongs to an "in-between" generation in respect to their analytic careers. They trained in psychiatry

during the time when psychoanalysis occupied a central position in academic departments. Most of their mentors and chairmen were psychoanalysts who encouraged them to undertake analytic training in addition to developing expertise and advanced skills in research. There was a general expectation their careers would flourish in both tracks (as had been the case for their mentors). This did not turn out to be true: they did become chairmen and authoritative leaders in medical school departments, but they did not advance to senior ranks in psychoanalysis.

The important point is that they did not encourage their students and mentees—many of whom have in turn become chairmen and academic leaders—to undertake psychoanalytic training. It is these two "generations" that are now setting the tone. But there is more than indifference to account for; there is also antagonism. This is where we may bear part of the responsibility.

There are several ways in which encounters with membership and certification policies and procedures of the American Psychoanalytic Association could have set the stage for some of these reactions. The requirement of a certification procedure for full membership after graduation from an accredited Institute has not been easily accepted.[3] As is well known, some graduates turn away without applying, and already feel unwelcome. Those whose applications are not successful may, in addition to being disappointed, respond by feeling unfairly and inappropriately judged.

I realize that this is sensitive ground, and I appreciate the complexity of the problem. We all recognize the fact that the membership and certification policies and procedures arose out of a need to achieve important goals and protect sound principles. They were designed and adopted to establish, protect,

[3] Specialty Board examinations were for a long time resisted in many clinical departments, not only in psychiatry. During the period under discussion there was still a good deal of moral support for faculty who declined to take "outside" certifying examinations.

and maintain the highest of educational and professional standards; and the Association is widely recognized and respected for just that. But the fact is that *the procedures themselves may, albeit unintentionally, have alienated a group of psychoanalysts whose qualifications as scientists, educators, scholars, and physicians meet (indeed set standards for) the highest criteria of excellence in academic psychiatry*. To the extent that a "psychoanalytic presence" and a respect for the discipline by academic leadership is important, this represents a serious loss—a "lost generation" of outstanding scholars (lost to psychoanalysis, that is). Their disenchantment resonates with (and is amplified by) that of many attending faculty who attest to similar experiences with similar results: namely, disenchantment eventuating in antagonism. Taken together, the combined influence of these two groups on student and resident attitudes is considerable. For this reason, it is important to call attention to this issue for the purpose of stimulating serious consideration and discussion. I will return to it, along with additional related issues, in the closing section.

II

THE CONTRIBUTIONS OF PSYCHOANALYSIS TO ACADEMIC PSYCHIATRY

Before further discussion of problems, let us first review our considerable assets to *explicate the value and relevance of the unique contributions that psychoanalysis as a body of knowledge can make to psychiatric education*. It is important to psychiatry that these contributions not be lost (Reiser, 1988), and it is important to psychoanalysis that psychoanalysts participate in ways that will render their participation maximally useful and effective. Such an inventory should help answer questions about how and where these contributions could be accommodated in current psychiatric education programs—despite the reality pressures under which these programs operate. With such information in hand, it should be easier to confront the problem of bias as a

separate issue and to inquire into possible ways of neutralizing it.

What are the uniquely important contributions psychoanalysis can offer? Where and how can they be fitted into broader departmental and medical school programs?

Compilation of such an "inventory" can start with a question. What does psychoanalysis look like from outside? The answer is that it is seen as—in fact, is—many things:

A. A method of investigating the human mind.
B. A theory, actually two theories: one general, the other clinical—each heterogeneous rather than unified (Wallerstein, 1988).
C. A method of psychotherapy.
D. A profession, i.e., a way of making a living.
E. Several professional organizations—most, but not all, administratively "free standing" in relation to medical schools and universities.

These represent quite different aspects of "psychoanalysis"; they may be more or less closely interrelated—and may vary in relative importance, depending upon context. As will be noted shortly, this will turn out to be very important when considering where and how the discipline may fit into *various medical school and university contexts*. Since the first three aspects listed above encompass or define the scope and content of psychoanalysis as a discipline or body of knowledge, they are the ones that will be of primary concern in this discussion.

A Method of Investigating the Human Mind

The psychoanalytic process as an empirical method of studying the human mind yields observations about:

1. Mental functions—how the mind works (e.g., conscious and unconscious mental processes and mechanisms).
2. Mental contents—what is in the mind (e.g., conscious and

unconscious thoughts, ideas, fantasies, memories, meanings, motives, etc.).

3. Subjective experience (e.g., affects).

4. Interrelationships within and between mental functions, contents, and subjective experience.

There are numerous inferences, hypotheses, and theoretical formulations that have been drawn from these observational data.[4] Various ones bear upon, and can be brought into close articulation with, ideas from a wide variety of disciplines, fields of interest, and endeavors, ranging from basic and applied life sciences at one end to basic and applied social sciences, humanities, and arts at the other. While these inferences and theories all bear upon the human condition, and while taken together they have had fundamental and enduring impact upon all aspects of contemporary culture and thought, they are not of equal or immediate interest to all. The fact that they are not points up an issue of central importance to the main topic under discussion in this paper. It is that inferences drawn from different aspects of psychoanalytic data vary in the amount of interest and appeal valence they hold for different aspects of medical school and department of psychiatry activities. Clearly, the fact of these differences in centrality of interest has implications for anticipating which parts and phases of curriculum can be expected to be more or less receptive (see Asch and Marcus, 1988).

Consider, for example, the fact that medical practice, research, and education draw predominantly—almost exclusively—upon facts and methods from within the domain of the natural sciences. This means that for all practical purposes, the canons of natural science provide implicit background values and set benchmark criteria of relevance for most of the disciplines represented in the life and activities within medical

[4] Collectively, they constitute a heterogeneous set of ideas which, though ordinarily referred to as "psychoanalytic theory," should not be approached as if it were a theoretical entity comprising a body of consistently interrelated hypotheses.

schools—clinical as well as preclinical.[5] For inferences, hypotheses, and theories to be taken seriously in this setting, they must ordinarily:

1) have captured the interest and imagination of basic or clinical science investigators in such a way as to be regarded by them as having the potential to enrich and widen the scope and significance of their own research;[6] and/or
2) have come to be regarded, at least in principle, as being potentially testable by methods of natural science—either in the psychoanalytic context itself (Edelson, 1984) or in interdisciplinary research (Grünbaum, 1984; Holzman, 1985; Reiser, 1984); and/or
3) have given rise to treatment methods and techniques—aspects of the clinical art—that are of demonstrable effectiveness according to pragmatic criteria of contemporary "mental health delivery."

A Disclaimer

The "inventory" that follows has been drawn up for the immediate purposes of this discussion. Please keep in mind that it is organized according to the "criteria of acceptability" listed immediately above, and so reflects (my impression of) the implicit value judgments of the particular context under discussion. Similarly, the way in which I have arranged, categorized, and evaluated psychoanalytic information in this paper has been shaped by the particular task at hand, namely, that of identifying the most appropriate and promising fit for psychoanalytic

[5] It is true that many principles derived from social and introspective psychological science bases (such as ethnic differences in response to pain, therapeutic importance of doctor-patient relationship, etc.) are of recognized practical value when applied in the clinic. But even so, they tend to be regarded as being of limited importance unless they can be related—at least in part—to information from the basic medical/biological sciences.

[6] This may develop out of respect for the analytic scholar(s) who introduced them to the ideas through either publications, presentations, or personal contacts.

contributions to psychiatric education. It is selective to accord with its purpose, and not meant to be comprehensive or generalizable to other contexts.

1. Mental Functions

Information about mental mechanisms and processes fit in quite well, especially in the preclinical basic science sector.

Inferences and hypotheses drawn from observations about *how the mind works* (e.g., in memory and perception) literally cry out for corresponding inferences and hypotheses about *how the brain works; how it enables the mind to do what it does*. This is a fertile field for mutual conceptual enrichment and potential interdisciplinary research with neuroscientists. All of them, by the way, are intensely interested in how the mind works. Cognitive psychology and cognitive neuroscience (including information processing and artificial intelligence) are already extensively engaged in such work and making great progress. What a promising beachhead for re-establishing a place and role for psychoanalysis in the medical school! Cognitive neuroscience is a field that needs and welcomes creative ideas, particularly of a nonreductionist variety such as those which psychoanalysis, as a method, is in a unique position to provide. For example, cognitive psychologists and cognitive neuroscientists are fully aware of the fact that a vast amount of mental activity takes place outside of consciousness, but with few exceptions (e.g., Shevrin, 1973, 1978; Shevrin and Dickman, 1980), they are not prepared to deal with repression and "the dynamic unconscious" in their research. Yet many of them recognize its importance and are receptively open-minded.

This is not to imply that psychoanalysts need to be neuroscientists, or that neuroscientists need to be psychoanalysts: *how the mind works* can be studied without regard to the brain, and *how the brain works* can be studied without regard to the mind. But fully satisfactory understanding of mind/brain cannot be

achieved without taking into account the information provided by the entirely different instruments and observational methods of both domains (Jackson, 1878; Holton, 1970). That task will require scholars conversant with both to point the way toward such integration and synthesis as may be possible—within the limits of the complementarity principle (Edelheit, 1976).

2. *Mental Contents*

Information about mental contents per se does not directly fit in quite as well, particularly in preclinical years.

Inferences from observations of mental contents draw heavily upon semantic and linguistic dimensions, upon sociocultural significance of meanings, and upon symbols, myths, beliefs, and conflict configurations, etc. These content-based inferences (along with the accumulated wisdom from the clinical art) are highly valuable and immediately useful when applied in the clinic, e.g., as in helping to understand the psychoanalytic dialogue and the use of psychoanalysis as a method of treatment. Inferences derived from neuroscience are less immediately useful in the clinic. Accordingly, the content-oriented inferences are more central than mechanism-oriented inferences to the interests of clinicians (and of researchers when they are working as clinicians). Content-derived hypotheses also articulate more readily with the interests and concerns of scholars in the social sciences, humanities, and arts than they do with those of preclinical medical scientists who go primarily by the canons of natural science. Perhaps this is why psychoanalysis, despite its clinical relevance, is currently generating and enjoying more collaborative interest in the wider university community than it is in medical and psychiatric settings.

Information about mental contents fits in more comfortably with teaching in the clinical years.

Clinical skills that rest on psychoanalytic principles can be quite appropriately fitted into the clinical phase of medical/psy-

chiatric education. In fact, they are very much needed there. On the whole, these are principles and skills whose heuristic value has been so well established by clinical experience as to be taken for granted. This being the case, they can be listed without much discussion:

1) Interviewing principles and techniques.
2) Psychodynamic diagnosis and formulations—diagnosis beyond DSM III-R.
3) Formulation of treatment goals and strategies, based on Item 2. Principles of psychoanalytically oriented psychotherapy.
4) The doctor-patient relationship, transference, countertransference, and empathy.

Items 1 and 4 are important for medical students as well as for psychiatric residents, 2 and 3, mainly for residents. All are matters for which busy ward chiefs and clinic directors have little time, as noted earlier, and sometimes little interest. Nonetheless, they will be critically important in practice, and most psychiatric residents are eager to learn about them. Clearly, they are things that psychoanalysts are particularly well qualified to teach. Psychotherapy supervision and seminars can be fitted conveniently and appropriately into visiting clinical faculty schedules; but, as already mentioned, negotiating adequate time for them is a separate and serious problem.

3. and 4. Information about Subjective Experience (Affect) and Its Interaction with Content and Mechanisms

This information falls somewhere between the other two. At present there are two main types of theoretical formulations drawn from clinical observations about interactions between affect, mental contents, and mental mechanisms.

1) Conflict theory.
2) Developmental theory.

Insofar as these hypotheses are based on observations of affect and mental mechanisms, they articulate readily with empirical neurobiology; and insofar as they are based on direct observations of behavior at different stages of development, they articulate readily with empirical behavioral science, including developmental psychology and pediatrics. Accordingly, there are aspects of them that should fit comfortably into medical school settings. At the same time these "empiricist friendly" theoretical issues merge into an intermediate zone of issues that are less readily approachable by empirical methods. (As will be developed later, this intermediate zone can be regarded as offering challenging opportunities for interdisciplinary collaboration, rather than as a source of alienation.)

Conflict Theory

Conflict theory, because it encompasses concepts of affect (particularly anxiety) and defense, can and should articulate directly with the physiology of stress, alarm, and adaptation. In fact, the affective significance of meaning is inextricably involved in the function of neuroendocrine and neuroimmunologic systems that are known to play such key roles in the psychophysiologic and physiopsychologic mechanisms of health and disease. Here is another "natural"—a territory to be regained in both preclinical and clinical years.

I say regained because it was firmly entrenched when pathological physiology of organ systems (rather than cell and molecular biology) constituted the predominant background theme in internal medicine. Transient and reversible changes in patterns of physiologic function in organ systems (e.g., the cardiovascular) relate readily to transient and reversible states of affect. The "good old days" for psychoanalysis were the days when there was high interest in psychosomatic medicine. Fashions have changed in medicine, too, but nature and patho-

physiologic processes have not. What has changed is that it is more difficult to relate psychodynamic phenomena to the function of single cells than to the function of organ systems (Blois, 1988).

Yet, organ systems are still with us and so are psychodynamics. Isn't this a worthy challenge, both in education and in research? And isn't this a natural place for psychoanalysis to participate? Of course it is, but there is one caution to sound. It is that potential medical psychiatric collaborators are primarily interested in observational data and data-close inferences that can be experimentally tested. Note, however, that this can be true even of some metapsychologic concepts when they can be transcribed so as to generate empirically testable hypotheses (for example, see Reiser, 1984, Chapters 8 and 11).

Developmental Theory

The following (rough) historical account attempts to trace the relationship of psychoanalytic developmental theory to its empirical base, and accordingly, to assess how the issues it deals with might be fitted into contemporary medical/psychiatric education and research. In order to limit the discussion to this particular issue, the account has been framed in a schematic and selective, rather than in a detailed and comprehensive, way.

Developmental theory in psychoanalysis developed originally from retrospective "reconstructions"—inferences drawn from adult patients' transferences and reminiscences of childhood. These were supplemented first by self-observations of early analysts during their own analyses, by semi-casual observations of their own and friends' children, and by literature, myth, and folklore. Later there were direct observations of disturbed children in play therapy, analysis, and psychological testing, and observations of healthy and disturbed children by pediatricians, teachers, social workers, and other caretakers and observers in a variety of social situations and cultures. Still later, inferences

drawn from more systematic cross-sectional and longitudinal observations of healthy and disturbed infants, children, and adolescents were added on.

From early on, differences of opinion on a variety of issues developed, and differing schools of thought began to appear. But until sometime roughly around the 'sixties, the diverging schools of thought took their points of departure from a common or shared conceptual base. This base consisted of a core set of fundamental concepts that recognized social, cultural, and interpersonal, as well as intrapsychic forces—and encompassed elements of instinct/libido, topographic, and structural (including adaptational and conflict) theory. The evidential roots of this core conceptual base range from myths and anecdotes at one extreme to carefully documented observations at the other—with all layers of objective/inference ratios in between. Only a small part of the observational base could articulate with the basic sciences; nevertheless, the core concepts and related clinical wisdom that had accumulated over the years were regarded as having considerable face validity and practical utility by most pediatricians and child psychiatrists.[7]

Then major influences coming from developments outside psychoanalysis began to exert increasing pressures for change. They included rapid development of basic and clinical neurobiology and extensive technological and methodological advances that made it possible to obtain reliable qualitative and quantitative observations of cognitive, affective, behavioral, and physiological development in infancy and early childhood. In addition, there were related developments within psychoanalysis—several groups of analytic investigators began to apply neurobiological information and the newly developed experimental techniques and methods in psychoanalytically informed (frequently interdisciplinary) studies of infants and children. Work of this nature finds a ready and welcome place within

[7] The situation in regard to the psychoanalytic theory of psychopathology, which, of course, includes developmental considerations, was roughly parallel. It will be discussed in the next section.

medical school programs. And the topic offers ample opportunities for psychoanalytic participation in both education and research (see below). In the few places where such programs exist, cordial collaborative atmospheres are already well established.

Here the history of developmental theory merges with that of clinical theory, including psychopathology and therapy.

Clinical Theory

This, too, began to change at about the same time (in the 'sixties). In practice, psychoanalysis was being applied to an increasingly broad range of patients, including those with borderline and narcissistic character disorders. Clinical experience with these patients drew increasing attention to—and placed greater emphasis on—the roles of transference, countertransference, and empathy in the treatment process, which led to increasing scholarly interest in pregenital factors as major influences in personality development and in psychogenesis of psychiatric disorders. This eventuated in the emergence of suggestions for major changes in theory—revisions that stand in opposition to fundamental, formerly shared core concepts in developmental and clinical theory.

Is there still "one psychoanalysis," as Wallerstein (1988) suggests, or many—a more fundamentally fragmented body of theory, as Rangell (1988) argues? Does it matter? In the context of this discussion, it does. These developing theoretical differences are not readily amenable to resolution by empirical test and hence are of little immediate interest in the medical school setting at present. Nor do they represent the most important insights that psychoanalysis can contribute to medical/psychiatric education. It would seem better to spend time on the more cogent things we do have to offer.

I do not, however, mean to imply that we should deny for ourselves that psychoanalytic theory may indeed be "a theory in crisis," as Edelson announces in the title of his thoughtfully provocative book (1988). In the context of psychoanalysis as a disci-

pline, these issues do matter. As a matter of fact, the gathering theoretical uncertainty may be all for the good. As we know, situations of increasing theoretical uncertainty occur in all sciences. When the time is right—i.e., when extant theory can no longer accommodate the still growing body of *empirical* data —the failure of theory to account for data can generate constructive "revolution" (Kuhn, 1962). But I do not mean to imply that such a precious moment is already at hand, or that there is only one way to hasten its arrival. All the same, it does seem to me that the pressures of the medical setting do point in an appropriate and highly promising direction, a direction guided by the assumption that the most satisfactory revisions of theory are the ones based on logic supported by empirical evidence rather than upon logic (and/or rhetoric) alone.

This is not to say that the methods of natural science comprise the only access to truth. Rather, it is to say that they predominate—and most appropriately so—in medicine and general psychiatry. Even the (most nearly) pure "psychological" problems we encounter are brought into our offices by, and inextricably embedded in, people's bodies, and vice versa. Even though it is unlikely that the mind will ever be fully explained by physicochemical brain science, it is still people that we treat, not problems or disorders. People *are* their brains *and* bodies *and* minds. Literary texts—no matter how interesting—are not our patients. Use or application of psychoanalytic principles in hermeneutic pursuits seems to me to be highly appropriate, valuable, and mutually enriching clinically as well as intellectually. But taken alone, hermeneutics does not, in my opinion —any more than does neuroscience alone—define, in its entirety, the essential character of psychoanalysis as a discipline or as a profession. It behooves us, as members of a healing profession, to try to understand this mysterious and baffling mix of mind/brain/body as best we can, and to bring our understanding of mental life into as close an approximation to the rest of biological knowledge as may be possible.

Let me try to explain what I have in mind. The issues involved in the contemporary fragmentation of clinical theory

have already been carefully reviewed by Rangell (1988). I am in full agreement with his conclusion that "[t]here is an alternative to the method of gains and losses, advances and undoings. There has also been, although less heralded, a straight and, to me, *enduring line of forward development of psychoanalytic theory*" (p. 328, italics added). Later he adds, and again right to the point I wish to make, "Straight-line cumulative theory allows for all changes necessary to accommodate new *facts*" (p. 338, italics added). Nowhere is this principle more clearly exemplified than it is in the collected writings of Hans Loewald (1980), who has been able to embrace important new ideas and—at the same time—incorporate them into existing theory in ways that are mutually enhancing.

But that is not, for the most part, what has been happening in recent years. Rather, new paradigms and "schools" have been proposed more on the basis of rhetoric and authoritative pronouncements about the meaning of clinical—already familiar rather than entirely new—information. These developments justify important shifts in emphasis and suggest highly useful modifications of technique for some patients and some phases of treatment. While the latter represent forward movement and a "new, more modern look," it is not clear that new paradigms are required to accommodate them. Where there are new data, such as those from infant and early childhood observations, they have sometimes been taken as justification for abandonment rather than revision of existing theory. But this may be premature, in that these new data, no matter how accurate and reliable, may not be precisely relevant to the issues in question. In other words, the experiments that yield the data often do not constitute valid tests of the hypotheses called into question; most often, they were not even designed with that as their primary purpose. It is better, I think, in the medical school context, to build on the considerable strengths, intrinsic empirical value, and interdisciplinary potential of such work rather than to burden it with dimensions of "empiricist-unfriendly" theoretical controversies that it cannot settle.

Infants cannot tell us in words what they experience. Observa-

tions from the outside, no matter how astute and cleverly designed, cannot fully illuminate what is inside, i.e., the infants' inner affective and cognitive processes and mental contents. But these are just what are at issue. Many of the important theoretical controversies that currently occupy center stage pertain to preverbal epochs and experiences to which we can never be privy directly; nor can they be resolved in the abstract. As noted earlier, most clinically derived developmental/clinical theory involves retrospective inference and reconstruction from current observations of verbal children and adults. These inferences can be extrapolated in a backward direction to postulate what may (very well) have happened and/or have been in the infant/preverbal child's mind. Can such retrospectively constructed "narrative truth" actually exist in the adult mind as "psychic reality" and play a role in guiding unconsciously determined behavior, and in the development of character and clinical symptoms? Can it be distinguished from actual "historical truth" (Spence, 1982)? If so, how? Which version are we to regard as having actual power to influence behavior, character formation, and symptom formation? I submit that we do not know and will not know without more data.

III

WHAT TO DO?

More psychoanalytic research is needed. Who will do it?

What I have been trying to say is that there are important research questions to be addressed, for example, the one cited above concerning incongruities between clinically based retrospective inferences on the one hand and experimentally based inferences on the other. This question and others of equal interest and importance[8] constitute robust challenges for research that belongs in medical school settings. Admittedly, the problem of designing and developing scientifically valid empir-

[8] For examples: evaluation of therapeutic effects of psychoanalysis as therapy; development of principles for combining it with pharmacotherapy and of methods for evaluating the combination; defining the nature of the psychoanalytic process.

ical methods for approaching such questions is formidable. It need not be impossible. *There are already some highly talented and qualified psychoanalysts working on these and related problems, and making encouraging gains. It can be done. But there are too few of them, and, with few exceptions, they work in relative isolation, not truly or fully secure in either psychiatric or psychoanalytic establishments.*

If there is to be more telling research, there will have to be more qualified investigators. And if there are to be more psychoanalytic investigators and educators, more viable and realistic career tracks than presently exist will have to be developed. A large part of the responsibility for this will rest with psychoanalytic educational institutions. But there are problems about this in both establishments. How very unfortunate for both. And how very unfortunate for students and residents, for the basic and applied mental health sciences—and for the patients who depend upon them now and in the future!

The problem can be characterized as one stemming from mutually unfavorable educational climates.

Ambience Problems

As noted earlier, some of the responsible factors may have been of our own making. Can anything be done about them? Many things have changed since certification and membership policies and procedures were first developed. Circumstances that formerly may have rendered particular aspects of them appropriate and necessary may no longer obtain. If so, it would be worthwhile to initiate discussions aimed at developing modified policies that would be more realistic without sacrificing important goals. For example, full membership might be automatic upon graduation, with certain responsibilities (e.g., those of training and supervising analysts) still requiring special certification.

Additionally, there are attitudes and policies both in academic psychiatry and in psychoanalytic education that bias powerfully against development of psychoanalytic/psychiatric investigators. In academic psychiatry, for example, there are problems of

tenure—promotion criteria and publication expectations, time and money requirements of analytic training, etc. In the psychoanalytic establishment there is little to encourage candidates with academic research interests to expect to attain senior status on Institute faculties. To state it bluntly, as matters stand, young people with research interests in psychoanalysis are not likely to find warm welcome on either side. This issue, like the one of certification, is complex and difficult. Both issues call for more extensive discussion than is appropriate or feasible here, but there must be a better way!

CONCLUDING COMMENTS

It would be wrong to imply that all of the problems are ones of ambience and bias. There are separate internal policy, resource, and political problems on both sides, and these would have to be solved in each of the settings before a cadre of career psychiatric/psychoanalytic scholars could ever be developed.

In this paper I have attempted to:

1. Establish that the goal of developing such a cadre of investigators is one that warrants thoughtful attention and effort.

2. Indicate that the effort would have to be a collaborative one between academic psychiatry and psychoanalysis; that the problem of mutually distancing bias would first have to be overcome and mutual respect re-established.

3. Suggest that, for our own part, we might start by attending to internal problems that may be working against the goal.

Despite the difficulties, I believe that it should be possible to restore and maintain an appropriate balance between psychological, social, and biological emphases in psychoanalytic and psychiatric research and education. This discussion can end on a faint but clear positive note. It is that there are examples of outstanding individual and departmental collaborative (psychoanalytic/psychiatric) successes in every single aspect of education and research that has been mentioned in this paper. Although they are few, they demonstrate nonetheless that it can be done. Studying the instances of success should be both en-

couraging and helpful in identifying guidelines for the work to be done.

Finally, it should be noted that the American Psychoanalytic Association *is* aware of, sensitive to, and concerned about these problems. The Fund for Psychoanalytic Research of the Association (made up by voluntary contributions of its members) was established to support serious research in psychoanalysis. It has a salutary effect and stands as an exemplary model, but much more will need to be done in respect to obtaining funds. Similarly, research forums (e.g., the George S. Klein Research Forum) and panels have been developed and supported. The Ad Hoc Committee on University and Medical School Education has been studying the same issues that are addressed in this paper. The Committee on Scientific Activities has formulated new research-oriented guidelines for case reports—one of the most productive sources of new data and observations in psychoanalysis. By-laws of the Association have been modified to permit the training of research and clinical scholars from a wider variety of disciplines than was previously possible. All of the above kinds of efforts will have to be expanded if more ambitious goals are to be adopted.

Perhaps the time IS now!

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CARDIAC PREOCCUPATIONS

BY EUGENE HALPERT, M.D.

The meanings and role of the heart in the psyche are explored through the presentation and examination of detailed material from the analysis of a patient who was preoccupied with the idea that he was going to die of a heart attack.

The heart is one of several internal body organs whose adequate functioning is essential to human life. In some measure its mental representation and psychological significance must relate to this biological fact. In addition, as other illnesses which were prime causes of death have been brought under control or eradicated by advances in medical science, death for cardiac reasons has become ever more frequent. This reality has also contributed to the emotional significance of the heart. In the United States, concern with cardiovascular fitness has reached such proportions that the diet and exercise patterns of large numbers of people are influenced by it. While proper diet and exercise to facilitate cardiac fitness most often are adaptive and life-sustaining measures, concern about the functioning of the heart can in many instances reach neurotic proportions. It is the purpose of this paper to explore the meanings and role of the heart in the psyche of one analysand who had such a cardiac preoccupation. It is hoped that this will contribute to further investigation and increased understanding of the psychological significance and meanings of the heart.

Given the prevalence not only of organic illness but of neurotic cardiac concerns, the relative paucity of papers dealing with the heart in the psychoanalytic literature is somewhat surprising. (It should be recalled that Freud was among those who suffered from cardiac preoccupations.) Indeed some of the most relevant material is not to be found in papers whose prime

concern is the heart but as incidental material in papers where the focus is on other issues.

In general, the analytic or analytically oriented literature on the heart may be divided into three groups: papers concerned with psychological issues connected with coronary heart disease or cardiac symptoms; those studying the psychological effects of individuals undergoing cardiac surgery; and those primarily concerned with the heart as a symbol. The work of Dunbar (1943) and Arlow (1945) are typical of the first group. Dunbar associated coronary occlusion with hardworking people who possess a competitive, perfectionistic, and masochistic personality and who give an outward appearance of self-sufficiency. On the basis of a series of psychiatric interviews, Arlow wrote about identificatory mechanisms in male patients with coronary occlusion. He felt that these men were uncertain about their masculinity and that they had made only "spurious" and "partial" identifications with their fathers. Bacon's (1954) work may also be grouped here. She reported on the analyses of eight men and four women who had cardiac pain. She concluded, "A very common psychodynamic situation in which the development of cardiac pain is observed is the coincidence of oral desires with anxiety aroused by oral guilt" (pp. 9-10).

Castelnuovo-Tedesco (1970) and Blacher (1983) have both written on issues related to cardiac surgery. Castelnuovo-Tedesco reported on a male patient who developed a transient psychosis after receiving a heart transplant. He discussed these events in terms of body image and ego integrity and wrote of a feared and wished-for fusion "with the oral mother image." Two discussants of Castelnuovo-Tedesco's paper felt that the surgery had the unconscious significance of cannibalizing a woman. Blacher wrote about modern cardiac patients awaiting surgery. He emphasized their denial of death via fantasies of resurrection and rebirth.

Fenichel (1945), Waelder-Hall (1946), Schneider (1956), Barchilon (1964), Garma (1968), Halpert (1980), Reichbart (1981), and Schneck (1958) all dealt with the symbolic meaning of the

heart, though usually only briefly. Of these, only Fenichel and Reichbart stressed the bisexual meaning given to the heart. Reichbart (1981), in a speculative paper, formulated heart-breast and heart-penis equations. Waelder-Hall, Schneider, Schneck, and Garma commented only on the phallic significance of the heart, while Barchilon and Halpert noted only its vaginal and maternal significance. Schneider, in addition, postulated the existence of an unconscious psychic representation of the heart in the form of a "sonic image." It should be noted that none of the previous papers in the literature presented detailed material from the psychoanalysis of an adult patient with cardiac symptoms or preoccupations.

The literature leaves many basic questions relatively unexplored and unanswered. For example, how and when is the heart most likely to become the focus of intrapsychic conflict and fantasy leading to neurotic cardiac preoccupation? How and when does a child under average expectable circumstances become aware of and begin to form mental representations of the heart? How does the mental representation of the heart affect the mental representation of the body, and vice versa? Unfortunately, it is easier to ask these questions than to answer them.

One can only speculate that in the course of development children would first become aware of, form mental representations of, and potentially have conflicts over those internal bodily parts of which they are most likely to have some perceptual awareness. For example, they can feel their heart beating while febrile, anxious, or excited, and can feel or hear various parts of the gastrointestinal system. Other, perceptually silent body organs such as the liver, prostate, and ovaries probably do not contribute to mental representations until later. However, the precise sequence and chronology of the development of mental representation of internal body organs is uncertain. Of course, childhood illness involving any internal body organ would present a special cirucmstance providing bodily sensa-

tions as well as other experiences, i.e., physical exams, tests, and words and expressions of parental concern which would affect awareness and mental representations, and potentially serve as a focus for fantasy and conflict. Illness involving an internal organ in a parent, sibling, or someone else in a child's emotional world (including pets) can also alter the developmental course of mental representation of body organs and serve as a focus for conflict. It is just such a case of a patient with cardiac preoccupation whose parent had had a long history of cardiac illness that will be presented for exploration and study of these questions and issues.

Mr. X, a businessman in his thirties, was preoccupied with the functioning of his heart. These preoccupations, although present for many years, had intensified dramatically following his father's death from a myocardial infarct a few years before X began his analysis. His father had been obese and had developed angina pectoris during X's boyhood. He had his third and fatal coronary when X was in his twenties. Following his father's death, X was haunted by the fear that he too would die of a heart attack. He consequently began to run great distances trying to "prevent death, to prove that I am young and won't die." This response of seeking control through active mastery was typical of him.

X had unconsciously hated his mother for her attempts to control his bodily functions early in his life and his general physical activity later on. During his latency and prepubertal years she had forced dancing lessons on him, and during adolescence she had refused to allow him to play football. In his mind these actions of hers confirmed that she wanted him fat and castrated like his father. This contributed to a passive attachment to her as a regressive substitute for phallic oedipal competition. Thus, he competed with his fat, ill father for his mother's care and nurturance.

Early in the analysis, X presented explicit sexual material with an overt or very thinly disguised positive oedipal theme. He did

so in an isolated intellectualized fashion in order to gain a sense of mastery in the face of an unconscious fear that he would be castrated and killed in the analysis. These initial associations could be seen as a kind of sacrificial offering. In telling me of his sexual thoughts he was trying to appease me by giving me what he thought I wanted. A great deal of the initial work of the analysis dealt with these defensive modes. It should also be noted that, as is commonly the case, the blatant oedipal material at times defended against preoedipal concerns and threats.

As various aspects of his positive oedipus complex and his defenses against experiencing and integrating them were being worked on, elements of his negative oedipus complex and feminine identification began to emerge. He recalled that while living with a woman years before he

> once put on a pair of her panties. The bulge of my penis and scrotum in her panties disturbed me when I looked at myself in the mirror. I thought that a woman is freer than a man because she has nothing there to hurt. . . . When I was twelve or thirteen I'd get an erection watching women dancing on TV, seeing the slight bulge in their panties. I guess it was their pubic hair. I felt like I didn't want to have a penis. Why did I have such a weird thought? It was like a penis was a weapon that I would hurt the girl with. My mother? Why did that dart into my mind? I thought intercourse with her would really hurt her. My heart is thumping.

In a later session he had further associations to the bulge in the girl's tights:

> It excited me. I felt threatened by a woman's genitals. When I was fourteen I went to a prostitute. She undressed and spread her legs. I was scared. It was so horrible. So ugly. I was impotent. It was like I was afraid of losing mine. . . . It's crazy. I thought a vagina was like a mouth. It would bite mine off and I'd be left with nothing but a stump. A vagina is like a pit. My penis disappears in it. I can't see it when I look down during intercourse.

In addition to illustrating the intensity and pervasiveness of the patient's oedipal conflicts and castration anxiety, the preceding material illustrates his identification with both male and female, victim and victimizer, castrator and castrated. These identifications, together with his associated guilt-laden oedipal conflicts and fears of retribution, contributed substantially to his cardiac preoccupations. Some of the meanings of these cardiac concerns were elucidated in a series of interrelated fantasies and dreams.

In one session he reported the following:

> I had intercourse with my wife last night and just before I was going to ejaculate my penis slipped out. I had trouble getting it back in. . . . I finally was able to and when I shot I had pain. [The pain was located in his perineum and the base of his penis.] I was so scared that I saw a urologist this morning. . . . He said the pain was psychosomatic. I thought maybe another doctor would find something wrong physically. Then I realized that I wanted him to find something wrong. It's a punishment. I thought God is punishing me for thinking about hurting my mother with my penis. God! Now I'm getting pains on the right side of my chest. Before, I was getting them on the left side, and I thought that it was my heart. Maybe I'm having [pulmonary] emboli. My father had them just before he died. . . .

Both positive and negative oedipal wishes, retributions, and identifications were condensed in this series of symptoms. Unconsciously, wife and mother, penis and weapon, intercourse and incestuous sadistic sexual assault, were equated. In defense his penis "slips" out, and he experiences pain in place of pleasure at the moment of orgasm. It is the pain associated with castration by a vengeful father-God. Simultaneously, the pain represented vengeful castration by his phallic mother-God whom he feared would kill him with a heart attack (literally attack his heart) as he imagined she had killed his father during intercourse. Both fantasies are included in his transient somatic

transference symptoms on the couch, in which his heart was equated with both a phallus and a vagina.

Primal scene fantasies provided another context for his cardiac preoccupations. Transference derivatives of these fantasies, in conjunction with his cardiac concerns, were prominent. For example, he came early to one session and was afraid that he might see and recognize the patient who preceded him and might in turn be seen and recognized. He recalled his panic at age eight when he had seen his mother's genitals, "her pubic hair," and his terror at age fourteen when he had seen the prostitute's genitals. He subsequently recalled fantasies "of a prostitute sucking on my penis and biting off the head. I could imagine the blood spurting from the stump." He wanted to see and was afraid to see in my office, just as he had a mixture of fascination and fear in his primal scene experiences. He was afraid of the female genital not only because the sight of it actualized castration for him but also because he projected his own oral-sadistic fantasy of revenge and acquisition of an idealized parental phallus onto it and onto women.

Further associations to being in my waiting room were memories of sleeping in the bedroom next to that of his parents, listening for sounds, hearing his father take showers after intercourse, and having the idea that he did so because there were bacteria in the vagina which would infect and eat his penis. These memories and fantasies were in turn associated with his father's heart attack. He listened for sounds of labored breathing which he associated to both sexual excitement and death. He berated himself for not having heard a change in his father's breathing just before his death that would have alerted him to impending disaster. Had he been so alerted then, he would have, according to his fantasy, been able to rescue his father from death.

Transference fantasies became ever more explicitly derivative of primal scene experiences. He had a fantasy in which he saw me having intercourse with the female patient who preceded

him. He identified with the woman and associated to having seen his father on top of his mother.

In the next session he said:

> I had a physical reaction to yesterday's session. I felt weak and dizzy as I got up. My abdominal muscles were tense. I had been tensing them as I spoke of my anger at my father. I wanted to scream in anger and I suppressed it. . . . I remember my father threatening me with his belt. . . . I've had palpitations here and off the couch too. My father had angina.

Thus he imagined me as he saw his father on top of his mother, felt the pressure of my (his father's) body on him, and feared what I would do to him in an imagined primal scene battle. He felt a mixture of rage, excitement, envy, and fear. He unconsciously revenged himself as he imagined that his mother did: by eating away at his father's insides, giving him angina. He then feared he would be given angina in retaliation. Simultaneously, he derived unconscious masochistic pleasure from his identification with the victim. Among the many masochistic thoughts that he had was the idea of victory through surrender and pain. He expressed the thought that "my numerous athletic injuries are my way of showing that I am a warrior who has been in battle." In this vein he once had challenged a feared bully to hit him in the arm as hard as he could, boasting that he could take it without even wincing.

As his cardiac preoccupations appeared with increasing frequency and clarity in the transference, he reported another fantasy:

> I had a coronary and called you and said, "You see, it's real." Then I had another one one month later, and the doctor calls and tells you that I couldn't go back to analysis. That it was too much strain for my heart. . . . I missed you over the weekend. . . . I want you to be my father . . . and my mother. I imagined that you would comfort me. It makes me feel childish, like I was saying I was heartsick not seeing you. Like I

> wanted both to escape from you by being sick and to be sick like my father so you would care for me like my mother cared for him. I've had a recurring fantasy of having a heart attack and being in an intensive care unit. My mother is called and takes care of me.

He also had rectal pains and his associations to these enhanced the understanding of his chest pain. During one session he said:

> I feel pain in my rectum now. Sometimes I have pain with my bowel movements. . . . I think of homosexuality. Of a penis going into the rectum and it being painful. . . . My father had a rectal fissure with severe pains. . . . Once again I have a pain where my father had it. Like my chest pain. I had a fantasy that I was admitted to the hospital for severe rectal bleeding. I ask to call you on the phone because you are the only one who could help me. . . .

In this fantasy his anus had replaced his heart. He identified with his symbolically castrated father in regressive submission to a phallic female. In his unconscious, all blood-filled muscular organs—heart, vagina (during menstruation), penis, and bleeding anus—were linked.

The various unconscious bisexual meanings of his heart were elaborated further in dreams and fantasies. He dreamed that someone was after his daughter with a knife. "I protect her, and my hand is slashed and bleeding." He associated the knife with his penis and his daughter with his genital. He was cut and bleeding, castrated in retaliation for his masturbatory incestuous desires for mother and father. The bleeding hand was another in the series of images of cut and bleeding body parts; his penis cut and bleeding from the prostitute's teeth and his anus bleeding and about to be cut. Another subsequent association was "you shouldn't bite the hand that feeds you." This association led to the memory of a picture of himself at one and a half years of age "with long curls like a little girl." Thus the bleeding hand was also his mother's and the knife represented

his teeth. He wished to bite her for encouraging his passive feminine longings, which he dreaded.

Next in the series of dreams and fantasies which bore on the meaning of his heart was a nightmare:

> My daughter had been raped. . . . I picked up a shovel and hit the one who had done it across the chest and laid open the skin. . . . Then I was horrified and wanted to take him to the hospital. . . . Hitting a man in the chest and laying open his skin reminds me of a surgeon's initial incision . . . and of a vagina. You part the labia and there is redness inside. . . . In the other dream I was slashed, my skin laid open. . . . Last week my wife was beating my daughter. I winced in pain as she was hit. I felt guilty that I didn't interfere but felt that my wife was right. At the same time I was enraged at her. . . . My father beat me with a strap across my buttocks and then with his hand. . . .

Seeing his wife beat his daughter revived childhood scenes of his father beating him and the sadomasochistic fantasies which accompanied the beatings. He identified with both the child and the parent and was sexually excited at both the idea of beating and of being beaten. In his dream these sadomasochistic wishes were expressed in the image of castrating the man, who represented the patient himself, by laying open his chest (creating a vagina) with a shovel.

His wish to replace father in the primal scene, his fears of castration, and his feminine identification were most often expressed in relation to his heart. For example, he reported:

> I was jogging yesterday and felt my heart was going to burst. . . . I thought "Fuck you Dad. I'm going to beat you." Then I realized that the pain was on the right side and it went away. . . . I've had the thought, "You fat old man, you gave me a bad heart." I had wanted him to be perfect so that he would be protected from my criticism, my fury . . . when he would chase me out of my mother's bed.

This rivalry with father was complemented by negative oedipal

conflicts and a regressive preoedipal pull toward mother. "My mother was always making demands. She would warn 'your heart is going to burst' if I so much as ran around the block. I was afraid to exercise."

The series of dreams, fantasies, memories, and transference reactions bearing on this cardiac preoccupation led to a transference fantasy in which he feared that the analyst would cut his heart out. This idea emerged after he had seen a drawing of a knife-wielding Aztec priest holding up a heart while the victim lay dead on an altar. For several hours after that he had been uneasy, thinking of the couch as a sacrificial altar and of me plunging a knife into his chest and tearing out his heart. He was extremely distressed that "such a nonsensical wild idea" had occurred to him.

The thought of the analyst as a knife-wielding Aztec priest who was going to cut his heart out was a precipitate, in the transference neurosis, of his conflicts over his oedipal jealousies, rivalries, aggressions, and identifications. Although there were many pictures of various other sacrificial rites that the patient had seen, it was the depiction of death by heart extraction that had affected him so deeply. (There was no art or object in my office or in the building in which I practiced that was connected with the Aztecs or with any sacrificial ritual that could have served as a stimulus or bridge for this fantasy.) He incorporated this particular Aztec ritual so readily because it fit well with his own fantasies. In addition, the disparity of cultures simultaneously allowed him to maintain a defensive distance from his own affective experience. He had begun the analysis unconsciously terrified that he might be castrated on the couch and had obsequiously given me what he thought I wanted; rather florid sexual memories, fantasies, and feelings. It was with this focus on his obsequiousness, isolation, and intellectualization which surround this sexual material, together with work on his relationship to his wife, children, colleagues, and analyst, that the various fantasies, dreams, and transference manifestations related above emerged. The dreams of injury to various

body parts—hands, anus, chest, and, most frequently, heart—seemed to set the stage for the fantasy of having the heart cut out as the analyst's sacrificial victim.

Before proceeding with the discussion of this clinical material, I should like to propose that a study of the ancient ritual which had such a powerful effect on this patient might yield insight not only into the psychology of the Aztecs, but into the role of the heart in human psychology in general. The heart played an unusually large role in Aztec religious ritual. Although they practiced "at least six different methods of human sacrifice; extracting the heart, immolation, shooting with arrows, beheading, the destruction of children and autosacrifice" (Brundage, 1979, p. 212), heart extraction was by far the most common form. These extracted hearts were later cooked and eaten by the priests.

Examination of the details of these rituals makes the oedipal rivalries, identifications, and fantasies seem explicit. Even nonanalytic students of Aztec culture, such as Soustelle (1970) have noted this. He wrote:

> All the relevant descriptions . . . convey the impression not of a dislike between sacrificer and the victim nor of anything resembling a lust for blood, but of a strange fellow-feeling or rather of a mystical kinship (p. 99).

One such relevant description is Sahagun's (Anderson and Dibble, 1950-1976). Sahagun recorded that the captor said:

> "Shall I eat my own flesh." For when a man took a prisoner he said, "Here is my well beloved son." And the captive said, "Here is my revered father" (Vol. II, pp. 52-53).

After a battle:

> Captives were . . . welcomed [by the ruler] as brothers and god offerings. . . . When the ruler himself had taken a prisoner, this captive, laden with jewels . . . was borne back from the battlefield in a litter. As the "son" of the ruler he was accorded

> every honor. . . . When finally sacrificed, this captive was dressed as the sun god himself, and his skin stuffed with cotton was kept in the palace for many years. (Brundage, 1979, p. 204).

The practice of the sacrifice of a son (or one felt to be a son) by a father in God's service is not unique to Aztec religious history or ritual. We are more readily familiar with it in the stories of Abraham and Isaac and of Jesus.

La Barre (1972) noted that "behind the legend of Abraham and Isaac lies the old Semite practice of child-sacrifice, surviving in Phoenician Moloch-worship into historic times" (p. 558). Stein (1977), in an analytic exploration of the Abraham and Isaac story, commented:

> Neither the displaced sacrifice of the totemic ram . . . nor the "token" ritual offering of the foreskin in circumcision served as an adequate substitute for the continually valent repressed wish that would be satisfied with nothing less than full elimination of the son—either through the father's envy of the son's threat, or through the son's need for punishment due to guilt over envy of the father (pp. 656-657).

This mutual identification of sons and fathers, of each with the other's envy and guilt in the unconscious murderous oedipal competition, seems to be applicable equally to the ritual of Aztec priest (the "revered father") and his sacrifical victim (the "beloved son"), in which the heart might be seen as substitution for the foreskin of the circumcision rite.

Leaving these speculations aside and returning to the case of Mr. X, it is difficult to say at precisely what age his awareness of his heart began and what the earliest mental representation of it was. His father had begun to have anginal symptoms when X was about seven and had his first coronary when X was nine. It was learned that X was consciously aware of the heart at the onset of his father's symptoms and had begun to believe that the heart could be "attacked" and that such an "attack" could

kill. The atmosphere at home intensified his sense of danger and threat. Because of his father's angina and subsequent heart attack, patterns of family living changed, with added stress on keeping things quiet and calm. He understood these changes as being indicative of the vulnerability of his father's heart to "attack" and believed that any behavior, activity, or noise that disturbed father could kill him. These circumstances stimulated a heightened awareness of his own heart. This increased awareness led, via identification, to the activation of a talion fear because of his unconscious murderous wishes toward and competitive phallic envy of his father. His mother's earlier warning that his heart would burst if he exercised too vigorously (unconsciously understood as a castration threat for masturbation and accompanying fantasies) also contributed to fears that his own heart would be attacked like his father's. As he progressed from one developmental stage to the next, the age specific vicissitudes of the interplay between ego, superego, and id contributed further meanings to the heart. Regressive preoedipal expressions of oedipal and postoedipal conflicts, fantasy, and imagery all became associatively linked to his mental representation of his heart.

Depending upon what conflict occupied center stage in his mind at any given time, and the concurrent balance of id, ego, and superego forces, the mental representation of the heart might resemble an engorged erect penis or a blood-filled, menstruating female genital, a blood-filled hemorrhoidal anus or a biting, acquiring mouth, or even a reasonably accurate representation of a heart. As each new layer of meaning had been added and old meaning and fantasies had been reworked, the meanings of the heart had become ever more layered, and the intrapsychic representation of the heart contained an ever-widening range of interrelated conflicts and fantasies. When his father finally died of cardiac causes, the already unstable shifting balance of forces and representations became even more unstable and threatening due to the actualization of his murderous wishes and the consequent intensification of his se-

vere need for punishment. His already serious cardiac preoccupation intensified to intolerable proportions, ultimately leading him into analysis.

Similar overdetermined cardiac images are to be found in the classic early report of the analysis of a seven-year-old boy by Jenny Waelder-Hall (1946). Although her focus was on her patient's night terrors, little Anton also "complained of piercing heart pains which appeared suddenly" (p. 189). Anton, like Mr. X, developed transference fantasies involving cardiac operations. He became extremely jealous of and aggressive toward the adult male patient who came after him. Waelder-Hall reported the following interchange:

> . . . [Anton] asked, "If the patient is operated on, won't he come here anymore?" "What sort of operation?" "But he is going to have an operation, his breast will be cut open, here over the heart." "Why do you think that I am going to operate on him?". . . . I tried to get more details of his fantasy and learned that after the operation "the water which he drinks does not come out below anymore but comes out here" pointing to the heart region (p. 203).

Anton, like Mr. X, had been repeatedly exposed to the primal scene and was, in fact, still sleeping in the parental bed at the start of the analysis. He also had interpreted intercourse sadomasochistically, and his father had directly threatened him with castration for masturbating. Waelder-Hall traced his cardiac concerns to several dynamic precipitants. Anton had noticed a thin playmate's heart pounding in his chest when the two of them were nearly caught in the midst of a sexual game. He had also noted his own palpitations when he was sexually excited. "His father's words, 'such games are bad for your health,' gave him the idea that the palpitations must be a manifestation of heart disease caused by sexual games" (p. 219). Additional factors in Anton's fears about his heart were "his mother's nervous heart condition; and the death, long before his birth, of his baby sister from a congenital cardiac defect" (p. 219).

Waelder-Hall felt that Anton identified the heart with the genitals, and she interpreted his cardiac symptoms as a self-punishment for his positive oedipal wishes to gain mother by killing father and replacing him. She did not note or comment on his identification with his mother and dead sister and the role they played in his cardiac preoccupation.

SUMMARY

The origins and development of mental representations of internal bodily organs are, in general, difficult to discern. This is so even in the case of an internal bodily organ such as the heart, which is more readily perceived than most other body organs since its beating can be felt and heard. It is even true in the case of individuals in whose psyche the heart comes to play an inordinately prominent role. It was so in the case presented in this paper, the case of a man who was preoccupied with the idea that he was going to die of a heart attack, as his father had. It required a great deal of analytic work to uncover some of the underlying conflict-laden factors which lay behind his cardiac preoccupations. Those conflicts and fantasies that were uncovered derived from many developmental layers, but seemed to be organized around a central bisexual conflict resulting from the threat of castration for both positive and negative oedipal wishes. The two main unconscious mental representations of the heart in his case were as an erect, pulsating penis and as a blood-filled vagina, although other representations such as a bloody anus also existed.

A relatively accurate, realistic mental representation of the heart probably evolves slowly during the development of any individual and is probably always distorted somewhat by infantile unconscious concepts along the way. In a situation where a parent has had a cardiac illness, and particularly when this illness occurred during the individual's childhood, the mental representation of the heart can be even more distorted than

usual by the developmental conflicts that are intensified by the parental illness.

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Further Thoughts About "Nothing"

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FURTHER THOUGHTS ABOUT "NOTHING"

BY LEONARD SHENGOLD, M.D.

Some meanings of "nothing" are delineated according to their acquisition, confluence, and transformation in the course of the child's development of drives, the ego, and object relations. This sketch is illustrated mainly from King Lear.

Lewin (1948) declares that "nothing" can refer to the female genital. The child feels that the penis is something visible and tangible, while the female organ is felt to be a "hole" created by castration. Lewin's observations reflect an old and established Freudian point of view about an early developmental phase of bodily perception and cognizance during which the vagina is "undiscovered." Observers of children and contemporary theorists have raised doubts about this assumption and have suggested a very early proto-awareness of a vaginal place within—at least by the little girl. Whatever awarenesses exist in early life, in clinical practice one sees in older children and adults of both sexes a devaluative equation of the female genitals with "nothing"—this is frequently accompanied by anxiety. Young children probably have individual and differing notions about the existence of the female internal genitals. At some point genital awareness develops and subsequently becomes subject to repression and distortion. Abrams (1974) suggests that "nothing" has meanings that change as the mind proceeds through developmental stages of ego and drive; these can be glimpsed in analysis. About his patient, he concludes:

> Clinically . . . . differing and presenting developmental phases determined differing meanings: 'Everything' was the omnipotent mother, the valued feces, and the envied penis, while

> 'Nothing' was the helplessness of separateness, flatus, and the absent phallus (p. 115).

Psychoanalysts derive meanings of "nothing" from not quite satisfactorily coordinated vantage points pertaining to the unfolding and maturation of the drives, the structure of the mental apparatus, the psychic defenses, and the development of a sense of self and of relationships to others. (Slap [1979] illustrates that "feeling like nothing" can be a vicissitude or an end product of a variety of intrapsychic conflicts.)

In Chapter 7 of *The Interpretation of Dreams,* Freud (1900) hypothesizes that the primal defensive effort is an attempt at automatic instantaneous eradication of awareness of pain (or "unpleasure") in the form of a negative hallucination. This defensive "nothing" is primal—the hypothesized first individual manifestation of nothing (one which occurs after the nothingness-and-everythingness of the womb). Out of the negative hallucination comes the early defensive mode of devaluation which develops into mechanisms of defense (like repression) and alternates with the related early defensive mode of idealization. (I conceive of both modes working in conjunction with the mechanisms of introjection and projection—see Shengold [1988]). Devaluation presses toward "nothing," and idealization toward "everything." I want to illustrate a specific meaning of "nothing" and of "nothing" as contrasted with "everything": the all-or-nothing system of values of the early narcissistic period which is part of the beginning of preoedipal "nothings." My material is from *King Lear.*

"Nothing" is a word that resounds through *Lear.* In the first scene, Lear is presented in regressive narcissistic dotage. He is giving away his kingdom to his daughters and yet expects somehow to retain his power. In a "second childhood," he assumes he can simultaneously get rid of and retain, split and keep whole, eat his cake and have it. He wants to undo natural order, to divide up his kingdom, to reverse the generations—demanding that his children flatter him and promise him gifts

and care. He wants to be *the* favorite, the omnipotent child. He expects the most from his favorite daughter, Cordelia. The two older daughters praise and promise fulsomely; Cordelia, who is being sought in marriage by the Duke of Burgundy and by the King of France, responds honestly and differently:

> LEAR: . . . Now, our joy,
> Although our last, not least; to whose young love
> The vines of France and milk of Burgundy
> Strive to be interess'd; what can you say to draw
> A third more opulent than your sisters? Speak.
> CORDELIA: Nothing, my lord.
> LEAR: Nothing?
> CORDELIA: Nothing.
> LEAR: Nothing will come of nothing; speak again.
> CORDELIA: Unhappy that I am, I cannot heave
> My heart into my mouth: I love your majesty
> According to my bond; no more nor less (I, i, 82-93).

Cordelia expresses her disquiet about her father's oral-narcissistic demands and her sisters' mirroring "opulent" promises in oral imagery (expressing her disgust?) and rejects the false promise of the proffered gifts. She is wise and loving and, unlike her two selfish sisters (who are less loved, or unloved, by their father), can care about and give to others. Cordelia's "nothing" means "not everything." She sees that the infantile Lear, like Narcissus, wants the unattainable. And she senses he is demanding more than she can give—he requires that the tie between the parent and the child continue to be primary—a symbiotic bond that would put her father before her husband. Lear wants his daughter to be his perfect mother, his nurse full of milk. Of Cordelia, Lear says:

> I lov'd her most, and thought to set my rest
> On her kind nursery . . . (I, i, 123-124).

According to Lewin's interpretation of "nothing," the confrontation scene between Lear and Cordelia with its repeated "nothings" can be seen as a portrayal of a child who wants milk

and sexual gratification from the mother and instead feels presented with "nothing"—the rejecting breast and the female genital which he takes to be castrated. These equations with "nothing" mark the child's involvement with frustrated rage, castration anxiety, and retaliatory devaluing hatred toward the mother.

Since Cordelia is frustrating his needs and evoking his anxiety, Lear reacts by hating and disowning her. He has demanded the omnipotent good mother. Her "everything" is needed in part because he must neutralize the destructive fury to which he is subject; Lear's quick rage is both a characteristic emotional defect and a frustrated response to his declining powers. He needs maternal comfort in relation to both his overstimulation and rage, and his fears of impotence and castration. The typical cannibalistic intensity of Lear's rage is literally evident in his banishment of Cordelia. Lear says:

> Here I disclaim all my paternal care,
> Propinquity and property of blood,
> And as a stranger to my heart and me
> Hold thee from this for ever. The barbarous Scythian,
> Or he that *makes his generation messes*
> *To gorge his appetite* [= eats his parents or offspring]
> shall to my bosom
> Be as well neighbour'd, pitied, and reliev'd
> As thou my sometime daughter (I, i, 113-119, italics added).

In the earliest stages of the development of object love, the mother who does not fulfill the infant's needs invokes a terrible and terrifying rage which is then projected upon her—thus it is Cordelia whom Lear depicts as the cannibal. She has withheld the words full of narcissistic promise that he required—an oral gift that would have meant to Lear a "bosom" that had "everything." Deprived of this, the oral-sadistic Lear (the entire play is full of cannibalistic imagery) feels that Cordelia is "nothing,"

and he negates the existence of his "sometime" breast/mother. The "everything-or-nothing" value system of the early narcissistic period of development is not compatible with the tolerance of tension, or with love. Separateness from, and the subsequent transforming internalization of, the parent is yet to be accomplished.

There is a sense in which the play is about the development and maturation of an infant, and so it contains a subsequent anal development of "nothing" and of "everything." The fecal product can stand for the ultimate reductive meaninglessness of shit and wind, or for the creative product and "divine afflatus" of idealized anality. (I have dealt with this extensively elsewhere [Shengold, 1988.]) In *Lear*, the anal significance of nothing is brought out most fully in a later scene with the king, the fool, and Kent. Goneril has instructed her followers to neglect the king. Kent, in disguise, trips up her disrespectful servant, Oswald, and is given money by the pleased Lear. The fool promptly gives Kent his coxcomb "for taking one's part that's out of favour" (I, iv, 98-99), and chides the king for giving his daughters all his living. Lear threatens him with whipping, and the fool reproaches the king in anal imagery:

> Truth's a dog must to kennel; he must be whipp'd out, when Lady the brach [= bitch hound] may stand by the fire and stink (I, iv, 110-112).

The fool then administers a sermon in verse on the necessity to keep *and control* one's power, money, and appetites:

> Have more than thou showest,
> Speak less than thou knowest,
> Lend less than thou owest,
> Ride more than thou goest,
> Learn more than thou trowest,
> Set less than thou throwest;
> Leave thy drink and thy whore,
> And keep in-a-door,
> And thou shalt have more

Than two tens to a score (I, iv, 117-126).

(Kittredge [1940, p. 139] paraphrases this: "A string of prudential maxims: 'Don't show all the money you have. Don't tell everything you know. Don't lend your last penny. Don't tire yourself out with walking when you have a horse to ride. Don't believe everything you hear. Don't stake at the next throw of the dice all the money that you have just won. Give up drinking and licentiousness and remain quietly at home instead of gadding about. Follow these precepts and your savings will increase'.")

These are essentially "anal" maxims which encourage proper sphincter control. They prompt Kent to say, "This is not altogether fool, my lord" (I, iv, 150). And the wise fool tells Lear that he has:

> madest thy daughters thy mothers; for . . . thou gavest them the rod and puttest down thine own breeches . . . (I, iv, 170-172).

The fool describes Lear's anal presentation that has given the king's daughters the power to castrate him. After Lear has been rejected by both of his older daughters and turned out upon the heath in the storm, he, in his madness, sees half-naked "Poor Tom" and himself as castrated by daughters; again, "nothing" is sounded:

> LEAR: . . . nothing could have subdu'd nature
> To such a lowness, but his unkind daughters (III, iv, 67-69).

In his adversity Lear learns the fool's lesson:

> FOOL: . . . now thou art an O without a figure. I am better than thou art now; I am a fool; thou art nothing (I, iv, 191-193).

An "O without a figure" not only evokes castration here, but also the emptyness of the oral, anal, and genital mouth. In the course of the play, Lear experiences maturation and taming of his impulses. His narcissism is curbed. In the storm he sees that

man is nothing to destructive Nature. He is "unaccommodated man . . . a poor, bare, forked animal. . . " (III, iv, 105-106). Lear has lost his kingdom but finds out what it is to be a man; he discovers the terror and wonder of what lies between "everything" and "nothing."

In his suffering Lear learns to value the love of and for Cordelia (the good mother). Having lost her, he now knows she is infinitely precious. When they are reunited in captivity, he can feel that, even if stripped of everything, one can be happy if one loves and is loved. To Cordelia in prison he says: "We two alone will sing like birds i' the cage" (V, iii, 9). In the most moving lines in the play—and perhaps in all literature—Lear laments the dead Cordelia. Through his deprivation and suffering he has attained a full sense of what it is to love—and thus can feel loss as a man and no longer as an infant. Lear says to Cordelia's corpse:

> . . . Thou'lt come no more,
> Never, never, never, never, never! (V, iii, 308-309).

The five iterations of "nothing" in the first scene, full of destructive rage and denial, have been transmuted by love and acceptance of tragic reality to the five iterations of "never" in the last scene.

The repeated "never" hammers home the poignancy and terror of irreversible loss (which evokes castration as one unconscious meaning of death); and, returning to the significance Lewin attributes to "nothing," castration anxiety is one reaction to the sight of the female genitals by the child. The image and metaphor of "blindness," so important in *King Lear*, would affect the viewer in part by the unconscious equation of the putting out of the eyes with castration, specifically in relation to incest (Oedipus' blindness) and to forbidden seeing (the primal scene and the sight of the mother's genitals). Lear's figurative blindness is based on his selfish, narcissistic values. Like Oedipus (and like the maturing infant), he learns to see and know

only by suffering adversity and renouncing his omnipotence—his kingdom.

The importance of "seeing" (looking and knowing) is underlined by Lear's enigmatic last words which end the "never" speech. He is describing Cordelia, whose body he is holding in his arms:

> Do you see this? Look on her, look, her lips,
> Look there, look there! [Dies] (V, iii, 311-312).

It may be that part of the effect of these lines, whose meaning has been much debated, has to do with their reference to the female genitals ("lips") and the unconscious communication of the fantasy of accepting and loving the female sexual organs. The terrifying castrated and castrating "nothing" has been transformed by the power of love to the precious and the wonderful.

The infant must learn to love others through the mother, and then she must be given up. The mother's loving care enables the child to withstand frustration and pain and to achieve love. This is all we have to calm the storms of destruction in Nature without and in human nature within. The good mother, like Cordelia, gives the child his due, does not promise everything, and lets him go. By being able to sustain the loss of his kingdom, his Eden, the child can himself exchange the primal all-or-nothing values for those that encompass the knowledge of good and evil—a renunciation that makes us human.

But being human means being subject to death—a terrifying nothingness which perhaps we cannot ever quite accept. In his thoughts about *Lear*, Freud equates Cordelia with Death, and Death with the Mother evoked by the dying Oedipus—Mother Earth. The poets (Sophocles and Shakespeare) have expressed our craving for a kindly reunion with the mother who once meant "everything":

> We might argue that what is represented [in *Lear*] are the . . . three forms taken by the figure of the mother in the course of

> a man's life—the mother herself, the beloved one who is chosen after her pattern, and lastly the Mother Earth who receives him once more. But it is in vain that an old man yearns for the love of woman as he had it first from his mother; the third of the Fates alone, the silent Goddess of Death, will take him into her arms (Freud, 1913, p. 301).

Vain as the yearning may be, it represents our (woman's as well as man's) inexorable lifelong attempt to reconcile "everything" and "nothing."

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Neglected Classics: Twenty-Nine Years After Hartmann's "Psychoanalysis and Moral Values"

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NEGLECTED CLASSICS: TWENTY-NINE YEARS AFTER HARTMANN'S "PSYCHOANALYSIS AND MORAL VALUES"

BY VANN SPRUIELL, M.D.

There is always a conglomerate of reasons to do anything, and not long ago all of them came together to get me to re-read Hartmann's little book. Among the reasons were some that had to do with psychoanalytic education, although there were no immediate teaching needs. Do candidates still read the book? How many institutes require it? What do candidates think about the possible and actual roles psychoanalysis might take in matters of ethics and morals? What goals "ought" analyses have? When I was a beginner, what did Hartmann's book mean to me? Later—did I remember what was in it or just confabulate? What might be seen now but not then, or, if seen, discarded for one reason or another?

Here is the way I remembered the book. It was thorough, it was careful. So reasonable. It drew a distinction between taking a neutral moral stance technically and one's own personal values. It disposed of any grandiose roles for psychoanalysis, e.g., developing a *Weltanschauung*, or a unique *psychoanalytic* system of ethics. Unequivocally scientific in stance, it qualified assertions about almost everything else. It was hard to read because of its Germanic use of English. As far as I was concerned, it was ponderous and mercifully short.

Over the years psychoanalytic Germanic locutions have come to exist more or less comfortably side by side with my own literary heritage. To read Hartmann is less a chore now—in any event, the style of the prose is irrelevant. What matters is the thoughtfulness, sophistication, and—I cannot think of other appropriate words—*modesty* and *dignity* of thought.

Before 1960 the psychoanalytic world was swirling with incompatible ideas. Ideologues tried to link themselves with Freud—at least with impostors or dismembered parts of the Freudian corpus: from Marcusian Marxism to Fromm's tamer version; from this or that kind of Existentialism to Erikson's sunny humanism; from optimistic, pragmatic American interpersonalism to "peak experiences" and Brown's Hieronymous Bosch. All were enmeshed in values (including anti-values), especially moral values.

And so was mainstream Freudian psychoanalysis.

"Psychoanalysis, as a psychology of the central problems of personality, is naturally in constant contact with the moral feeling and moral judgment of man," began Hartmann (pp. 9-10). And the rest of the book went on to explain why and how and what the limitations were (and are). It was one of Freud's great contributions that he understood the necessity to take a technically neutral moral stance, to the degree possible, in order to examine this "central" feature of the personality. This technical demand—insofar as it is possible to fulfill—is to be sharply distinguished from ultimate questions of right and wrong. For Hartmann, right and wrong are quite *real*, not illusory. They are simply not qualitatively determinable by any scientific method, including the psychoanalytic. It is also real and valuable, he said, that humans have their own moral codes, even if so seldom honored, and their own *Weltanschauungen* (usually translated as practical folk philosophies, but interpreted by Freud in a special sense as something that explains *everything* totally). But psychoanalysis can no more produce cosmic laws or plausible *Weltanschauungen* than it can guarantee happiness.

Hartmann had no trouble demolishing the confusion of technique with thought, which still exists; he ridiculed the misunderstandings of analysis even by analysts. His sharpest missiles were directed toward a kind of melioristic thought particularly characteristic of Americans. "The case in which one uses his analytic knowledge in the service of what he recognizes to be his

personal philosophy is clearly not questionable. [But] I have in mind those whom one might well call 'hidden preachers.' They actually preach their own philosophies, their own old or new values, or old or new religions (camouflaged with analytic terminology), while pretending to teach analysis, and present what are their own '*Weltanschauungen*' as logically derived from analysis" (pp. 23-24).

In quick sketches, he covered the areas of ego and superego analysis that have to do with moral and ethical issues in life: their existence, changes, momentum, consistency, conflicts with other values, dynamic uses, relations with codes held by family, society—and analyst. He discussed the contagiousness of value systems, and what he called "value-irradiation," both functioning according to primary process. Various pretenses, excuses, rationalizations, and other defensive maneuvers are mentioned. Of particular interest is the linking of moral imperatives with propensities for *action*; the possibilities of this line of thinking are too complex to be detailed here.

The rational limits of psychoanalytic thought about morals and ethics were drawn in a way very similar to those formulated recently by the philosopher, Bernard Williams (1985), in his *Ethics and the Limits of Philosophy*. Williams makes a compelling case that there are limitations of philosophy in any attempt to create a non-deistic ethical system. In his view, this is one example of the *limitations of philosophy in general*. Nevertheless, he believes that philosophy can contribute a part of such a system. I was surprised to have forgotten that Hartmann did not rule out a potential role for psychoanalysis in also contributing in part to ultimate moral and ethical questions. He remarked that since Plato, some philosophers (Aristotle and Kant in particular, although Hartmann did not mention them), tried to derive a rationally grounded non-magical moral system based on knowledge of the actual "nature of man," rather than on theological faiths. Certainly, psychoanalysis ought to have indispensable things to add to any such system of thought.

It only seemed that Hartmann abstained from positions

about at least relatively ultimate values when he showed so beautifully that moral systems had been smuggled back into traditional psychoanalytic practice in the form of "health ethics," "maturity ethics," and prejudices in the form of asserting that morals in themselves are "illusory" or that some special kind of "rationality" is "really-real," i.e., "scientific." In any such case the idea was that morals are unhealthy, illusory, immature, or simply irrational. Hartmann would not agree.

Hartmann implicitly endorsed the philosophical *aperçu* that a non-deistic moral system can only rest on knowledge of the actual structure and functioning of the human being—structure in all the senses of structure. He eased cautiously toward the fundamentals of ethics in two other ways. As others have, he pointed to the commonalities among cultures of certain moral imperatives. And in a more specifically psychoanalytic sense, he discussed certain alterations in moral codes found typically in most successfully analyzed patients.

One can understand the need for caution. It still exists today. But one of my original interests in re-reading Hartmann's book had to do with a question still not mentioned. It seems to me that mainstream psychoanalysts, with the outstanding exception of Rangell (1974, 1986) and Loewald (1988), have had remarkably little to say on the subject during the past twenty-nine years. Did the "preachers" scare most other analysts off? Did Hartmann's work scare them off? Did he say everything that could, in all humility, be said? Or, as in my case, were only his cautions remembered at the expense of probings into the frontier? Has the mistaken attitude grown that we should avoid what cannot be explained lest we be accused of being unscientific? Worse, has some kind of belief that to be a "scientist" means to be a positivist led to serious pretenses of neutrality about values *outside the analytic situation*?

Nothing could be more foolish. Psychoanalysts, of all professionals, are preoccupied with values, including moral values. No other professionals so constantly attend to the ways value systems can contaminate the veridicality of our thought. Yet if

we do one kind of thing (attempt to recognize, analyze, and therefore both account for and discount the influence of private values on public truths) while we pretend something else (that there is *nothing to be said about values*), have we not smuggled yet another ideology back into our field—and an irrational one? I mean the by-now discredited philosophy of science of the nineteenth century.

These are reasons Hartmann's thoughts about moral issues still need to be brought before students of all levels.

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Cognitive Style in Dreams: A Clue to Recovery of Historical Data

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COGNITIVE STYLE IN DREAMS: A CLUE TO RECOVERY OF HISTORICAL DATA

BY WAYNE A. MYERS, M.D.

In this brief communication, I will describe how a patient's previously unrecognized childhood cognitive difficulties became manifest in a pair of dreams during the course of his adult analysis. This material dovetails with Kafka's (1984) findings in a case in which a patient's previously undiagnosed childhood cognitive problems also surfaced during adult analysis. In that instance, right-left spatial reversals and accompanying feelings of humiliation and lowered self-esteem in the adult treatment allowed the analyst to reconstruct the childhood problem. Kafka raised the question of how persistent traces of childhood cognitive difficulties may be detected in adult analyses. This paper is, in part, a response to that query.

Mr. A was a thirty-year-old graphic designer who came for analysis because of difficulties in effecting a long-lasting relationship with a woman. Much of the first two years of the treatment centered on his attempts to deal with his overly close, but highly ambivalent ties to his mother and his intense feelings of competition with his successful and very verbal father.

One of the prominent problems in Mr. A's life was his feeling of self-consciousness in social situations. He always perceived himself as being shy, introverted, and unable to be expansive verbally. He frequently envied other men (particularly his father) who demonstrated the type of verbal skill he coveted. After evenings in which he felt that he had not "measured up" verbally in a social gathering, he felt intensely humiliated.

In the transference, he experienced this same affect (humiliation) vis-à-vis the analyst whenever he was offered an interpretation that he felt was particularly felicitously worded. While he

frequently portrayed his verbal facility to me as being inept, in reality it was more than adequate. What I did notice, however, was that he had more trouble expressing himself when he felt tired and tense.

Late in the second year of the analysis, in the context of being faced with making a more definite commitment to the woman he had been dating for some months, Mr. A had the following dream: "I was offered an incredible job opportunity, one that meant my assuming a great deal of responsibility. It made me very anxious. I kept thinking that there was no way that I could take the job though, because I was suffering from a disease called STUG. Then I woke up."

The patient's associations dealt largely with the job offered him in the dream. He saw the anxiety aroused as relating in part to the problem he had in being committed to his woman friend. In addition, he was fearful that I would harm or abandon him if he decided to live with the woman.

When I asked him about the disease called STUG, he had no thoughts about the subject. I suggested to him that if we reversed the word, we might get closer to the meaning of the dream. In other words, perhaps the issue in his mind was whether he had enought GUTS to commit to the woman and to risk the feared confrontation with me.

"I can't believe I missed that," he said in response to my interpretation. "It makes me feel so stupid when you point out something like that. It's so humiliatingly obvious. What woman would ever want to marry a dummy like me? I just want to hide now, to turn my mind to the wall, like the dunce that I am. I'm angry with you for making me feel so stupid and weak. It's just what I always felt with my father. I hate it."

In a session several days later, the patient presented another dream: "I was with Amy [his woman friend]. We had just made love and I was telling her how much I cared for her. Then David M [the patient's boss at work] came in and he looked very disapproving. I had the feeling that he was going to hit me or fire me. I was very scared and woke up."

Once more Mr. A's associations were to his fears about alienating me and his parents if he were to commit to his woman friend. When he offered no other associations to the dream, I inquired about David M. "I've been having some problems with him at work. I've been doing some good work and asking for more autonomy and I have the feeling that he resents the competition." Mr. A hesitated for a moment and then went on: "In a way, David reminds me a little of you. Not in his manner as much as in the way he looks. You're both about the same age and have the same coloring."

I then said to him that if he took the initials of David M's name and reversed them, he had the letters MD, which I thought might stand for me. After he agreed with this observation, I went on to remind him of the STUG-GUTS dream and commented that this was the second dream in a row with letter reversals in it. At this point, I asked him if he had ever suffered from dyslexia or any other cognitive learning disability as a child. I should note here that nothing about this problem had ever been mentioned before in the analysis.

In response to my question, Mr. A said in surprise: "Yes, I did. Haven't I ever told you about that before?"

When I answered that he had not told me about this problem in the past, he seemed subdued. Then he said, "I used to feel so stupid as a child, so different from the other kids. Whenever the teachers called on them, they knew how to answer. I never could. I felt like such an idiot. All that reversal stuff when I read or wrote, I did a lot of it then. I'd forgotten all about it. It's been so long. I thought I was over it, but I guess it's still with me."

It is of interest to note that in response to my earlier interpretation about the reversal in the STUG-GUTS dream, Mr. A's feeling of humiliation and his accompanying perception of himself as being "stupid," a "dummy," and a "dunce" were all connections to the childhood dyslexic state. The specific terms he used to criticize himself with were ones which had been leveled at him by both his classmates and his father when he was a child.

My attunement to and consequent interpretation of the patient's cognitive style of letter reversals in his dream led to our recognition of his early cognitive dysfunction. I would suggest that attention to issues of cognitive style in dreams of other adult patients may be of help in unearthing further examples of such psychodynamically important, yet unrecognized material and may be a partial response to the question posed in Kafka's earlier paper on this subject.

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A Transference Resistance in Male Patients with Inhibition of Urination in Public Places

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A TRANSFERENCE RESISTANCE IN MALE PATIENTS WITH INHIBITION OF URINATION IN PUBLIC PLACES

BY WAYNE A. MYERS, M.D.

Although the phenomenon of male inhibition of urination in public places is probably quite common, there are no articles in the psychoanalytic literature on the subject. In this short paper, I will describe in some detail a transference resistance encountered in a patient who suffered from such an inhibition, and I will briefly allude to a second patient with similar symptoms.

CLINICAL MATERIAL

Case 1

Mr. A, a twenty-five-year old male, mentioned his problem with urinating in public early in his analysis. Although I made a mental note of this, the subject quickly faded from my conscious awareness. The early months of treatment were primarily concerned with the patient's feelings of anxiety when he was competing with other men, especially with his eminently successful businessman father. When I would attempt to link these anxieties to his feelings toward me in the transference, he would agree with me intellectually, but there was no real feeling of conviction in his voice.

The patient also expressed considerable apprehension about the possibility that he might be homosexual, inasmuch as he had occasional fantasies of being forced to submit orally or anally to a powerful male figure in order to achieve a desired goal. When I would attempt to connect his fears of homosexual sub-

mission to his feelings toward me, Mr. A would again say that this must be true. Once more, however, I felt that my comments had hardly any impact on him.

During the sessions in which I would offer transference interpretations such as the one cited above, Mr. A would often lower his voice to a point that was barely audible. My interpretations to the effect that in doing this, he was trying to avoid an angry confrontation with me and was also attempting to provoke the homosexual assault he both feared and wanted also had little impact on him. It did not occur to me at that time to connect his barely audible voice with his inhibition of urination in public places.

Not until the patient had a dream early in the second year of the treatment did any of these issues become clearer to us. In the dream, a man and a woman are struggling with each other in a bedroom. The man finally manages to subdue the woman and then begins to urinate on her. Mr. A's associations led back to memories of hearing his parents fighting with each other when he was a child. Their angry voices, especially his father's denigrating phrase, "piss on you," to the mother, had made him fearful that they might kill each other or that one of them, perhaps both, would leave home, in which case he would be left alone. The idea of being abandoned caused him considerable terror.

The word "piss" in the phrase, "piss on you," also recalled the violent sound of his father's urinary stream entering the toilet bowl. The sound had the quality of a "hiss" as the urine hit the water in the bowl. He associated "hissing" with dangerous (phallic) snakes, which the patient was also afraid of, as he was in awe of his father's large penis.

When Mr. A initially uttered the phrase, "piss on you," in recounting the dream, and when he responded to my question about his associations to this segment of the dream, his voice once more dropped to where it was barely audible. At this time I realized that this particular transference resistance was related to the issue of inhibition of urination in public places. When I

suggested that it might be a function of his fear of revealing to me, as to his father, that he, too, was a powerful man with an aggressive urinary stream-voice-penis, his positive response carried with it a greater feeling of conviction than it had before. He commented that he also had problems speaking in public places before groups of people, as when he had to make presentations on his job, which he now realized must be connected with the urinary inhibition as well.

As the treatment progressed, the patient began to have other dreams involving men and women struggling with each other in a sexual setting. From his associations, we began to reconstruct early auditory exposures to the primal scene through the thin wall separating the patient's bedroom from that of his parents. The frightening noises involved in these exposures also played a part in his later fear of exhibiting his own loud urinary stream in public, lest he be seen as being in competition with the father, and his fear of his loud voice in our sessions, lest he be seen as being in competition with me.

Midway through the third year of analysis, Mr. A described an erotic fantasy which he had utilized both during intercourse (when he feared he would lose his erection) and occasionally during masturbation. In the fantasy, a woman is seen either lying on a bed or seated on the toilet with her legs opened wide enough to reveal her genitals. The patient would then imagine himself standing above her and unhesitatingly urinating in a very powerful stream toward her vaginal orifice. The woman would then emit cries of pleasure at the urinary stream, as if in obvious admiration of his urethro-phallic power.

In associating to the components of the fantasy, the patient recalled seeing his mother sitting on the toilet quite often during his childhood. In his description of such moments, his mother was depicted as 'holding court" before him and his younger sister, with the toilet seat being equated with the "throne."

On one such occasion, while standing in the bathroom with his sister when he was about four or five (during the era of

hearing the primal scenes and the verbal altercations between the parents), he recalled hearing his mother urinate into the toilet bowl. Apparently, the sound of her urine going into the bowl evoked a desire in him to urinate as well. In this screen memory, he had the feeling that she had been seated with her legs spread wide enough for him to attempt to urinate between them. When he tried to do so, however, he must have wet her with his stream, and she became enraged and struck him on the penis while admonishing him to stop urinating with the words, "No siss, no siss."

While telling me of his mother's admonition, Mr. A's voice once more dropped down to the barely audible range. It was obvious to us both at this juncture that his expectation was that unless he hid his aggressive phallic exhibitionism from me, too, I would also hit him on the penis, i.e., emasculate him as the mother had done. It was thus evident that the mother as well as the father had contributed to his viewing himself as an inadequate man and to his particular difficulty in urinating in public places.

One other important determinant of the specific transference resistance (the barely audible voice) became clearer during the fifth and final year of analysis. During a session which took place on the anniversary of the patient's paternal grandfather's death, he spoke with great feeling about his deep love for the older man. He mentioned how caring his grandfather had been, especially in comparison to his aggressive, competitive father (on whose financial support the older man depended) and to his emasculating mother. Mr. A's voice dropped down to the inaudible level.

When I inquired what was going on, he mused about how "soft spoken" his beloved grandfather had been. He also revealed that he had seen and heard the older man urinating in the bowl on a number of occasions. The intermittent dribbling noises of the old man's urinary stream had seemed "piddling" when compared to those of his father. In his mind, he viewed the enfeebled urinary stream of the older man as a homosexual

submission, a type of "baring of the jugular to the wolf," in order to avoid being destroyed (castrated) or abandoned by the father. In the transference situation at that moment, the soft voice represented both an identification with the lost love object (grandfather) and a submission to me, a type of autocastration offered up by him in order to avoid the actual emasculation which he associated with the loss of my masculine support during the forthcoming termination.

Case 2

Mr. B, a thirty-two-year-old academic, suffered from episodes of inhibition of urination in public places, dating back to his late adolescence. His conscious fear at such times was that his urinary stream would not be as "strong" or as "loud" as that of other men.

In several sessions when his feelings of competition with me came to the surface, the patient would sigh or would speak softly, as if talking was a great effort for him to make. While his associations at such times linked this transference resistance to his problem of inhibition of urination in public places, we were not able to pinpoint the genetic roots of the resistance with the same degree of accuracy that characterized Mr. A's treatment.

DISCUSSION

In both of these patients, there was a particular transference resistance in which the patients' voices would become lowered to a barely audible range during certain sessions. This phenomenon was most prominent when issues of competition with me arose in the treatment. The resistance I am describing was found to be directly related to the inhibition of urination in public places, which both men suffered from.

Both patients had aggressive fathers who brooked little competition from their sons. Mr. A, in addition, had a rather emas-

culating mother who directly traumatized him in childhood during an act of urethro-phallic exhibitionism.

One element of interest in these two cases is the phallic connotation given to the sound of the urinary stream. For these men, urinary stream loudness was equated with phallic power and ultimately with masculine adequacy. With both patients during treatment, this equation was displaced onto the loudness and softness of their voices. The genetic roots of the equation could be seen more clearly in the case of Mr. A, in whom memories of his parents' fighting and love-making allowed us to trace some of the early historical determinants of the later transference resistance.

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BOOK REVIEWS

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FREUD'S SELF-ANALYSIS. By Didier Anzieu. Translated by Peter Graham. Madison, CT: International Universities Press, Inc., 1986. 618 pp.

This scholarly, meticulously documented account of Freud's self-analysis between 1895 and 1902 has finally been translated into English, by Peter Graham. The initial version, published in French in 1959, had been followed by an expanded, two-volume second version, published in 1975. For this English translation, a number of appendices were removed to produce a single-volume, 618-page examination of what ranks as one of the most creative and revolutionary periods of scientific discovery in recorded history. Certainly, there is no set of documents describing the remarkable process of scientific self-experimentation that can rival the rich sources Anzieu has assembled for his most illuminating interpretation of "the creative psychical work that resulted in the discovery of psychoanalysis."

The primary sources which Anzieu considers central to a study of Freud's self-analysis are two-fold: fifty dreams up to 1902, including forty-three in *The Interpretation of Dreams* and four in *On Dreams*; and forty-eight childhood memories, screen memories, and parapraxes up to 1907 (including forty-three described in *The Psychopathology of Everyday Life*). What is unique and remarkable about this book is the way the author has collated and arranged the chronological development of these unconscious derivatives as they were recorded by Freud during his seven-year period of scientific self-exploration.

> My task was to bring together fragments of the same dream forms in several different published works by Freud; to compare the text of the dreams with accounts of past or contemporary events described in Freud's correspondence or revealed by his biographers; to date the dreams and other material connected with his self-analysis; and finally, by placing them in chronological order, to assess their role as milestones in a process of personal crisis, epistemological revolution, and hitherto unparalleled conceptual innovation (p. xiv).

Such an exegesis, initially undertaken in the 1950's, could never be duplicated by even the most advanced forms of today's computerized textual analyses. The text is written in the style of drama, rather than, to use Freud's own metaphor from this phase, as a

"journey." At the conclusion of an excellent introductory chapter, "Freud up to 1895," we are poised in our seats as the lights dim:

> The play we shall see takes place on Freud's personal stage. In many ways, it will seem familiar to those who like modern theatre: every performance will rely on improvisation; the sets will have the incongruity of a dream; the lighting will focus on accessories and walk-on characters rather than on what is essential; and the producer of the play will conduct a rehearsal quite openly in front of the audience until the point is reached when they understand that the rehearsal is in fact the play they have come to see. . . . It was not until the age of psychoanalysis that theatre of this kind became possible; so it is hardly surprising that in retrospect its prototype would now seem to be the actual discovery of psychoanalysis itself (p. 121).

We are offered, scene by scene, a five-act play which is organized according to a series of discoveries: The Discovery of the Meaning of Dreams; The Discovery of the Oedipus Complex; The Discovery of the Primal Scene; The Discovery of Castration Anxiety; and Freud's Theory of the Psychic Apparatus in *The Interpretation of Dreams*. Each chapter is organized around the central dreams from the chronological period in question. For example, Chapter 3 (Discovery of the Oedipus Complex) includes an exegesis of Freud's "Rome" dreams as well as "Uncle with the yellow beard," "Villa Secerno," "Hella," and "running upstairs undressed," all discussed as a prelude to beginning systematic self-analysis. The second half of the chapter discusses "sheep's head," "one-eyed doctor and the schoolmaster," and the screen memory of the "wardrobe scene" as components of the initial phase of systematic self-analysis. The careful reconstruction of every available shred of historical material which bears on these dreams has been included, with particular emphasis on correspondence but also including Freud's own autobiographical references and the retrospective reports by patients, family, friends, etc.

A central integrating subplot running throughout the five acts is the five-year analysis of Herr E., Freud's first (analytic) male patient—an obsessional young man with agoraphobia. This patient, mentioned frequently in the Freud/Fliess correspondence, was analyzed by Freud until April 1900, roughly paralleling the period of systematic self-analysis. The influence of this analysis upon Freud's self-analysis is interwoven throughout the five chapters. Herr E. suffered from homicidal tendencies after his father's death and dared not go out into the street lest these impulses get the

better of him. Freud referred to Herr E. in *The Interpretation of Dreams* (on p. 206) just prior to setting forth his theory of the oedipus complex. He traced the origin of Herr E.'s parricidal impulses back at least as far as the age of seven. Anzieu makes a convincing argument that it was the coinciding of Freud's self-analysis with the (more or less) simultaneous analysis of Herr E. that led Freud to the discovery of the oedipus complex. "Psychoanalysis, whose ground plan was laid by Freud's totally new approach to hysteria, was properly focused only when it enabled him to understand obsessional neurosis" (p. 247). There is only one published account of Herr E.'s influence on Freud's self-analysis.[1] Freud's biographers, including Schur, Jones, Kroll, and most recently Peter Gay, makes no mention of this particular source of Freud's discoveries. Yet, in addition to the author's hypothesis regarding Herr E. and the oedipus complex, we find the following in the Fliess/Freud correspondence:

> E. at last concluded his career as a patient by coming to supper in my house. . . . I am beginning to see that the apparent endlessness of the treatment is something of an inherent feature and is connected with the transference (April 16, 1900).[2]

There follows, in the 1954 edition of the Freud/Fliess correspondence, a footnote by Kris which comments that this is the first insight into the role of transference in psychoanalytic therapy. Anzieu, by his technique of apposition and chronological sequencing, has provided rich and fertile ground for the further study of such early analytic figures as Herr E. A fascinating, undeveloped area for psychohistorical inquiry would include the interrelationship between Freud, Fliess, and the analytic discoveries attained through the analysis of Herr E.

As a historical document, this book clearly deserves our careful attention and our admiration for the immense work of scholarship which it represents. However, we must also consider that the *topic*

[1] Rosenblum, E. (1973): Le premier parcours psychanalytique d'un homme, relaté par Freud: Apport à son auto-analyse. *Études psychothérapeutiques*, June-Sept., pp. 51-58.

[2] Freud, S. (1887-1902): *The Origins of Psycho-Analysis. Letters to Wilhelm Fliess, Drafts and Notes*, ed. M. Bonaparte, A. Freud & E. Kris. New York: Basic Books, p. 317.

of this study is the *creative* unconscious. Do scholars who undertake such an elusive topic as this require special techniques as well as special modes of communication? It may be the complex and overdetermined nature of the creative process that moved Anzieu to write this work in the style of a drama, rather than as a journey or even odyssey. He attempts to avoid simplistic, reductionistic explanations of how Freud arrived at his discoveries. As to his choice of *method*, whereby the historical reconstruction is interpreted, we are informed that the second (and presumably present) version of this book was the result of group work. Over a series of bimonthly seminars lasting some two years, a group of psychoanalysts and candidates from a wide variety of disciplines met regularly to discuss, dream by dream, most of the documents comprising this book:

> With experience, we gradually adopted a very productive working method, that of literal interpretation: after sorting out all the linguistic, biographic, sociological and literary questions, we would read out the text of the dream one sentence at a time, and try to pin down the specific meaning (or even double or triple meaning) of each sentence or important dream again, trying to see it this time as a whole and identify its unity. As a result of this technique, instead of restricting ourselves to such well-known themes as Freud's "transference" onto Fliess, his recollections of childhood memories, his ambivalence towards the paternal imago, his personal "neurosis," his discovery of the Oedipus complex, or his countertransference onto his patients (especially those of the female sex), we were able to grasp many other dimensions. These include: Freud's anticipation, in the form of thought pictures, of the whole theory of the psychical apparatus; the increasingly obvious recurrence of an anxiety that Freud ended up vaguely identifying as castration anxiety—though he did not yet call it that; the development of body images with their attendant succession of erotogenic zones and visual, auditory, tactile, olfactory, gustatory, kinaesthetic and coenaesthetic sensations, set against an imaginary spatial background; and, lastly, the constantly reiterated need for references to cultural works, which in Freud's view provided a symbolic endorsement for the truths he had glimpsed (p. xviii).

This particular "jury method," at least as I imagine it to have been conducted in study group fashion, leads to some rather confusing and even contradictory commentaries in the text. For example, in discussing the first and second "Rome" dreams (circa 1897), Freud referred to the dream image of "Rome half-shrouded in mist" as a visual representation of "the promised land seen from afar." He added that the actual town seen shrouded in the mist was Lübeck. The interpretive method of the Anzieu group relates the mist shrouding Rome to the "blank screen since discovered by Ber-

tram Lewin (the blank screen of the dream represents the mother's breast) (p. 184). Without debating the accuracy of such a representation of the dream screen, the reader learns on the next page that Lübeck was the city in which Freud and Martha spent their honeymoon and also the scene of a childhood fantasy of Martha's in which she imagined being drowned. Upon learning of this fantasy *in 1885*, Freud began a letter to his then fiancée, "Fancy Lübeck!" It was the work of the seminar to put together these multiple sources. Now, however, the Rome "half-shrouded" becomes "in other words drowned—in mist [and] represents a metonymical substitute for Martha drowned in the sea at Lübeck" (p. 185). We have lost any reference to seeing the Rome image as some variant of a dream screen, and the conclusion of the jury is that the latent thought is: "Martha might have died before I possessed her." Considering that the Lübeck letter was written twelve years before the dream, the precision with which the latent thought is derived in the text seems more a dramatic device than a psychoanalytic probability.

Even when such interpretation does stray in its consistency, the narrative theme and its exposition is often quite evocative and compelling. After discussing the dream of the "one-eyed doctor and the schoolmaster" (p. 201), Anzieu relates the October 1897 symptomatic act in which Freud reversed two medications he used in the daily treatment of a ninety-year-old woman. This parapraxis was fortunately harmless, but it might have been fatal. We are then offered a reference to this episode from *The Psychopathology of Everyday Life* which also includes a reference to Herr E.:

> I was under the influence of a dream which had been told me by a young man the previous evening and the content of which could only point to intercourse with his own mother. . . . While absorbed in thoughts of this kind I came to my patient, who is over ninety, and I must have been on the way to grasping the universal application of the Oedipus myth as correlated with the Fate which is revealed in the Oracles; for at that point I did violence to or committed a blunder on 'the old woman.'[3]

In illustrating the interdependence between Freud's self-analysis and his patients' analyses, Anzieu gives us this parallel between the Irma dream and the bungled injection mentioned above:

[3] Freud, S. (1901): The psychopathology of everyday life. *S.E.*, 6:178.

> Thus, the injection given to Irma in a dream was followed by the bungled injection given to a substitute for Monika Zajic, the old nurse who had surfaced from his childhood a little earlier, in the dream of "Running upstairs undressed": they were two "criminal" injections. Irma was the prototype of the female patients with whom sexual fulfillment was prohibited by morality and professional ethics, and the nurse a double of his mother, with whom incest was prohibited. Freud probably hit upon the origin of his Oedipus complex on his way down the stairs from the old lady's flat, when he realized that he, too, like his patients, had experienced an incestuous desire for his mother, and that it had caused the wish to kill his father, which he had re-experienced with ever greater intensity during the work of mourning after Jacob's death in October 1896 (pp. 572-573).

Here the narrative is more compelling and also more plausible. The data rely less on obscure references to old letters, and the dramatic conclusion is more immediately derived from Freud's own biographical assessment of the events. The closer the text stays to the historical record, the more convincing the interpretation. Fleeting references to such concepts as dream screen representations and overly precise statements as to latent content do little to convince any but the most "devout" that we can actually derive so much from so little.

For the author, the essential feature of Freud's genius was, first, his capacity to make translations from seeing to writing, "in other words, from thing-presentations to the code" (p. 567). Secondarily, Freud's mastery of languages and culture allowed a creative organization and labeling of these phenomena which has had near-universal acceptance for several generations of serious scholars and investigators in the areas of human psychology and metapsychology. Lastly, according to Anzieu, Freud formulated implicit criteria for proving hypotheses explaining unconscious psychological phenomena: threefold verification in patients (clinical data), on oneself (self-analytic data), and on cultural products (mythological or literary data)" (p. 568). Whether or not one agrees with any or all of these descriptive estimates of Freud's creative processes, Anzieu deserves an enormous appreciative recognition for providing us with the opportunity to ponder such conclusions based, as they are, on such a wealth of historical scholarship.

In summary, *Freud's Self-Analysis* offers an excellent journey through this remarkable period of psychoanalytic history. As to how this unique process of scientific creativity occurred, we are once again given more clues than answers, more hypotheses than

proofs. The text offers no "reconstruction" of Freud's creative psychical work, unless one accepts an extreme hermeneutical view of that concept. Nevertheless, as a dramatic exegesis of the documented unconscious derivatives which have survived almost a century after they were recorded by Freud, this book is, and will undoubtedly remain, unrivaled. We owe Anzieu, his translator, and his publishers a debt of gratitude for making this highly creative work of scholarship available to English-speaking readers.

JOHN F. CROW (NEW YORK)

RAT MAN. By Stuart Schneiderman. New York/London: New York University Press, 1986. 115 pp.

In his preface, Stuart Schneiderman states his goals: ". . . to provide for American and English readers a presentation of the kind of teaching that was being offered in France under the aegis of Lacan" (p. vii), and to provide "a first presentation of Lacan in Lacan's terms and not in the terms of others who have ignored him and who represent completely different attitudes. That such a presentation is instructive is the position on which I wager in this book. If you should find that the theoretical cost, the cost in intelligibility and incisiveness, is not too high, I will have succeeded" (p. x).

Schneiderman's method is "a close reading of the case of the patient who had come to be known as the Rat Man" (p. vii). After an opening statement, *Rat Man* roughly follows the order of Freud's case history in a free commentary, in Lacanian terms, upon the significance of the text. From the first, a conventionally trained American analyst is presented with a problem: Lacan, even Lacan as we hear him through Schneiderman, speaks in a different language, a language difficult to understand. I do not mean simply the difficulty of rendering some of Lacan's concepts into English from their original French, not an easy task in itself, especially in light of Lacan's notorious, deliberate, and provocative obscurity of style; just as significant is his grounding in an intellectual tradition of nineteenth and twentieth century French and German philosophy, linguistics, anthropology, literature, and literary criticism, not necessarily familiar to an American reader. Even within this tradition, Lacan selects, modifies, criticizes, and redefines terms

and concepts and creates new ones of his own, often of a marked and intentional ambiguity, deliberately playing on sound associations and resonances of meaning so as to embody in their expression the modes of thought they characterize.

Although the subject of this review is Schneiderman's *Rat Man*, not Lacan, it is impossible and would be undesirable, granted Schneiderman's method and stated goals, not to refer to the work from which Schneiderman derives his concepts. Indeed, within the first several pages of *Rat Man*, words and phrases, such as "desire," "signifier," "supposed object of knowing," and "Other," are used. Along with others throughout the text, these are technical terms in Lacan's theories, not always clearly defined by Schneiderman and not possible to understand in their implications without some exposure to Lacan's writings or to critical expositions of Lacan's thought by others. Here, Schneiderman is not attempting such an exposition but is giving an example of how, within Lacan's framework, one may understand this famous case history. *Rat Man* as "a first presentation of Lacan in Lacan's terms" cannot succeed alone; some study of Lacan beforehand is necessary to make sense of Schneiderman's discussion. It can serve, however, as an interesting example of what new light a Lacanian viewpoint might shed on a familiar case study.

There is much of interest in *Rat Man*. The different perspective is provocative. As in talking over a case with a colleague, it emphasizes facets of the case that one may not have seen clearly before. Although I find much of Schneiderman's reasoning highly speculative, imposing theory on material without sufficient regard for specific supporting evidence, at times he makes nice clinical and technical points, especially on the role of the analyst in the transference. Of considerable interest as well is Schneiderman's productive focus on the role that the parents' wishes, fantasies, and personal myths may play in forming the patient's own character and desires, a view present in the case history but considerably elaborated in his discussion. Here again, however, the tendency to speculate (to look at Freud and find Lacan's reflection—or to find the reflection of other cases in this one) is striking. Whether it is a (specular) reflection or a projection is an interesting question.

It is constructive to compare Schneiderman's style with Patrick

Mahony's in *Freud and the Rat Man*,[1] published the same year. In the latter work, there is a much more rigorous sense of what is needed to support an argument. There is also an examination of the place and effect of this case and case history in Freud's personal and intellectual development in great detail, a detail that Schneiderman (and Lacan) would not (significantly) consider as significant.

Indeed, a persistent area of weakness in the argument is the lack of a developmental point of view, particularly as regards ego development. The idea that the same perception, action, or event may have different meanings and significance at different stages of ego and libidinal development is lacking. This also seems reflected in the lack of attention to the stage of development of Freud's knowledge at the time of his writing of the case, specifically, that he had not yet clearly formulated the relationship between anality and obsessional neurosis, as he would later on.

The lack of attention to ego functioning and development reflects a different view of the ego. It is seen as almost exclusively a defensive structure standing in the way of the articulation and understanding of the desire of the Other (the Unconscious), the necessary goal of the analysis.

In fact, many interesting and provocative statements in *Rat Man* (and in Lacan[2]) remain unclear because the language used is grounded in a theoretical frame or mode of expression that is not clarified. From my reading of Lacan, I would say that there is an element of deliberate mystification in order to create authority through obscurity in concept and method. His theory itself partakes in the method of unconscious thought, and therefore often touches on useful insight but, lacking sufficient organization on secondary process levels, it is not easily integrated with other areas of established psychoanalytic knowledge. I think this is Lacan's desire.

Nevertheless, a serious attempt to come to grips with Lacan's

[1] Mahony, P. J. (1986): *Freud and the Rat Man.* New Haven/London: Yale University Press. Reviewed in this *Quarterly*, 1988, 57:238-241.

[2] Lacan, J. (1977): *Écrits. A Selection*. New York: Norton. Reviewed in this *Quarterly*, 1979, 48:311-317.

ideas requires a re-examination of and heightened sensitivity to the position of the analyst and the analysand in the psychoanalytic situation, with special attention to the role of language, not only in clinical psychoanalysis but also in psychic development and functioning. His emphasis on the "Otherness" of the Unconscious and its roots in the original "otherness" of language also seems to be an area of useful exploration. If *Rat Man* provokes such an exploration and re-examination in the reader, it has achieved a useful goal.

HERBERT GOMBERG (DALLAS)

ON PRIVATE MADNESS. By André Green. Madison, CT: International Universities Press, Inc., 1986. 380 pp.

André Green is a former Director of the Paris Psychoanalytic Institute, former Vice-President of the International Psychoanalytical Association, and former co-editor of *The International Journal of Psycho-Analysis* and *The International Review of Psycho-Analysis*. *On Private Madness* is a collection of fourteen of his papers, written between 1969 and 1981, and (unfortunately) translated by a variety of translators. His introduction adds one of the most interesting parts of the book, an answer to the question, "Why do you write?" In Green's words, he hopes to provide a "testimony," a sample "of the French psychoanalytic movement of the second half of the twentieth century" (p. 3). He traces his psychiatric and psychoanalytic biography, particularly the influence exerted by Bouvet (his analyst), Lacan ("his thinking—and his personal charm—drew me into his wake" [p. 7]), and Winnicott ("perhaps the greatest [creative thinker] of the contemporary analytic epoch" [p. 287]).

Green writes more about the ideas and theories of psychoanalysis than about patients or clinical experiences. His goal is to enrich our understanding of the psychoanalytic situation and the psychoanalytic process, but he approaches this goal through studying the mind of the analyst at work. He seems more interested in countertransference than in transference and is particularly attracted by the ways in which borderline patients engage their analysts' involvement: "These cases reveal the existence of what I have called the analysand's private madness. This private madness is

only revealed in the intimate transferential relationship" (pp. 26-27); ". . . today analysts are more attuned to psychosis rather than perversion, as lying behind neurosis" (p. 37); "The technique of the analysis of neuroses is deductive, that of analyzing borderline states inductive . . ." (p. 38); "the analyst knows that he is dealing with a borderline case . . . based on the affective quality of the patient's communication and the analyst's own inner response to it [;] . . . countertransference . . . can serve as a very precise tool in the understanding of borderline patients" (p. 74).

Approaching psychoanalyis through the study of how analysts think can lead one into murky waters. Green is not disturbed by this; in discussing the limitation of the "psycho-biological approach" developed by Hartmann (and, according to Green, the "Anglo-Saxon" authors he has influenced, such as Rapaport!), Green comments: "A fruitful obscurity is worth more than a premature clarification" (p. 192). It is clear that he has considerable tolerance for obscurity. For example, he writes: ". . . if negative hallucination is the base upon which moral narcissism stands in its relationship with primary narcissism, then the father is involved. The negation of the absence of maternal environment joins with the father as primordial absence, as an absence of the principle of kinship, whose ulterior ties with the Law will be perceived" (p. 134). Elsewhere, he states: "Unlike the anarchic and disordered mode of the id cathexes, the ego has a network of stable cathexes which remain at a constant level. Now how does it acquire this relative independence of the id? It is not sufficient to argue in favour of innate attributes, maturation or experience. We know today the fundamental role that the primary object plays in this evolution. One may suppose that a double mechanism intervenes: on the one side favoured by the role played by the primordial object in maternal care, on the other side favoured by the infant's identification with the primordial object" (p. 243). There are many such passages, and after a number of attempts at close reading, I decided that it made more sense to treat them as representing the way Green thinks and the kind of things he finds it useful to think about rather than as statements of specific theoretical constructs.

When meeting a colleague who speaks a different language, both figuratively and metaphorically, it is usually more helpful to talk about patients and clinical experiences than about theories.

Green does not make this easy; he has made a "deliberate choice" (p. 4) not to provide case material. He believes that "no clinical observation has the validity to settle a theoretical debate" and that "a 'theoretical' paper is also clinical inasmuch as it stimulates association in an analyst reader" (p. 5). However, Green does provide one session in detail (pp. 304-306). The patient relates a dream in which her male friend joins her on the couch and talks about his problems, while the figure in the analyst's chair has a reproachful look. Green's major interpretive work focuses on her use of the word "relieve" in her associating, with its possible multiple meanings as "relive" and "re-leave." He selects this in part because of what he calls her "allergic structure" (she has asthma). The patient's final words in the passage he quotes are: "I am thinking of things I am trying to make run together. But that goes rather against you."

Psychoanalysis is different in different cultures. Green suggests that "Lacan's work could only have evolved in France . . . and Winnicott's work is intimately related to what he owes to his native land" (p. 4). However, certainly each of us is enriched by considering how psychoanalysts in other cultures work and think. Green himself has made great efforts to bridge French, English, and American thinking, although, not surprisingly, with a strong French accent to the product that results. In these papers he shares these attempts with us and invites us both to see his thinking and to try to see ourselves through his eyes.

ROBERT MICHELS (NEW YORK)

MELANIE KLEIN. HER WORLD AND HER WORK. By Phyllis Grosskurth. Cambridge, MA: Harvard University Press, 1986. 515 pp.

Phyllis Grosskurth has produced the first biography of Melanie Klein; for this achievement she deserves to be given serious credit. She has done extensive research into Klein's publications, into the minutes of the British Psychoanalytical Society, and into a vast number of private letters which were in the possession of Klein's family. She also discovered a draft of an incomplete autobiography and has conducted numerous personal interviews with Klein's family, friends, colleagues, and analysands. She writes well and

clearly and has produced a book of some five hundred pages, with over forty charming photographs.

The book is divided into six parts. Part I is concerned with Klein's family members and her relationship to them. Of particular importance is her involvement with her mother, Libussa, a possessive woman, and Emanuel, her older brother, whom she idealized and adored and who died of tuberculosis at the age of twenty-five. Klein went to great trouble to publish a volume of his works in 1905, four years after his death. An older sister, Sidonie, had died of the same illness when Melanie was four years old. Both of these deaths affected her deeply and must have played a significant part in her own depressive illness and in her study of and publications on depression.

Klein began her analytic career in 1914 when she entered analysis with Ferenczi, possibly at the same time as Ernest Jones. She was made a member of the Budapest Society in 1919 and published her first paper in 1920. Her marriage to Arthur Klein in 1903, separations from him, a reconciliation attempt in 1923, and divorce in 1926 are all documented and discussed. She had a second period of analysis with Abraham, beginning in 1924, which was prematurely interrupted because of his illness and death in December 1925. This is yet another factor contributing to her depressive illness.

Could a happy person have made her discoveries? Certainly, she experienced the depths of despair and depression, and one has to believe that her tragic life gave her a certain understanding she would not otherwise have had. Like Freud, whose analyses of himself and of his daughter made important contributions to his discoveries, Klein had terrible personal opportunities to discover the worst that a human being can suffer. The deaths of her brother, sister, and analyst, her broken marriage, and her unhappy love affair were only the beginning; she also lost a son of twenty-seven in an accident, and her daughter, who was an analyst of great promise, formed a bizarre liaison with her own analyst, Edward Glover; together they attacked Klein persistently and viciously until her death. The extent of these attacks and Glover's inordinate envy were never made so clear before Grosskurth's documentation of them. Neither has it ever been made clear before that Klein analyzed her own children, Melitta and Eric, and that she lectured and wrote about these analyses in a disguised form.

In addition to her personal struggles, triumphs, and tragedies, Melanie Klein had the misfortune to be a pioneer of child analysis at the time that Freud's daughter, Anna, was pioneering in the same field. The divergences of opinion between them (and they were many and acrimonious) were complicated by Freud's presence and the protective mantle he threw over Anna. What would have been the course of child analysis if Anna Freud had been some other Anna? When one reads the early work and findings of these two powerful women, it is clear that Melanie Klein followed Freud's method and technique faithfully. She demonstrated, in direct opposition to Anna's beliefs, that children formed a transference which could be worked with, as with adults. She showed that educative and supportive measures are not essential, as Anna Freud maintained, but that, in fact, they interfere with the analytic process. She confirmed directly with children what had been inferences of Freud's from his adult work, and then carried these findings much further.

It is quite probable that her strict adherence to Freudian principles and instinct theory detracted at times from her own unique discoveries. Even today, Klein's followers are an instinct-conflict-object relations school and are close to classical Freudian theory and practice, in contrast to other theorists, such as the self psychologists.

Part III of the book gives details of Klein's work and conflicts in London, including many fascinating glimpses of the development of the British Psychoanalytical Society and of the many creative pioneer analysts of that time. A great deal is written about Ernest Jones, whose two children and wife were in analysis with Klein, and who, in the words of Gillespie, "had two prima donnas to deal with" (Anna Freud and Melanie Klein). What with Joan Riviere, Edward Glover, Ella Freeman Sharpe, Donald Winnicott, Clifford Scott, Michael Balint, the Stracheys, Susan Isaacs, Paula Heimann, John Bowlby, Willi Hoffer, Edward Bibring, and Wilfred Bion all taking sides and all contributing, the British Society was indeed a lively place to be at that time. The so-called Controversial Discussions (1942-1944), which took place between all the analysts present in London, and the Extraordinary Meetings (1942) that preceded them are presented in a summarized form that makes for wonderful reading and could easily be a book in itself. There was

a great collection of minds gathered together in one society at that time, all with powerful personalities and convictions.

The book also contains over thirty letters that were exchanged between Klein and her supporters. These tell us what went on behind the public scenes. Klein emerges from these letters as reasonably temperate, and with a powerful conviction of the importance of her work and its place in preserving Freudian analysis. Glover and Klein's daughter Melitta (now Schmideberg, after her marriage to Walter Schmideberg in 1924) often seem out of control, and at times they seem frankly vicious. Glover finally resigned from the British Psychoanalytical Society in 1944, and Melitta went off to the United States in 1945.

One can say fairly that Phyllis Grosskurth has done a monumental amount of research and discovery for this book. Much that is completely new is now documented. However, my praise must stop with that, for there is much, also, to criticize and even deplore. It is clear that there are serious errors, which have called forth criticism from Gillespie,[1] Segal,[2] and O'Shaughnessy[3] in their reviews of Grosskurth's book. I will quote a revealing portion from Gillespie's review, as he could be considered the least partisan of the reviewers:

> Before a discussion of Klein's concept of envy there is mention of her ill-health in 1953 and her decision to transfer two patients to other analysts. One of these patients is named, something that seems entirely uncalled for, even though the patient is no longer alive; this patient was handed over to Hanna Segal for analysis. The record needs to be set straight. As it happens, I was asked to see this patient in consultation for a second opinion; it was my view that she had a strong urge to suicide and the question I had to consider was whether that outcome was more likely if she continued or if she discontinued her analysis with Segal. On balance I decided it was best to continue, and in fact the analysis went on for six years, until near the end of 1959; external circumstances then necessitated a break of three months. At the end of that time the patient declined further treatment. A few months later, in 1960, Melanie Klein died. The suicide occurred in 1965, 5¼ years after the end of treatment, 5 years after Klein's death. It is therefore quite impossible that Mrs. Klein in-

[1] Gillespie, W. (1987): Review of *Melanie Klein. Her World and Her Work* by P. Grosskurth. *Int. J. Psychoanal.*, 68:138-142.

[2] Segal, H. (1986): Illumination of the dim shadowy era. London, England. *The Sunday Times*, June 22.

[3] O'Shaughnessy, E. (1987): Review of *Melanie Klein. Her World and Her Work* by P. Grosskurth. *Int. Rev. Psychoanal.*, 14:132-136.

> formed her housekeeper of the suicide. Clearly it is unwise to accept uncritically the gossip of the housekeeper. Grosskurth's account of the whole matter gives a tendentious and altogether misleading impression, in particular in the imputation of the last sentence: 'Hanna Segal takes full responsibility for the tragedy', a statement that [Segal] denies having made and one that she certainly had no cause to make.[4]

Gillespie goes on to say, "One of the features of the book is Professor Grosskurth's assiduity in interviewing a very large number of people, generally with tape recording, I believe. It is therefore regrettable that some interviews have not been accurately reported, as I know personally. A number of colleagues of mine have made the same complaint."[5]

Apart from factual errors, there is in the book an enormous amount of speculation, some very wild, and a predilection for lurid and sensational language that is more fitting for a popular magazine than for a serious biography. Here is an example from the very first page: "Captivated by the concept of the unconscious, she followed its seductive lure into speculative depths from which even Freud had retreated." In addition, Grosskurth frequently attempts to psychoanalyze her main character; and many of the other characters, such as Ernest Jones, come in for similar treatment, or, I should say, mistreatment. We, as analysts, do infer what is hidden and unconscious. That is our work and what we are trained to do. But how carefully we, who are trained, have to do it. We observe evidence and wait for its repetition, often many times, until a pattern emerges. We examine the context of our observations in time and in place. We look for simultaneously occurring affect to support the evidence. We observe dreams that occur at the same time, and we consider our countertransference carefully. We do all this and more before we venture a serious opinion. When we are unsure, we wait for more evidence, and if we are wise and unsure, we consult with an experienced colleague. We try never to analyze symptoms or dreams or anything else that is only a portion of the material. The piece, be it symptom or dream, is always matched with the whole, which includes the presence of the living patient, so that a a total patient is being analyzed rather than a dismem-

[4] Gillespie, *op. cit.*, pp. 140-141.
[5] Gillespie, p. 141.

bered part. We also always keep in mind that our view has to be cautious and will frequently need to be modified or even discarded as we learn more. Grosskurth, on the contrary, because of her lack of analytic training and insight, and without the presence of the patient, rushes in headlong time and time again and makes rash suppositions on the flimsiest of evidence or even on mere hearsay. In consequence, we often feel that we are reading fiction or a lurid novel. For example, after describing Klein's ideas about female sexuality, she says portentously, "Was Klein, then, the androgynous female whose true children were her concepts?" (p. 385).

A particularly poor feature of this book is the writing about psychoanalytic theory and practice, both Klein's and that of others. Many of Klein's ideas that Grosskurth writes about emerge confused, oversimplified, and sometimes frankly incorrect. At times the bits are inappropriately joined together. A particularly gross example of this can be seen on page 252, where she says that Klein "felt guilty because she had been jealous both of her brother's greater knowledge and of his penis, and also of her mother for possessing such a son." She confuses envy and jealousy, when differentiating the two was one of Mrs. Klein's most simple, yet fundamental concepts, the understanding of which is vital for comprehension of her work.

It is regrettable that almost no one in this book emerges with nobility, despite the evidence that many of the analysts written about were extremely high minded and principled. Klein is frequently trivialized, and Jones is often annihilated. For example, Grosskurth states: "She [Riviere] presented the controversial material while he [Jones] confined himself to platitudes. Jones conveniently shrank into the heart of the country, excusing his absence with a plea of ill health. During 1943 he suffered a series of psychosomatic illnesses from which he miraculously recovered by the end of the Controversial Discussions" (p. 317). All this leads me to the conclusion that Grosskurth has frequently stooped to gossip. Gossip spreads rumors about the deficiencies and shortcomings of the subject of the gossip, for some kind of triumph and personal satisfaction. A scientific biography should be free of it.

Gillespie calls Klein "an extraordinary woman of genius." O'Shaughnessy calls her "rare, and a near genius." Whatever one

believes about Klein, it is clear that her work has had immense influence, probably second only to Freud's, in Britain, continental Europe, and South America. In addition to her discovery of play therapy and her use of it to analyze children with serious psychopathology, she opened up the way for her and her followers to attempt the analysis of adults who were considered at that time to be unanalyzable, i.e., those with narcissistic disorders, borderlines, and even psychotics. Klein's work and that of some of her followers, such as Bion, Segal, and Rosenfeld, on the understanding and analysis of psychosis has played an important part in opening up a whole new area of treatment, which is still in its infancy. In particular, the discovery of the mechanism of projective identification and its value in the understanding of primitive, preverbal object relationships has been of the greatest importance. Alas, one does not get a clear view of the magnitude of these discoveries from Grosskurth's book; and Melanie Klein's contributions frequently get lost in Grosskurth's emphasis on sensationalizing events, which then color and detract from the reader's view of her immense scientific contributions. Klein will have to wait for another Jones to do justice to her work.

ALBERT A. MASON (BEVERLY HILLS, CA)

IMPASSE AND INTERPRETATION. THERAPEUTIC AND ANTI-THERAPEUTIC FACTORS IN THE PSYCHOANALYTIC TREATMENT OF PSYCHOTIC, BORDERLINE, AND NEUROTIC PATIENTS. By Herbert Rosenfeld. London/New York: Tavistock Publications, 1987. 324 pp.

It is unfortunate that Herbert Rosenfeld's posthumous book is not better organized and better edited, for this undisciplined volume contains much that is of great value. Rosenfeld came to England from Germany as a young physician in the mid-1930's. He was trained in psychotherapy at the Tavistock Clinic and turned to Melanie Klein for a personal analysis. Ultimately, he became one of the most distinguished members of the Kleinian circle and a training analyst of the London Institute. For half a century, he pioneered the psychoanalytic treatment of the sickest patients, including schizophrenics, and this book was intended to distill his

clinical experience into a guide for those who are perplexed by the difficulties of such analytic efforts.

Rosenfeld's review of the literature (relegated to an Appendix) shows that he was well aware of parallel developments in American psychoanalysis, but his vantage point is naturally that of the civil wars on New Cavendish Street, and he is at pains to stress his Kleinian loyalties—including a resort to the unfortunate and needless jargon beloved by most authors of that persuasion. If the readers take the trouble to digest these terms, in order to grasp Rosenfeld's actual meaning, they will be pleasantly surprised to encounter a wise clinician remarkably free of a priori theoretical commitments.

Perhaps the best way to gain courage for this arduous task is to begin by tackling Rosenfeld's Conclusion (Chapter 13), where he suggests that therapeutic impasse in psychoanalysis is generally caused by a combination of several factors. He dismisses the facile notion espoused by some Kleinians that analyses fail because of patients' excessive envy of the therapist's effectiveness; Rosenfeld points out that such envy tends to evaporate if the treatment is truly helpful. Hence, he advises against frequent confrontations about the analysand's putative destructiveness in relation to the joint effort; according to Rosenfeld, we need to indicate instead that the lack of self-understanding necessitating analysis *is* inevitably humiliating. On the other hand, Rosenfeld insists that the patient's need to be omnipotently self-sufficient poses the greatest threat to therapeutic cooperation. Alternatively, he stresses that the patient's destructiveness is most likely to be directed against himself and that the analyst must offer protection against these dangerous propensities.

Rosenfeld is ever alert to the analyst's contribution to treatment failures—such grievous errors as being provoked by the patient's negativism, premature interference with the need to idealize the therapist, rigidity, detachment, or a lack of emotional expressiveness. Rosenfeld advocates the use of countertransference reactions as essential information about the state of the transference, particularly stressing the importance of the analyst's confusion or a derailment of the therapeutic dialogue as indicators of the patient's confusional states and childhood misunderstandings with the

parents. Unlike other Kleinians, Rosenfeld insists on the necessity of carefully scrutinizing past and current family transactions as the sources of transference developments.

If there is anything specifically Kleinian in these sound prescriptions, it is the steady emphasis on the importance of projective mechanisms in regressed patients. Although Rosenfeld understands that the capacity to use some form of projection as a defense (against disturbing mental contents of any kind) implies attainment of the ability to differentiate self from others and indicates that such a state must have been preceded by one in which the participants are not clearly distinguished from each other, he tends to assume that any confusion in this regard in the course of analysis is defensively motivated. In other words, he fails to specify that certain archaic states are reproduced in treatment as passive repetitions rather than attempts to ward off something else. Yet Rosenfeld does mention that the misattribution of various attitudes to the analyst may simply amount to a transference reaction, even if those mental contents are in fact also characteristic of the analysand.

As a matter of fact, in 1947 Rosenfeld was one of the earliest to discuss "transference psychoses," i.e., to describe cases wherein a psychotic core becomes manifest only in the analytic transference while the patient's customary adaptation remains in the realm of a disorder of character. Thus he was instrumental in bringing to our attention the tendency of patients with primitive pathology to produce transferences in which the analyst is assigned the role of the analysand's childhood self and the latter plays the part of one of the early caretakers. In this book, Rosenfeld continues to refer to such role reversals in terms of the use of projection, although it is much more likely that they merely indicate that such early experiences are simply encoded without secure differentiation between subject and object.

At any rate, Rosenfeld learned long ago that the anaylst must not "accept" these "projections." If he is able to "contain" them instead, i.e., to think for both members of the dyad, these counterreactions may be understood as responses to primitive communications and thereupon translated into consensual language. If this decoding is not accomplished, the analyst is likely to change under the impact of these archaic transactions (e.g., by accepting depreciation or by getting sleepy), and an impasse will probably ensue.

Yet, in order to create the requisite "containing environment," the analyst must be able to participate in the transaction in an emotional manner. Thereby he makes himself into an experiencing but *sane* participant in the analysand's inner life. It then becomes his task to integrate and organize the various uncoordinated islands of the patient's mental life. (This is the modality of treatment I prefer to call the process of unification.) Rosenfeld rightly stresses that, at these levels of regression, much of the essential communication in treatment takes place through nonverbal channels.

In 1963, Rosenfeld called attention to the crucial significance of "destructive narcissism" in the treatment of psychotic patients. This ambiguous term actually refers to megalomanic attitudes of self-sufficiency; these are well illustrated by means of an interesting case presented at some length in Chapter 4: this patient was able to use analysis only when he felt that its purpose was to teach Rosenfeld about psychosis! Patients of this kind disavow their actual needs and tend, probably in compensation, to erotize their experiences. These autoerotic phenomena must not be mistaken for oedipal wishes; any such misinterpretation may create panic and confusion because it so greatly overestimates the analysand's mode of functioning.

Rosenfeld is sensitive to the fact that, however arrogant narcissists may be, their attempts to cure themselves by denying needs are doomed to failure. These people are extremely vulnerable to humiliation; it is therefore imperative *never* to demean or to depreciate them in treatment, especially if, as children, they were traumatized with regard to self-esteem. However, Rosenfeld rightly distinguishes a group of "thickskinned narcissists" from these "thinskinned" ones; the former are better able to tolerate confrontation with their hostility and destructiveness.

Throughout the book, Rosenfeld returns to the issue that the *manner* of therapeutic interventions is just as important as their lexical content. Because regressed patients may not possess adequate secondary process skills, they tend best to grasp lively and dramatic messages, although they may become panicked if the drama is overdone. The analyst's reliance on words may create excessive distance from a patient regressed to a preverbal mode, although, to be sure, the *proper* words enhance the holding function of the analytic situation—and it is ultimately the analyst's task to

encode the entire transaction in words. Hence our interventions must avoid both vagueness and repetitiveness; they must also take into account the tendency of regressed patients to concretize—it is the therapist's responsibility to avert breakdowns in communication. Rosenfeld also reminds us that psychotic patients sometimes literally do not understand their own words and rely on us to translate these into a code they can apprehend.

It will be apparent from the foregoing that Rosenfeld had the courage to undertake analytic work with patients much sicker than most of us in this country would dare to treat as outpatients. One reason for his optimism was the availability of free mental hospitals which usually encouraged the patients they admitted to continue to attend their analytic sessions. For patients at risk about the loss of a "coherent self," Rosenfeld explicitly recommends making contingency plans for periodic hospitalization in facilities where such cooperation with the analyst is available. But his therapeutic daring was based on more than reliance on such a system of emergency care; it was founded, in addition, on confidence in a clinical theory that clearly differentiates psychotic transferences from those described by previous authors. This theory is scattered throughout the book under review, but with some effort it can be gleaned from its pages.

According to Rosenfeld, patients in the psychotic mode are principally threatened by further disintegration—the loss of coherence already mentioned. They tend to defend themselves against this threat by seeking to form a symbiosis characterized by mutual idealization; this will also serve to disavow any ambivalence. A secondary complication of this adaptation is the risk of being dominated; consequently, this contingency tends to be the ideational content of persecutory anxieties—hence any attempt to be directive with these patients is a grave error. If confronted by the separateness of the other, psychotics retreat into megalomania; they try to destroy all links between themselves and others. Rosenfeld correctly understands this mode of functioning to be more archaic than the one corresponding to the usual "narcissistic" phenomenology.

This clinical theory is complemented by a rational therapeutic prescription. Rosenfeld avers that, in order to be effective, the analyst must be in touch with his own "psychotic areas." Because re-

gressed patients (like infants) are able to comprehend another's emotional state, the analyst must be able to face his own depths and recognize his errors. We must not deny our wish to be helpful, nor can we afford to have therapeutic ambition to satisfy *our* narcissistic needs. We must find the middle of the road between intrusiveness and unempathic detachment. It is up to us to deal with patients' disorders of thought, the lack of integration in their mental life, and their self-destructiveness. A tall order, but not an impossible one.

To recapitulate, in Rosenfeld's book I have found an unsystematic presentation of what I consider to be the very best clinical work our discipline has produced in dealing with profound regressions. I was particularly pleased to encounter very few ready-made dynamic formulations and little of the arbitrary flavor that I find so unpalatable in many Kleinian texts. If Rosenfeld has avoided the pitfalls of unthinking adherence to untenable aspects of the Kleinian system, he leaves this reader somewhat unsatisfied through his failure to replace it with anything better. His work is essentially devoid of a theory of development, and the actual impact of early childhood experience is not given as much weight as it deserves. But what a relief it is to find a Kleinian elder statesman writing that patients become self-destructive only because they have been exposed to "pathological situations"—or that an analyst's lack of empathy may echo a childhood caretaker's hostility toward the analysand! There may be hope for our discipline after all.

JOHN E. GEDO (CHICAGO)

THE MATRIX OF THE MIND. OBJECT RELATIONS AND THE PSYCHOANALYTIC DIALOGUE. By Thomas H. Ogden, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1986. 270 pp.

Ogden states, "My goal in the present volume is to contribute to the retrieval of the alienated through my own acts of interpretation of ideas introduced by Klein, Winnicott, Fairbairn, and Bion" (p. 4). Further, "[M]y aim is to clarify, critique and interpret, and in the process to generate new analytic understanding" (p. 2).

After a short introductory chapter Ogden discusses Klein's work in the next four chapters. A sixth chapter devotes fourteen pages

to briefly describing the contributions of Freud, Abraham, Klein, Fairbairn, Winnicott, and Bion to the development of the concept of internal object relations. Ogden then offers his own reworking and reinterpretation of these contributions. Chapters 7 and 8 concern the work of Winnicott. The short, last chapter, "Dream Space and Analytic Space," describes Ogden's extension of Winnicott's concept of potential space.

I looked forward to reading Ogden's new book because I was somewhat familiar with his prior writings. Although I differed with some of his ideas, I was always intrigued and stimulated by them. However, after studying this latest work, I feel that his formulations concerning Melanie Klein and, to a lesser extent, Winnicott are more revisions than "interpretations." In recasting their concepts into new forms, he has rendered some of them unrecognizable. I was left, ultimately, to wonder where Klein and Winnicott had left off and where Ogden had begun.

Ogden's overall perception of Klein is simply not so consonant with my understanding of her psychoanalytic framework. Moreover, Ogden introduces more confusion into her already complex and challenging theoretical system, a system which I believe is better examined and critiqued by Greenberg and Mitchell in *Object Relations in Psychoanalytic Theory*.[1]

I will offer just one example to demonstrate my points. In Chapter 2, "Instinct, Phantasy, and Psychological Deep Structure in the Work of Melanie Klein," Ogden attempts to account for the relative lack of importance of the external environment in Klein's theory of early development. He begins by introducing the notion of "psychological deep structure," which he states is analogous to Chomsky's concept of linguistic deep structure. Chomsky assumes, according to Ogden, "that human beings do not randomly organize experience. Nothing is perceived absolutely freshly, i.e., free of preconceptions, preexisting schemata, preexisting systems for organizing that which is perceived" (p. 13). Ogden then declares that "the Kleinian concept of inborn 'knowledge . . . inherent in bodily impulses' can be understood not as inherited thoughts, but as a biological code that is an integral part of in-

[1] Greenberg, J. R. & Mitchell, S. A. (1983): *Object Relations in Psychoanalytic Theory*. Cambridge: Harvard Univ. Press. Reviewed in this *Quarterly*, 1985, 54:476-479.

stinct." For Ogden this concept of "instincts as psychological deep structures . . . seems a necessary addition to psychoanalytic instinct theory" (p. 15). He discusses the concepts of preconception and phylogenetically inherited "knowledge," equating these ideas with what he calls Freud's conception of "inheritance of knowledge" (pp. 15-18). Ogden goes on to recognize the problems in Klein's concept of symbol formation in the infant, as well as in her view of the limited role of the environment, offering a very short review of neonatal observational research (pp. 28-34). Stating that projective identification is the Kleinian concept that best accounts for the infant's capacity to learn from experience, Ogden suggests that the recipient of the projection, the mother, modifies the projection and makes it available to the infant. In addition, a change in the infant's way of experiencing his perceptions is necessary for the infant to modify his expectations.

Thus, Ogden has revised Klein by making her ideas analogous to those of others (Chomsky, Freud, Lacan), stretching Klein's concepts so that only a slight connection to the original remains. For instance, Klein did not suggest the use of projective identification as stated above. This is Ogden's own creative revision. As for Ogden's notion of the mother's modification of the infant's projection, this concept is similar to one presented in a 1966 paper by myself and Grotstein,[2] which was, in fact, severely criticized by Kleinians. Ogden's revisions, therefore, are off their original intent. They might be understood as an attempt to rescue Klein's theories from the detrimental impact upon them of new neonatal research.

The section on Winnicott, occupying two chapters of the book, focuses on Winnicott's concept of potential space. Ogden does a somewhat better job with this author, pointing up the difference between Winnicott and Klein that is expressed in the well-known statement by Winnicott that "Klein claimed to have paid full attention to the environmental factor, but it is my opinion that she was temperamentally incapable of this" (p. 169).

Although Ogden attributes his *own* term, "the matrix," to Winnicott, he then alters it to create a new concept very different from

[2] Malin, A. & Grotstein, J. S. (1966): Projective identification in the therapeutic process. *Int. J. Psychoanal.*, 47:26-31.

Winnicott's. Ogden states that "although Winnicott only once used the word 'matrix' in his written work (when he referred to ego relatedness as the 'matrix' of transference), it seems to me that matrix is a particularly apt word to describe the silently active containing space in which psychological and bodily experience occur" (p. 180). To my reading, this represents an example of how confusion can be created in the reader's mind regarding the distinction between Ogden's own ideas and those of the British analysts he is discussing. (In this example, however, he does have a somewhat clarifying footnote.)

Perhaps it is not fair to criticize an author for what he did not write about, but I feel that it is necessary to point out that Ogden has just barely considered the vast realm of infant research in the literature today (pp. 28-31). The theoretical ideas concerning the first years of life discussed in Ogden's work have been commented on by those who carry out observational research on infants. For example, there are only two references to papers by Daniel Stern, and no reference at all to Stern's volume, *The Interpersonal World of the Infant*, published in 1985. While this failure to cite current authority may be explainable because the book was barely in print, there is no reference whatsoever to Joseph Lichtenberg's 1983 summative book, *Psychoanalysis and Infant Research*, which was available to Ogden. A reading of Lichtenberg's work might have shed important light on some of the propositions Ogden puts forward.

In summary, Ogden reinterprets the work of Klein and Winnicott and, to a lesser extent, Fairbairn and Bion, attempting to bring back that aspect of the history of psychoanalysis that is exemplified in the works of these authors. In Ogden's view their work has not been sufficiently appreciated and integrated, at least in American psychoanalysis. My problem with the book is that Ogden's revisions have altered the original concepts or at times even made them unrecognizable. It is easy for the reader to feel confused. I would have preferred that he had written a present-day synthesis, i.e., his own theory. I suspect that would have made for a more interesting volume, and perhaps Ogden will be encouraged to write such a book in the future.

ARTHUR MALIN (BEVERLY HILLS, CA)

THE SHADOW OF THE OBJECT. PSYCHOANALYSIS OF THE UNTHOUGHT KNOWN. By Christopher Bollas. New York: Columbia University Press, 1987. 283 pp.

Christopher Bollas is a member of the Independent Group of the British Psychoanalytical Association. As such, he has absorbed a rich mix of psychoanalytic perspectives, both "classical" and Kleinian, but the dominant influences on the formation of the point of view he elaborates in this book are, as he acknowledges, Winnicott and Masud Khan. Inevitably, then, his orientation is toward an object-relational theory, with a strong emphasis on early states as being critical formative elements and central components of the analytic experience, for both the analyst and the patient.

As a *quondam* (and, at times, current) professor of English, Bollas has a command of language and a flair for metaphor that lend his writing a clarity that surpasses considerably that of his mentors. The principal expression of this gift, in the present volume at least, is his coinage of the term "the unthought known," which represents the conceptual centerpiece of the work. It refers to the infant's internalization of "transformational" experiences in the mother-child relationship; experiences that constitute "something never cognitively apprehended but unconsciously known, the memory of the ontogenetic process rather than thoughts or phantasies that occur once the self is established" (p. 16). "The baby does not internalize an object, but he does internalize a process derived from an object" (p. 60). This represents, of course, Bollas's extrapolation from Freud's aphorism about the "shadow of the object" falling on the ego. It is the task of the analyst, he suggests, to permit the analysand to evoke these experiences in the "analytic space," to gain access to and communicate, at least through language, what he has at some unconscious level known but never thought.

It will undoubtedly strike many readers that this picture conforms in many of its outlines to Freud's concept of "primary repression." Bollas acknowledges this resemblance, but conceives the nature of these preverbal, precognitive mental states within the context of an interactive developmental process rather than a drive-defense psychology. In that sense his perspective approaches that of Loewald on this side of the Atlantic.

Like many of his peers, Bollas makes extensive use of the concept of "projective identification" (a term whose behavioral and experiential referents remain vague, at least to this reviewer). He proposes another such mechanism here, one which he calls "extractive introjection," referring to the situation in which "one person steals for a certain period of time . . . an element of another individual's psychic life" (p. 158). This mechanism accounts, he suggests, for specific forms of psychopathology—in particular, feelings of emptiness or the paranoid fear of something being taken away, as opposed to the fear of something being inserted into one's psychic life.

Bollas provides an impressive body of clinical material to exemplify both his way of understanding psychopathogenesis and the therapeutic approach that derives from it. Invariably, he, like the "self psychologists," traces the symptoms, character disturbances, and developmental disorders of his patients to failures of empathy or nurturance on the part of mothers. He appears to believe that the recollections or "evocations" heard, intuited, or reconstructed in the analysis represent veridical accounts of actual mother-child interaction patterns. The question, raised by Spence,[1] Schafer,[2] and others, of the tension between "narrative truth" and "historical truth" does not appear, at least from the evidence of this book, to trouble him.

Given this perspective, however, a major emphasis in the analytic work is accorded the countertransference. Indeed, Bollas sees the analyst's affective response to the patient as the critical remedial element in the analytic process, and tends to be somewhat patronizing toward those "classical" analysts who do not use the countertransference in quite the way he does. Nonetheless, he has many important and profound things to say about the analyst's use of himself, his freedom to communicate his countertransference responses to the patient, and the limits that are appropriately set to such communication. Above all, he holds for the importance of the analyst's capacity to bear with ambiguity—"a not knowing yet ex-

[1] Spence, D. P. (1982): Narrative truth and historical truth. *Psychoanal. Q.*, 51:43-69.

[2] Schafer, R. (1981): *Narrative Actions in Psychoanalysis*. Worchester, MA: Clark Univ. Press.

periencing" state, to become "lost inside the patient's evolving environment" (p. 203), without premature closure and without the necessity to interpret rather than experience. In closing, he devotes substantial attention to uses of silence in the analytic situation—silence treated, again, as an aspect of a mutative regressive process rather than as a resistance. This represents, I think, a particular statement of the view of the analytic situation as a "holding" environment; during this "holding" or "providing" process, interpretation is seen as developmentally inappropriate.

There is much in this book that is wise, clinically perceptive, and thought-provoking. Bollas is clearly exquisitely sensitive to affective nuances as clues to early, preoedipal events and their developmental consequences. His imaginative ways of using the countertransference may appear intrusive to some, but do not seem to me to violate the principle of analytic neutrality. In the context of the increasing appeal[3] of British psychoanalytic thought to American students of the field, Bollas's book is a lucid, creative, balanced, and for the most part non-doctrinaire exposition. It deserves a respectful audience.

AARON H. ESMAN (NEW YORK)

THE SPONTANEOUS GESTURE. SELECTED LETTERS OF D. W. WINNICOTT. Edited by F. Robert Rodman. Cambridge, MA: Harvard University Press, 1987. 211 pp.

Not many psychoanalysts earn the privileged status of having their letters published. Freud, of course. But try to think of many others. The very fact that R. Robert Rodman, a creative psychoanalyst from the West Coast who has written two previous books of his own, took on this task and sold the idea to Harvard University Press says something about Winnicott. Currently, there is more and more interest in him as an important figure in the intellectual history of the psychoanalytic movement. His ideas are broad and multidisciplinary—sometimes seeming even more polymathic than the man himself. The academic scholarship outside the analytic movement that principally has embraced Freud, Lacan, and Klein

[3] See Friedman, L. (1988): The clinical popularity of object relations concepts. *Psychoanal. Q.*, 57:667-691.

now seems more and more interested in the thoughts of this paradoxical, quixotic, simultaneously traditional and iconoclastic Englishman. Freud was a great writer. Winnicott is *at least* a good enough one. His occasionally close-to-poetic texts frustrate some but give pleasure to others. They are not burdened by the pedantic style of so much psychoanalytic writing. Winnicott loved to communicate, so there are letters, from the 'forties through the 'sixties, that make him a little anachronistic in the day of the quick phone call. So on many counts Winnicott is someone worthy of such a book; fortunately, the editor has done an excellent job in his selection, annotation, and perspective-giving introduction.

Winnicott was multifaceted. When he wrote about or recorded his treatment of adults, he was more rigorous and structured, while his material on children reflects the little player inside him. The texts from his BBC broadcasts to an immediately postwar England make him sound like a reasonable, easy-going general practitioner. The letters are broad enough to show all these aspects and more.

On October 15, 1946, he wrote to Lord Beveridge complaining about the nationalization of medicine. He praised Beveridge for his views on postwar Germany, but asked, "How can I reconcile my admiration of your new work on behalf of our democratic value and my hatred of you because of your irresponsible suggestions in respect of doctors" (p. 8). The editor aptly points out that Winnicott was preoccupied with the subject of hate and that his now well-known paper, "Hate in the Counter-Transference," was read first in February 1947. One of the earliest letters included is to Mrs. Neville Chamberlain. He acknowledges to Mrs. Chamberlain that the "Prime Minister is too busy to answer questions." Maybe that was so, but I believe he was hoping against hope that female empathy could have influence in caving in male pride. He asks, "Why does the Prime Minister never mention the Jews. Does he secretly despise them?" A little later on in the letter, "at present we seem to be secretly sharing German's [*sic*] anti-Jew insanity, and this is not where we want our leaders to lead us" (p. 4).

Within psychoanalysis, Winnicott prided himself himself in not being a political leader. He wanted the British middle school to be a buffer and an organizer, and not to be in direct competition either with Anna Freud or with Melanie Klein and their loyal followers. However, he did work behind the scenes. Predictably, but

also fortunately, the editor has included an important letter Winnicott sent to both leaders. It is addressed: "Dear Miss Freud, Mrs. Klein: . . ." The long epistle is a plea for a loosening of the oppositional structure of the institute two-track system, which he saw as destructive, particularly to candidates who are "confused by the fact that it is necessary to give official recognition to what amounts to differences in the scientific field and not to political organizations which 10 years ago, but not now, were defensible" (p. 73).

Winnicott wrote firmly, "I consider it to be of absolutely vital importance to the future of the society that both of yourselves shall break up the groups in so far as they are official. No one can break them up except yourselves, and you can only do this while you are alive. If it should happen that you should die, then the grouping which is officially recognized in the nomenclature will become absolutely rigid and it will be a generation or more before the society can recover from the disaster which will be clumping based not on science but on personalities or even I might say on politics since the original groupings were justifiable but defensive constructs" (p. 73). This reviewer cannot resist quoting the next paragraph: "I have no reason to think that I shall live longer than either of yourselves but I find the prospect of having to deal with the rigid grouping that would become automatically established at the death of either of yourselves one which appalls me" (p. 73).

Throughout the collection, Winnicott speaks out in letter after letter for intellectual freedom, especially for a freedom of language, a subject to which he was particularly sensitive. He found the jargon of both the ego psychological and the Kleinian schools stultifying and ultimately deterrents to the creativity of a new generation of psychoanalysts. He also demonstrates convincingly to me that he did distinguish between the analyses of psychoneurotic patients by more traditional methods—i.e., patients who are psychologically and symbolically minded—and the analyses of those who have severe character disorders or are borderline or psychotic. Winnicott was a bit of an adventurer; his unexplored territory involved the sicker patients he saw and the realization that some of the maneuvers necessary with intensely developing children provided new models for dealing with patients who showed regression and/or fixation.

The book might help convince some that Winnicott was not a

pure advocate of mother love. In fact, he writes that love alone does not help children. Aggression and frustration are all part of both development and psychoanalysis. In a letter to the editor of *New Society*, he wrote, in March 1964, "I try to draw attention to the internal and personal factors in individuals whose illnesses are psychological, because the tendency is always to get away from personal pain and internal conflict to social persecution and to failure of the family function. I shudder lest my work would be taken as a weighting of the environmental side on the scales of the argument, although I do hold the view that psychoanalysis can afford now to give full importance to external factors, both good and bad . . ." (p. 141). At a time when ego psychology has made attempts to wed itself to both developmental and object relational thinking, it has been easy to attack Winnicott's focus on the facilitating environment and ignore the fact that he was also deeply interested in fantasy, conflict, aggression, and free association. It was with the more psychiatrically ill patients that he began to develop innovative ideas and alternatives to traditional techniques that might be more helpful with this population.

It is true, however, to this reviewer and observer, that Winnicott's dramatic and provocative side did lend itself to his being chosen as a whipping boy. For instance, in a June 1965 letter to Michael Fordham, concerning a statement Fordham had made at a meeting, he wrote, "In a way your theme continued mine of a few months ago in the same room when I talked about psychotherapy in terms of two people bumping against each other" (p. 149). Winnicott's metaphors were certainly evocative. But the context was: 1) he was talking about psychotherapy, and not classical analysis; and 2) he was trying to explicate the concepts of "squiggling" as a technique for people with ego deficits who need more participation from the therapist. It is ironic that Winnicott's "bumping" refers to a sophisticated technique which could inform and enrich recent attempts at creating a more legitimized, analytically oriented supportive psychotherapy.

I find Winnicott's letters so stimulating that it is difficult for me to end this review. The alternative is for the reader to read the letters and continue the review for me.

SIMON A. GROLNICK (MANHASSET, NY)

HOME IS WHERE WE START FROM. ESSAYS BY A PSYCHOANALYST. By D. W. Winnicott. Compiled and edited by Clare Winnicott, Ray Shepherd, and Madeleine Davis. New York/London: W. W. Norton & Co., Inc., 1986. 287 pp.

This book contains twenty-three articles on a wide range of topics by D. W. Winnicott, twelve that have never been printed before and eleven that were printed in books and journals no longer readily available. As usual for a Winnicott collection, these papers are addressed to diverse audiences, many of them outside the psychoanalytic community, including the Oxford University Scientific Society, the Progressive League, the Association of Teachers of Mathematics, the Borstal Assistant Governor's Conference, and the doctors and nurses in St. Luke's Church; several are radio addresses to the general public. Winnicott is an "acquired taste," and the nature of the audiences he so often addresses and the distinctive, largely nontechnical language he employs only further limit his psychoanalytic audience. That is unfortunate, as there is much enlightenment in this slim volume and much to enjoy.

Many have complained that Winnicott himself never attempted to pull together his thinking about matters psychoanalytic into a coherent system or body of organized theory. Although this volume continues his practice of commenting mostly on specifics, several themes emerge as organizing concepts. First and foremost are the developmental concepts of the inherent maturational process and the importance of the facilitating environment in encouraging it. Very much in tune with the propositions of contemporary infant observational research, this view stresses the contribution of the infant him- or herself in the developmental process. Secondly, the theme is reiterated of the initial essential and necessary illusional experiences of the infant, and the inevitable process of disillusionment that has its onset in the first year of life but continues throughout life, and whose outcome is perhaps the central determinant of mental health.

More clearly than in other collections of his works, however, these papers speak for what Winnicott believes to be the meaningful contribution of Melanie Klein. To quote Winnicott: ". . . Mrs. Klein took up the destructiveness that is in human nature and started to make sense of it in psychoanalytic terms" (p. 80). Although he never uses the term directly, most of these papers

address the death instinct. While I am familiar with Winnicott's thoughts on the disillusioning experience of the loss of infantile omnipotence related to libidinal investments, several of the more powerful of these papers stress the importance of the stability of the environment in facilitating the child's capacity to survive the unconscious destructiveness, "greed," and hunger for power inherent in infantile love. This, too, he describes as a manifestation of disillusionment in one's own destructive powers. He implies that he views this as a central function of the "good enough mother."

More than anything else, this collection of papers says much about Winnicott the man that explains much about Winnicott the psychoanalyst and theoretician. To quote Winnicott directly as he discusses the topic of creativity: "I have this need to talk as though no one had ever examined the subject before, and of course this can make my words ridiculous. It would kill me to work out the concordance of creativity references. Evidently I must be always fighting to *feel* creative, and this has the disadvantage that if I am describing a simple word like 'love', I must start from scratch. . . . By creative living I mean not being killed or annihilated all the time by compliance or by reacting to the world that impinges; I mean seeing everything afresh all the time. I refer to apperception as opposed to perception" (p. 41). Later, he phrases it in his unique fashion: "I know that one way of cooking sausages is to look up the exact directions . . . and another way is to make sausages and somehow to cook sausages for the first time ever. . . . It is more pleasant to live with the creative cook, even if sometimes there is a disaster or the taste is funny and one suspects the worst. The thing I am trying to say is that *for the cook* the two experiences are different: the slavish one who complies gets nothing from the experience except an increase in the feeling of dependence on authority, while the original one feels more real. . ." (p. 51).

He writes later, in an article on psychoanalytic research: "The link between poetic truth and scientific truth is surely in the person, in you and me. The poet in me reaches to a whole truth in a flash, and the scientist in me gropes towards a facet of the truth" (p. 172). Combining these confessions, Winnicott, by his own admission, is best viewed as the poet of psychoanalysis. And this collection contains some of his most illuminating and creative poetry. "The Child in the Family Group" (1966) and "Children Learning"

(1968) are two of the best summary statements of Winnicott's view of early psychological development. They also contain the kind of eye-opening insights, often about himself, conveying those "truths in a flash" that illuminate in particular what we do in our offices on a day-to-day basis. Winnicott's best observations are always very close to the immediacy of clinical experience. Not all of the articles in this book are at such a high level, however, and second-rate Winnicott can sound as mannered as can the work of any poet on a bad day; but the weak articles are in the minority.

This volume ends with nine papers categorized as "Reflections on Society." They deal with such topics as feminism, "the pill," the Berlin wall, and the English monarchy. I don't know when I have enjoyed a series of articles as much, not only for their wit and wisdom but also for their penetrating psychoanalytic insights, especially concerning the vicissitudes of unconscious destructiveness in everyday life. It is most difficult not including in this review some of the innumerable passages I had to run and read out loud to my wife so that she could share my enjoyment. Winnicott remains an acquired taste; for those who have acquired it, this volume contains much to savor.

J. ALEXIS BURLAND (BALA-CYNWYD, PA)

COUNTERTRANSFERENCE. Edited by Edmund Slakter, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1987. 257 pp.

This interesting survey of a complex subject is divided into three sections. The first is a historical chapter in which Slakter cites a number of major contributions, emphasizing the shift from the early view of countertransference as interferences with analyzing that stem from the analyst's unconscious difficulties, to a broader, current conceptualization that regards it as a term denoting "all those reactions of the analyst to the patient that may help or hinder treatment" (p. 3). Slakter suggests that the emergence of what he calls an interactional view of the psychoanalytic process is the major factor behind the revision of the way countertransference is regarded. He also makes it quite evident that he considers this evolution as a favorable development for the practice of analysis.

The second section contains eight remarkably varied papers on

the subject of countertransference, all of which have been published previously elsewhere. Charles Brenner describes countertransference from the standpoint of compromise formation; he emphasizes that just as favorable compromise formations facilitate working as an analyst, unfavorable ones, the countertransferences, serve to interfere with it. The latter are as ubiquitous as the former. Martin Silverman stresses the unavoidability of countertransference error, and illustrates with well-chosen examples how understanding the specific issues involved can help the analyst to recover and to understand the patient better at the same time. Jacob Arlow, like Brenner and Silverman, prefers to retain the idea that countertransferences are interferences with proper analytic functioning. His paper describes several varieties of countertransference error, and points to certain phenomena that serve as indicators that countertransference may be active. Harold Blum underlines the increased interest analysts have recently displayed in studying the two-person field of forces that makes up the analytic situation, and the consequent attention to the impact of the real personality of the analyst on the transference. In his comprehensive article he also differs with the recent trend toward including all of the analyst's emotional reactions under the rubric of countertransference. Joseph Sandler's paper emphasizes the tendency for the analyst to be pulled toward reacting as others in the patient's past have acted by the subtle conduct and communications of the patient. He calls this "role-responsiveness," and shows how awareness of these countertransference reactions can be utilized to increase understanding of the patient. Charles Savage stresses the essential requirement that analysts attend to their countertransferences when doing analytic psychotherapy with schizophrenics, and Harold Searles, who has very much the same opinion as Savage, illustrates his thesis with numerous, vivid, clinical examples. Finally, Theodore Jacobs shows how even qualities thought of as merely helpful, necessary aspects of the analyst's behavior may be quietly drawn into countertransference enactments.

The third section of the book is a forum for Slakter's examination of several questions about countertransference. First, he gives a number of current thinkers' views on whether the term is meaningful or not. Then he examines its relationship to empathy and pays attention to the controversy about whether analysts should

discuss their countertransferences with patients. Slakter goes on to address the relationship between reality issues and countertransference, the so-called fit between analyst and patient, and has a few things to say about common money concerns and countertransference. On the whole he points to the potential disadvantages of applying the traditional view that countertransference is, by definition, solely seen as an interference with analyzing, and of the technical recommendation that analysts should concentrate on the patient's reactions even to errors on the analyst's part, rather than apologize or explain. He questions whether attempting merely to analyze what a patient may make of reality issues is the sole activity proper to analysis, as some analysts believe. He speaks in favor of what he regards as a more honest, less authoritarian, more pragmatic and humanistic analytic posture. Like many others who hold similar views, he seems far less likely to call attention to, or perhaps even recognize, the varieties of technical and countertransference difficulties that may arise from employing his recommended, more benevolent analytic stance. Nevertheless, this volume will serve to sharpen the analytic reader's grasp of the issues, and is bound to stimulate thought and discussion about complex and troublesome technical questions, which was surely what Slakter had in mind to achieve in putting this volume together.

SANDER M. ABEND (NEW YORK)

BETWEEN ANALYST AND PATIENT. NEW DIMENSIONS IN COUNTERTRANSFERENCE AND TRANSFERENCE. Edited by Helen C. Meyers. Hillsdale, NJ: The Analytic Press, 1986. 268 pp.

This book reflects a trend that troubles me: the publishing of a group of loosely connected papers by different authors as a book. Journals, not books, seem to me to be the place for such papers. Journals provide a format for ongoing discussion through letters or later the publication of related papers. There is no such dialogue in a book of separate papers, and one is left with a lack of coherence. Such a book has no organized thesis or point of view.

Publishing a series of journal articles as a book seems to have been spurred on by the current tendency to publish all addresses, lectures, and symposia that have been delivered. The form, structure, and content of a "spoken" paper is necessarily different from

that of a paper that is to be read. The lecture cannot be turned into print without reworking it. This is particularly true with a symposium. If a paper is going to be printed with other papers from the symposium, then considerable rewriting needs to be done to take the other papers into account. This does involve a great deal of extra effort for the author but seems necessary if the "collection" is going to make a coherent book.

This said, it follows that from my point of view, *Between Analyst and Patient* is not a good book, though it probably was a fine symposium. While it contains many excellent papers, it fails as a book. It is a journal in hard cover. This obviously presents problems to the reviewer. How does one review a journal?

Between Analyst and Patient best serves someone who wants to read a particular article. It is most disappointing when read cover to cover with the expectation that it will be a coherent book on a consistent theme. A quarter of the papers have already been published elsewhere, which makes it clear that they were written with purposes other than this book in mind. Many of them have been published as parts of other books, where they do form part of a coherent whole.

Having said what it is that is most disappointing in this book, let me describe the sections and individual papers. The book is organized in three sections: transference and countertransference as seen in work with difficult patients; as seen in brief therapy; and as seen in work with and by women. Integration of these themes is attempted by two discussion chapters and also by the editor's introduction. While these are fine chapters, they cannot by themselves provide the coherence that is needed.

The first five chapters deal with "the difficult patient." An immediate problem is that there is no uniform definition of "the difficult patient": each author has a different patient in mind. Morton Aronson, in Chapter 2, gives a historical background and the current focus on both the "difficult patient" and the transference and countertransference features. Most authors settle on a "difficult patient" as one with significant primitive types of conflict, though there is not general agreement on this. In Chapter 3 John Gedo presents an interesting discussion and clinical illustration of the limits of analyzability. However, transference and countertransference issues are not at the center of his paper. This chapter is much

more usefully read as part of the book in which it was originally published.

Otto Kernberg's Chapter 4 is also best read as part of his own book. He describes a particularly interesting kind of patient whose concerns appear to center around the incapacity to depend on the analyst. Kernberg does discuss the countertransference difficulties in dealing with the transference of this kind of patient—one who tries to denigrate and destroy the analyst's technical ability, self-respect, and personal security. This is a very thoughful chapter. The remaining two chapters in this section are both excellent. Martin Stein's brief paper addresses some of the technical difficulties for the analyst who is trying to analyze "acting out patients." He underlines a number of the pitfalls and some of the unresolved countertransference conflicts that commonly occur in the course of analyzing such patients. In Chapter 6, a "discussion" chapter, Jacob Arlow discusses the previous four chapters and also the last chapter in the book—Frederick Lane's paper on "definitions of terms" (which should have been the first chapter in the book). Arlow argues for a narrower definition of countertransference (than Lane suggests), and he elaborates his point cogently. He also adds a valuable dimension in emphasizing that most countertransference distortions come from persistent identification with the patient rather than just transitory identifications.

The second section of the book is on transference and countertransference in brief psychotherapy. I personally am interested in brief therapy, but I do not think that its inclusion in this volume, which otherwise addresses psychoanalysis, is warranted. Although the authors assert that brief therapy gives us another context in which to see transference and countertransference at work, it is out of place, in that one never has the kind of material from brief therapy with which to make anything other than "guesses" as to the transference issues. Also, brief therapy is a most heterogeneous field, as is made clear by the different therapies described in these chapters.

As one might expect, Samuel Perry and Robert Michels give us an intelligent and provocative chapter on countertransference in the selection of brief therapy for a patient. I expect that many analysts will question some of their statements; for example, that brief therapy may be offered as the treatment of choice to a person even

when there is no contraindication for psychoanalysis. They go on to give two examples of countertransference influences on the selection of brief therapy.

In Chapter 8 Allen Frances concentrates on transference interpretations in brief focal therapy. He describes three points of view about this and concludes that

> the current state of accumulated research and clinical experience should discourage any tendency to therapeutic dogmatism about the specific method and effects of focal and other forms of psychotherapy. One cannot argue convincingly that focal therapy requires transference interpretations (radical view); that it precludes them (conservative view); or that it doesn't matter either way (skeptical view). Flexibility is required in meeting the particular needs of any given patient with what seems to be optimal intervention. In the absence of scientific guidelines, decisions about what is optimal rely on informed clinical judgment and intuition (pp. 115-116).

This eminently sensible and thoughtful summary further supports, to my mind, the inappropriateness of including this brief therapy section side by side with psychoanalysis.

The next two chapters give us examples of a specific and, in each case, different kind of brief therapy. James Mann outlines his "time limited" brief psychotherapy in which he sees transference interpretations as essential. In the space that he has available he is able to give only the broadest outline of the treatment he advocates. This is another chapter that would be much better read as part of Mann's book on the subject.

Chapter 10 gives a description of another kind of brief therapy. It is Milton Viederman's account of "The Psychodynamic Life Narrative: Its Implications as the Transference Cure." Viederman says that

> the intent and presumed therapeutic effect of the psychodynamic life narrative [are] diametrically opposed to those of brief focal psychotherapy as has been described by Mann. It has many of the characteristics of crisis intervention and is most effective with those patients who become depressed in response to an important event in their lives that has disrupted a previously relatively comfortable homeostasis (as often seen in consultation liaison work) (p. 130).

The author sees this narrative as ego-syntonic; therefore, it specifically avoids the interpretation of repressed conflict. It is an example of a transference cure. Like the previous chapter, this one has already been published in essentially the same form.

The brief therapy section ends with the discussion of these last

few chapters by Roy Schafer. This is one of the best chapters in the book. Schafer addresses the issue of brief therapy as an analyst who has both used and taught brief therapy. He adds to the discussion of Viederman's narrative, and he highlights aspects of the transference cure. He also raises many questions about Mann's view of brief therapy and his decision to recommend brief therapy. From the side of countertransference, Schafer sees problems as stemming from the therapist's narcissism and his need to be omniscient and omnipotent in asserting that as much can be accomplished by brief therapy as by psychoanalysis. He also sees problems arising from the countertransference guilt that the therapist must deal with in choosing to do brief therapy with the patient rather than offering long-term therapy. He also questions Mann's advice to bypass the "customary defenses," as it is extremely unlikely that the therapist can do this. Schafer states that

> the analytic method is holistic; . . . it is guided by the conviction that every important aspect of a personality is closely related to or implied by every other aspect. In practicing psychoanalysis one would not believe it possible to analyze a circumscribed sector adequately. That a time-limited therapy approach can alleviate suffering is not in question; what is in question is the correctness of regarding this alleviation as a product of adequate and coherent analysis (p. 156).

This is pertinent to my concern about discussing brief therapy in a book that otherwise addresses transference and countertransference issues in psychoanalysis.

After this chapter we get to the final section of the book, which is about psychoanalytic work by and with women. Helen Meyers, in Chapter 12, addresses the expectations involved in the choices made by women of male or female analysts. She then notes briefly other relevant topics such as women's reasons for seeking treatment; transference and countertransference aspects related to gender of therapist or patient; specific countertransference problems in mixed gender pairs; a specific problem in female-female pair and pregnancy. All these topics are introduced but not developed in any detail. I would have been interested in her doing so. Chapter 13, by Harold Blum and Else Blum, is entitled "Reflections on Transference and Countertransference in the Treatment of Women." They give a valuable elaboration of some specific issues and have particularly useful advice for analysts of either

sex about treating women. The analyst needs to have empathy for and comprehension of universal bisexual conflicts, and to have resolved the positive and negative oedipus complex. This point is very well made.

In Chapter 14 Ethel Person presents a provocative, thoughtful, and stimulating paper entitled "Women in Therapy: Therapist's Gender as Variable." This is another paper that has been published elsewhere. She addresses the arguments raised by women in favor of having female analysts, the validity of these arguments, and their relevance for understanding female psychology. She provides a valuable account of the possible defensive functions of the choice of a woman analyst by a woman. Person's paper is followed by a delightful chapter by Joyce McDougall, "Eve's Reflection: On the Homosexual Components of Female Sexuality." In her own charming way, McDougall elaborates on the essential bisexuality of both men and women, in this paper referring to bisexual issues in women. She gives an example from her own work, in which a countertransference issue, involving unworked out issues of bisexuality on her part, had interfered with her understanding of the patient's relationship to her mother. This chapter would have been better put next to the Blum and Blum chapter, as it would have continued the theme of bisexuality. The next chapter (Chapter 16) belongs there too. Robert Liebert's "Transference and Countertransference Issues and the Treatment of Women by a Male Analyst" continues, in a different way, the bisexual theme. He states that the countertransference difficulty for a male analyst in analyzing a woman is often the male analyst's discomfort with the patient's transference to him as if he were a woman. He gives a case illustration of this point. This theme of the importance of the analyst's discomfort with issues of bisexuality could have been more coherently presented had there been a discussion chapter for this third part of the book, as there was for the first two sections.

The final chapter is "Transference and Countertransference: Definition of Terms" by Frederick Lane. As mentioned earlier, this chapter belongs at the beginning of the book. Lane gives a nice overview of the different definitions of transference. He begins with a general definition of transference and then gives an excellent account of ways to organize other more specific aspects. For instance, he discusses transference as being defined: by "signs and

symptoms"; in terms of conflict resolution and specific early object; as revival of arrested developmental processes; by an ego-libidinal phase; by the degree of ego function-dysfunction; by valence; according to dynamic function in the analytic process; by the treatment alliance; by the transference neurosis; and then by time, by the past and the present. He then does a similar organization for countertransference. He briefly addresses the subject of countertransference as a data source and as a therapeutic tool. He believes that a countertransference feeling does not constitute sufficient data to enable one to say that it in itself reflects what the analysand is experiencing. He asserts that such a hypothesis must be supported by evidence from the patient's past history, dreams, fantasies, and acting out behavior within and outside the analysis.

In sum, this book contains a number of excellent papers, but it suffers from being the publication of papers written for other reasons—either to be delivered at a symposium or to be published in other books or journals. This, together with the dividing up of the topic into three disparate clinical situations, in which there is not even a uniformity of treatment method, means that it ends up being disjointed. It is best approached by reading a particular chapter as if one were reading an article in a journal.

LORRAINE D. SIGGINS (NEW HAVEN, CT)

PSYCHOTHERAPY. THE ART OF WOOING NATURE. By Sheldon Roth, M.D. Northvale NJ/London: Jason Aronson, Inc., 1987. 294 pp.

Numerous books have been written about psychotherapy, but Roth's book is a welcome, unique addition. This is so not only because of the excellent explanations of theory and technique it contains but also because of Roth's portrayal of psychotherapy. He covers a wide range of subjects and straightforwardly addresses the issue of the personality of the psychotherapist, especially the therapist's capacity for tolerating the emotional pressures of treating patients. Roth examines the impact on the patient of the therapist's gender and emphasizes the use of transference and countertransference in the treatment setting. He discusses the therapeutic alliance as well as the real relationship between therapist and patient.

Roth clarifies the important difference between psychiatric and

psychotherapeutic assessments: a psychotherapeutic evaluation must involve an overall assessment of the patient's personality and not merely the symptomatology. Roth defines suitability for psychotherapy largely in terms of motivation, insight, and flexibility, as reflected by such features as honesty, frustration tolerance, capacity to bear affect, and a sense of humor.

The complex possibilities in the management of silence are also discussed. Prolonged silence is a very sensitive and difficult problem for clinicians. Roth describes circumstances in which, although the therapist is uncomfortable with prolonged silence, the patient experiences the silence in a positive way and feels helped.

There is a particularly interesting chapter on the problem of pharmacotherapy in psychotherapy. The chapter deals with the increasing questions being raised about this combination and the increasing number of referred patients who have received medication. Roth encourages looking at the patient's fantasies about taking medication. Certain patients—especially paranoids, obsessional schizophrenics, and manics—may have a "fear of being influenced" by medication. Other patients might feel abandoned when they are offered medication; i.e., they may feel that psychotherapy is hopeless if they need medication. Roth indicates that if a psychopharmacologist prescribes the medication, there can be a split in the transference that requires careful evaluation. Emotional features about the medication or its prescription may not be addressed, because the patient places those feelings into the relationship with the psychopharmacologist. I would add to Roth's remarks on psychotherapy and medication some observations from a letter that Anna Freud wrote in response to an inquiry by Morris Lipton. The letter was published in the December 1983 issue of *The American Journal of Psychiatry* (Vol. 140, p. 12). In it, she focused on issues of a resistance analysis versus hypnotic treatment. She expressed concern that some medications overpower unconscious resistances, creating a hypnotic-like treatment and removing the essential element of psychoanalytic treatment, i.e., resistance analysis.

Roth emphasizes the patient's experience of the treatment setting. The pace of the treatment is based on the patient's needs and ability to tolerate anxiety and the various other affects that surface in treatment. He focuses on working with resistance within the

transference as the center of his work with patients. And he addresses the importance of the negative transference and its management.

Implicitly, the title of the book emphasizes bringing the patient into treatment and then allowing the patient's emotional conflicts about life to be resolved through the therapeutic work between therapist and patient. The flavor that pervades the book involves Roth's application of empathic understanding in engaging the patient in treatment, and in helping the patient overcome intrapsychic struggles through resistance analysis and analysis of the transference. Through numerous interesting clinical vignettes, Roth helps the reader grasp the humanness of both the therapist and the patient and to apprehend the tides of their respective emotions. His writing skills provide an absorbing, romantic, poetic flair.

Psychotherapy: The Art of Wooing Nature is a welcome addition to the literature on psychoanalytic psychotherapy. I recommend the book not only for therapists in training but also for experienced therapists. The only reservation I would have concerns Roth's failure to distinguish clearly enough between psychoanalysis and psychotherapy. The clinical vignettes and problems stimulate the reader to think usefully about the rationale and management of patients in psychotherapy.

EDWARD H. TOBE (PHILADELPHIA)

TECHNIQUES OF WORKING WITH RESISTANCE. Edited by Donald S. Milman, Ph.D. and George D. Goldman, Ph.D. Northvale, NJ/ London: Jason Aronson, Inc., 1987. 417 pp.

The goal of the editors of this volume of essays is "to discuss the elusive topic of resistance and, further, to offer some techniques for dealing with resistance as it emerges in dynamic psychotherapy" (p. 3). They specifically aim to provide some current approaches to more disturbed and difficult patients, including those with narcissistic, borderline, and psychotic conditions. In order to accomplish this task, they have reprinted five classics together with eleven new chapters—six on "Specific Techniques" and five on "Resistance in Specific Diagnostic Categories." Both editors are professors at Adelphi University's Derner Institute of Advanced

Psychological Studies, so it is not surprising that four out of the eleven new contributions are written by psychologists associated with Adelphi. The other seven are by clinicians and theoreticians, most of whom are well known.

The editors' introduction is straightforward and appealing, with excellent conceptualizations of resistance, a brief history of the concept, and a brief outline of each chapter. Presenting some basic classics together with newer ideas on technique is probably a useful way to prepare a textbook. Unfortunately, in this case the five classics comprise the only really first-rate part of the book. These chapters, by Sigmund Freud, Wilhelm Reich, Anna Freud, Ralph Greenson, and Heinz Kohut, will not be reviewed here because they are well known.

The first article among the new contributions is by Robert Langs, but what he writes is hardly new; it is essentially what he has been writing about for some time in his numerous articles and books. He outlines his "communicative approach" to psychoanalytic psychotherapy and again makes an important distinction between "gross behavioral" and "communicative" resistances. Thus he is in disagreement with the editors' basic view that resistances are manifestations of patients' defenses in interaction with the therapist. To me, it is not particularly helpful to view a patient's silence (which is discussed by Langs in his clinical example) as a very different species of resistance—"a break in the frame," as he calls it. This attitude to such a "non-conformity to the fundamental rule" puts a therapist in danger of adopting a superego position toward an event that is taken for granted by most of the authors (as well as the editors) and is assumed to be part of the regular work of psychoanalytic treatment.

Helen Block Lewis states, in her chapter, that "the psychoanalytic concept of resistance ought to be abandoned because its use is harmful to the therapeutic enterprise" (p. 209). She proposes that we substitute studying the operation of shame and guilt. While those two extremely powerful affects certainly play a central role in resistance, and therapists need to pay careful attention to them, her argument seems overly reductionistic. Althea Horner's chapter, "Object Relations and Transference Resistance," is unclear in its theoretical discussion of identifications and identity, but her section on "structure and transference resistance," in which she

discusses clinical problems with individuals who have severe disturbances in self-object differentiation, provides some useful insights. Wolstein's chapter is primarily theoretical and is unnecessarily abstruse and arcane.

The last two chapters in the "Specific Techniques" section, by Mendelsohn and Meltzer, deal with resistance to countertransference and resistance to dream analysis respectively. Neither of these chapters is particularly new or enlightening, and the one on dream analysis even seems a bit "regressive": it places an inordinate importance on the role of dream analysis, harkening back to the olden days of psychoanalysis. It is too bad that Meltzer did not take the opportunity to demonstrate what valuable information can be gained by the analysis of the specific resistances to dream material, rather than insisting that the work must get to the latent content.

The third part of the book comprises five chapters on "Resistance in Specific Diagnostic Categories." Giovacchini's writings regarding character disorders are well known, and his clinical acumen is clearly evident in his chapter. He describes what he has previously called the "psychoanalytic paradox," in which the "formal elements in the psychoanalytic method and setting . . . may reinforce the patient's resistance or be experienced as a repetition of the traumatic past" (p. 307). His description of such situations is vivid and clinically useful. However, he is somewhat unclear and a little self-contradictory when he discusses the problem that we analysts have in determining "when to adapt ourselves to the manifestations of psychopathology, which in the treatment setting emerge as resistance, and when not to alter the psychoanalytic setting to make such accommodations" (p. 313). He is "reluctant to relinquish my analytic identity, which is part of my ego ideal, by offering patients something besides analysis" (p. 308). Perhaps this is what leads him to the conclusion that if "resistance is the outcome of superficial defenses that can be relinquished in treatment because the patient can continue gaining gratification by exercising them in the external world, the analyst can insist upon maintaining his *analytic modus operandi*" (p. 313). I wonder why a patient should ever be asked to "relinquish" rather than analyze a defense, no matter how "superficial."

James Grotstein's article clarifies well the different and overlapping perspectives of the major British analytic groups. He demon-

strates that they view resistances as due to "the infant aspects of the patient instituting resistances to the treatment of a fear of a dependent object relation to the analyst" (p. 336).

James Masterson's approach to borderline patients has been described in his numerous publications, and the views expressed in his chapter, "Resistance of the Borderline Patient with a False Self," are well known. His emphasis on the use of devices such as "therapeutic control" and "confrontation" does not seem particularly helpful, and his frequent description of his patients' behavior as "acting out" sounds pejorative to me. At the same time, it is clear that he understands the dynamics of some of these patients very well and that he is able to help such individuals.

Robert Mednick's chapter, "Resistance in Prestructural (Psychotic) Psychopathology," is especially interesting for those who are less acquainted with patients of this kind. The chapter is brief, but clear and well written.

The final chapter, "The Reluctance to Experience Positive Affects," by Morton Kissen, concerns a very important subject that has already been written about extensively and well, and it does not add anything really new. It does review some of the relevant literature, although there is a surprising omission of Arthur Valenstein's paper, "On Attachment to Painful Feelings and the Negative Therapeutic Reaction."[1]

In conclusion, this collection of essays has little to offer to an experienced and reasonably well-read psychotherapist. For beginners in training for psychotherapy, the volume can provide some helpful insights—specifically the classical papers it contains.

MARIANNE GOLDBERGER (NEW YORK)

THE SUBTLE SEDUCTIONS. HOW TO BE A "GOOD ENOUGH" PARENT. By Gertrude Blanck, Ph.D. Northvale, NJ/London: Jason Aronson, Inc., 1987. 182 pp.

Known and respected for her many contributions to the scientific literature on ego psychology, Gertrude Blanck has written this book for a different audience: it is primarily for parents and care-

[1] Cf., *Psychoanal. Study Child*, 1973, 28:365-392.

givers of children. The book has little new to offer analytic readers, unless they are parents of children and adolescents. Then it might help them become more aware of some of their preconscious attitudes, behaviors, and fantasies regarding their children.

In the introduction, Blanck states that the book tries to be more than a popular "how to" book despite the subtitle. The main title, *The Subtle Seductions*, is a seduction itself, in that it is used to lure or entice the would-be reader to read the book. The term denotes a way of relating, the interaction between parent and child. There are "good" seductions despite the more general usage that indicates that seductions are "bad." She states that other interchangeable terms for actions that "seduce" the child's interest in life are "elicit, entice, lure, or stimulate." She prefers her term because she feels it provides a greater connotation of mutuality than the others. The problem is how much "seduction" is just right, how much is too little, and how much is too much.

Unfortunately, Blanck's jarring style detracts from the message of the book. She makes bold, sweeping statements that are frequently provocative. At the same time, she presents clinical evidence for them, to many of which I subscribe, although not to all.

The book contains twelve chapters, eleven of which depict the fictionalized life stories of four individuals and one couple. They are suffused with Blanck's dictums. In the final chapter she elaborates further upon them. While she forwards the life stories as representative of "normal" family life, all the characters struck me as presenting some degree of psychopathology.

Strikingly misleading are her definitions of a "modern psychoanalyst" and of "modern psychoanalytic theory." Blanck states that a modern psychoanalyst is an "ego psychologist." This is a personal view and not necessarily the view of all or even most psychoanalysts today. She describes "orthodox" analysts as the most conservative and as believing that the oedipus complex arises full-blown between the ages of three and six. By subtly implying that Freudian psychoanalytic theory can be equated primarily with an id psychology and that the "ego" originated with the ego psychologists who came after Freud, she sets up a false dichotomy (p. 54). She credits the latter as the first investigators who studied the ego and ascribed to it our inborn abilities plus those we acquire as we develop. Blanck has omitted that the ego psychologists she cites—

Mahler, Spitz, Hartmann, etc.—were all Freudian psychoanalysts. Lay readers would not know from her statement, "Orthodox theory plus ego psychology equals modern psychoanalytic theory" (p. 54), that Freud coined the term and wrote *The Ego and the Id* in 1923.

This book resembles a primer, in that its statements are clear, concise, and dogmatic. Frequently, they are not fully substantiated, convincing, or capable of being readily carried out by a parent. On page 47, for example, she states, "The good father treads a fine line. He must convey . . . that his young daughter is attractive, so that she will develop self-esteem and expect young men to like her. . . . At the same time, the father has to make it very clear that he is taken, that they are a generation apart. He should not allow the slightest notion that he is sexually available to her." Because of the sweeping, complex dicta and the format of life stories in which parenting goes awry, I doubt that the book will be helpful to parents. Parents would have difficulty applying to their children the lessons to be derived from the mistakes of others.

Nevertheless, this book is filled with a wealth of solid child and parent developmental principles and ideas derived from sound analytic theory. It might be a useful book for beginning mental health students in child development, psychiatry, psychology, social work, etc.

What classical psychoanalyst would not appreciate Blanck's attempt to introduce to the lay public the idea that unconscious fantasies or thoughts can influence and even dictate people's behavior, feelings, and thoughts? The message contained in her title to the third chapter, "One Incident Doth Not a Neurosis Make," also is a good one. In this chapter she artfully weaves together the notions of mental conflict arising out of opposing wishes at various stages of development and of their resolution based on a confluence of factors. The latter include inborn capacities developed at that particular time (level of cognitive development, defenses, degree of passivity, etc.), parental attitudes and relationships, and previous resolutions at earlier phases of development. Solutions are not fixed but are reworked in successive stages of development. Earlier experiences and earlier ways of resolving conflict influence the ways later experiences and conflicts are viewed and resolved. She says of the life story contained in this chapter, "What served him so well in childhood destroyed his adulthood" (p. 32).

Blanck says further that "optimal frustration" advances development and that what is appropriate for psychological development at one time can be out of phase at another. But her statement on page 169 (and others), although I wish it were true, is a gross exaggeration and a misrepresentation of many child psychoanalysts' views: "The ego psychologists have studied development in such fine detail that they know the 'whens' and 'how muches'—when to gratify, when to seduce, when to frustrate, how much is enough, how much is too soon."

The same overconfident, dogmatic tone also colors Blanck's stands on divorce, custody, couple therapy, and sex therapy. She holds out greater promise than can be fulfilled or delivered at this time. On page 49, for example, she says, "Sex therapy can 'cure' certain mild cases of frigidity and impotence by mechanical means. The hard cases can only be cured the hard way—by psychoanalytic methods." She implies that via ego psychological, psychoanalytically oriented psychotherapy and psychoanalysis, sexual problems can be removed by clearing away the underlying causes, ignoring the many "hard cases" that are beyond the power of psychotherapeutic approaches. She sounds, at time, like some of the "orthodox" psychoanalysts of the 1940's who hoped with great zeal that psychoanalysis would be the panacea for the emotional ills of all people and would tell us how to prevent neurosis, rather than like the modern psychoanalyst she claims to be.

In conclusion, this book has little to offer the psychoanalytic reader and does not fulfill its promise of showing or demonstrating "how to be a good enough parent."

ALLAN JONG (NEW YORK)

PSYCHOANALYTIC PERSPECTIVES ON ART, VOLUME 2. Edited and with an Introduction by Mary Mathews Gedo. Hillsdale, NJ/ London: The Analytic Press, 1987. 342 pp.

Recent years have witnessed a quicker pace and improved calibre of interdisciplinary studies. Volume 2 of *Psychoanalytic Perspectives on Art*, like its predecessor, fosters this welcome trend with a high standard and handsome format.

"Delacroix's Personality in Its Relation to His Art," by Jack Spector, makes it evident that Delacroix's multilevel conflicts accounted for his fascination with intensity while he yearned for

tranquility. Repressed rage at both of his parents, stemming from early traumatic experiences, including doubts about the true identity of his father, appears to have contributed to the painter's choice of sadistic, cannibalistic subject matter.

While some of the dynamic formulations seem more formulaic than convincing, and although the flow of the text is interrupted by numerous (72) lengthy, if relevant footnotes, this paper is rewarding for two reasons, both of which underline the importance of the regulatory functions of the ego. It gives due weight, first of all, to the multiplicity of factors involved in artistic expression. Painting provided Delacroix with a conflict-free holding environment (he once referred to painting as "a kind, indulgent mother" [p. 30]), an expressive outlet for powerful passions, and an instrument for cognitive mastery. It compensated for disappointments, verified potency, and reinforced self-esteem. Secondly, the paper details how his artistic and emotional development proceeded in parallel. As his emotional life settled down, Delacroix's art developed toward an objectivity of decorative harmony and optical analysis. His own devouring orality became transformed into a feast for the eye. Harsh themes were softened through a refined use of reds and subtler color harmonies, broken brushwork, and more coherent composition.

Francis O'Connor's "The Psychodynamics of Modernism: A Post Modernist View, Part I: Baudelaire and the Elementalism of Melancholy" draws on the Kleinian dichotomy of the depressive and schizoid positions. It postulates that the schizoid contrives totalities out of the wish to create a new world ("totalism"), and the depressive, lacking the energy for such overarching constructions, concentrates on the underlying elements of structure ("elementalism"). Extrapolating from this, the author believes that the basic philosophical outlook of modernism is consistent with a depressive condition of culture resulting from the lack of an encompassing sense of ordered meaning, and that the art of the depressive is naturally given to abstraction—the accumulation of isolated elements. Generalizing further, he states that impressionism and post-impressionism, including cubism and constructivism, are depressive-elementalist, while symbolism, surrealism and some varieties of expressionism are more or less schizoid-totalist.

Although the author disavows any intention of referring to

clinico-pathological conditions but rather to "general configurations of temperament" (p. 78), it might be well to point out that whatever the heuristic value of such all-embracing ideas, they derive nevertheless from clinical generalizations that are, to say the least, debatable.

Donald Kuspit's "The Pathology and Health of Art: Gauguin's Self-Experience" makes a cogent argument: "The problem of art [for Gauguin] is . . . to recover the primitive core of . . . perception, 'insight' from sight" (p. 172), in order to rescue society from alienation from the world of feeling, thus restoring the wholeness of experience. Gauguin's art permitted the violence of extreme emotions to escape from the sway of reason and merge harmoniously, providing the individual with a momentary integrating respite from the decay inflicted by civilization.

Gauguin may be readily forgiven for his primitive notion of therapeusis. This paper, however, is regrettably flawed by reductive pronouncements. About art, Kuspit states, "The nostalgia for primitivism that animates Postmodernist Expressionist art represents a yearning for a symbiotic experience. . ." (p. 178). About psychoanalysis, "[feeling] can be banalized into fact, as psychoanalysis, a bourgeois invention, tends to do" (p. 174).

One might more thoughtfully show that both psychoanalysis and art tend to reintegrate feeling with thought and perception—one through memory and verbalization, the other through perceptual forms. Since the author coins the expression "visual parapraxes" to refer to defects of rational organization in some of Gauguin's canvases, one might refer to these defects in psychoanalytic comprehension as "cognitive parapraxes." Nevertheless, for psychoanalysts who are not too thin-skinned, the paper is a lively read.

Beth Genné's "Two Self-Portraits by Berthe Morisot," in addition to shedding light on the artist's relationship to her brother-in-law, Manet, provides a balanced and sensitive account of the delicate position of a professional female painter in an age that defined pride and ambition as masculine characteristics unacceptable for a well-bred woman. Equally sound and contributory are papers by Joel Isaacson on Manet, Stephen Levine on Monet, Norma Lifton on Thomas Eakins and S. Weir Mitchell, and Lawrence and Elaine Warick on Munch.

Two reviews of Reinhold Heller's *Munch: His Life and Work*, by

art historian Thomas L. Sloan and psychoanalyst George Moraitis, interestingly enough compliment each other. Sloan points out that since melancholia was such a unifying theme in Munch's personality and art, it is a pity that references to it are dispersed throughout the text. Moraitis, in a statement of psychoanalytic guidelines for biography, discusses such factors as giving due weight to childhood experiences and not accepting flagrant rationalizations or inconsistencies at face value. He also cautions against overidentification with the subject.

Disappointingly, these "rules of the road" elicit only a defensive response from Munch's biographer. After accusing psychoanalysts who write about artists of being gullible, romantic, pathologizing, and more self-revealing than illuminating, he delivers the following: "Full disclosure, even it it were possible, would surely bore most readers and/or would contain material so personal in nature that few of us would wish to make it so public" (pp. 337–338). Either this is a quaint throwback or an ultimatum: "Interdisciplinary Workers Take Notice: before the intransigence of academic art history, psychoanalysis throws down its arms."

Also having to do with the limitations of and possibilities for interdisciplinary discourse is an extended debate between psychoanalyst John Gedo and art historian Theodore Reff on Cézanne's psychopathology. Gedo makes a case for the significance of Cézanne's ambivalence toward his father, unconscious fellatio fantasies, and passive, homosexual, masochistic longings, fears, rage, and avoidance of intimacy with women. Reff replies that Gedo's essay is, among other things, reductive, uncritical, inaccurate, hasty, arbitrary, sweeping, impossible to verify, and, above all, irrelevant because it is unvisual and does nothing to illuminate Cézanne's *art*.

Gedo, in response, calls on "nearly a century of psychoanalytic knowledge" and "shelves of books" on the primary process to support his hypotheses. He interprets Reff's response as a hypersensitive betrayal of an unconscious overidentification with Cézanne's unconscious conflicts. Finally, he offers a draw: let neither call into question the epistemic assumptions of the other's discipline.

Anything but mollified, Reff tellingly notes that psychoanalysts, being visually illiterate, concentrate on unverifiable theoretical constructs and on subject matter that is most easily verbalized rather than on visual image, pictorial structure, or mode of execu-

tion. He aptly quotes Matisse to the effect that everything about a picture is expressive, including placements, proportions, and empty spaces, not merely facial expressions. Finally, as an example of a more appropriate contribution, Reff cites his own attempt to trace the evolution of Cézanne's parallel diagonal brushstrokes in pictures of highly charged content, which he suggests is understandable in terms of a psychological need to master difficult psychological content.

Where this volume succeeds, it does so nobly; where it fails, it does so bravely. Pondering both, one comes to the conclusion that the ground rules of interdisciplinary work might well include the following: stay close to manifest content, avoid excessive speculation, give due weight to form as well as to content, be neither worshipful or reductive but respect what is unverbalizable, subdue the tendency to flash one's professional prowess; and, perhaps above all, direct everything toward the aim of invigorating perceptual power and enriching appreciation of the work of art. One is grateful for this series and wishes it well.

GILBERT J. ROSE (ROWAYTON, CT)

THE ROAD TO DAULIS. PSYCHOANALYSIS, PSYCHOLOGY, AND CLASSICAL MYTHOLOGY. By Robert Eisner. Syracuse: Syracuse University Press, 1987. 301 pp.

Robert Eisner's book is an eminently readable excursion into classical mythology. Its content, capturing the scope of the Greek imagination and psychological mindedness on the eve of Western civilization, should prove to be of considerable interest to those who work in applied psychoanalysis. Eisner's theoretical perspective—ranging eclectically and rather haphazardly across Freudian, Jungian, and other schools of interpretation—is less illuminating. Nor does he quite make good on his implicit promise to offer alternatives to, or at least a systematic critique of, the methodologies analysts have employed in attempting to understand the motives for making myths and the meanings to be gleaned from them.

Eisner's title is an allusion to the road not taken at the crossing of the three highways where Oedipus slew Laius—figuratively, therefore, to stories other than the Theban tragedy which was destined to become the shibboleth of Freud's psychoanalysis. In the opening

chapters of the book, for example, the author calls into question Freud's and his heirs' tendency to rely not only on a single myth as the central paradigm of the classical unconscious but, even more reductively, on but one of its many versions, i.e., on Sophocles' *Oedipus Rex*. From this single work, "mute" in André Green's metaphor, unable to confirm interpretations brought to it in the free associations of a mortal mind long since lost to time, Freud and we after him have discerned those murderous and incestuous wishes inherited from childhood, "forced upon us by nature" and "repugnant to morality," whose repression lies at the heart of civilization and neurosis. But there is more to the myth and the particular play, Eisner suggests, than this universal individual dynamism. Maneuvering within an established tradition, playing with the conventions of a tale told and heard many times over, Sophocles recounted his own story of Oedipus, one in which irony, intellectual blindness on the part of a brilliant man, and paranoidal projection as an escape from responsibility play central roles. To equate, as psychoanalysis has done, the myth—a rigidly encapsulated parable first formed in an oral tradition—with a literary work making use of it—one replete with poetic license and ambiguity—is to commit a basic category error with methodological and conceptual consequences. It may even be to construct an altogether new psychoanalytic myth, one just as limiting as its prototype until it is itself imaginatively re-examined.

With this basic distinction in mind, Eisner guides us through the Greek pantheon, depicting for his readers an array of gods, daimons, and heroes, and the dramatic and poetic accounts of their exploits. The panoply the book presents is breathtaking in its rendering not only of the primary process but of humankind's surprising and enduring capacity for reflective self-awareness—the ability, that is, of early civilized human beings to contemplate the human condition. Once again we are led to rediscover the genius of the classical mind, one extending beyond even the brilliance of *Oedipus Rex*. Referring to the overviews not only of analysts like Freud, Abraham, Ferenczi, Devereux, Kanzer, and others, but to the contributions of analytic and non-analytic mavericks like Jung, Rank, Lévi-Strauss, Fromm, Lacan, Slater, and Campbell, as well as to the methodological controversies among classicists themselves,

The Road to Daulis tells many Greek stories. Its readers learn more about Electra, Clytemnestra, the Gorgons, and other female "monsters" whose repeated conquest served to symbolize and ritualize not only an individual developmental journey away from an entrapping mother but the overturning of the pre-Hellenic matriarchy. Along the way, we are treated to the ironies and near satire of Euripides, in contrast to the somber tragedy of Sophocles, in dramatizing these and other themes. Dionysus, Apollo, Artemis, Herakles and Theseus, Eros and Psyche, and a host of other personages permit the author to ponder the place of the drives in the Greek experience, the Athenian society's stress on male narcissism and conventionalized homosexuality as a prime *rite of passage*, the phallic pretense and hypocrisy of the questing hero, the role of love in promoting the structuring of mind—and more. Vicariously, the clinical analyst is granted data far richer than, and in this way as psychologically true as, those to be found in his or her private caseload and in the case histories collected during the course of the discipline's hundred-year history.

However, in the absence of an informed and thought-out model of mind, these tend to be journeys without a red thread, their very variety tending toward a labyrinth without sufficient light. Like Ariadne on Naxos, the psychoanalytic reader, bewildered by such Jungian abstractions as anima and animus or by Eisner's naïve confounding of the psychoanalytic concept of "ego" with the notion of a "critical faculty," is abandoned by the author and left to his or her own interpretive devices in making sense of all that has been offered. Stunned by the brilliance of Eisner's many readings of so many works, one cannot help wondering why these have been gathered together into a book whose intent is so unclear. It is as if the practitioner had been left alone in his consulting room, attending to the seductive sirens of his patients' musings without technical or philosophical beacons. Or it is as if one has been left at sea without the hope or the anticipation, to borrow from yet another of the stories retold here, of an Odysseus, meandering to be sure, but bent on eventually getting home or of a Penelope who weaves and unweaves, but always in the expectation of her husband's return.

Only this much, from a strictly conceptual vantage, do we re-

ceive: once again we are taught that there is more to the human being, to the Greeks, indeed to Oedipus himself, than is contained in Freud's rendering of the Sophoclean protagonist.

JOHN MUNDER ROSS (NEW YORK)

THE WHOLE JOURNEY. SHAKESPEARE'S POWER OF DEVELOPMENT. By C. L. Barber and Richard P. Wheeler. Berkeley: University of California Press, 1986. 354 pp.

Two recent books in the undiminishing industry of Shakespeare criticism signal a new level in the evolution of psychoanalytic interpretation—new in the sense that they examine the works of one another in chronological order from a developmental perspective, tracing patterns of growth in the canon analogous to those in the psychological development of individuals.

In the earlier work, Thomas MacCary[1] compared the early and mature comedies and the late romances along a line of developing narcissistic desire and indentity formation: a progression from early to later plays in which young men first seek narcissistic identity in the mirror images of themselves in twins or friends, then find their desire for women in those disguised as young men in comedies of mis-identification; young women are then sought as separate objects of desire in their own right; and, finally, in the late romances, fathers deal with the problem of relinquishing claim on their young daughters. Although the progression of development in the plays parallels that of human development, MacCary focused on the literary works, not on Shakespeare's life.

In the book under consideration here, Barber and Wheeler sample all of Shakespeare's dramatic forms (comedies, histories, tragedies, romances), as well as the sonnets, and attempt to place them on a progressive continuum in their study of his literary development.

To refer to this book as "their study," however, is misleading. The book is the work of both Barber and Wheeler, but circumstances prevented their active collaboration. It was to have been

[1] MacCary, W. T. (1985): *Friends and Lovers. The Phenomenology of Desire in Shakespearean Comedy*. New York: Columbia Univ. Press. Reviewed in this *Quarterly*, 1987, 46:579-583.

the culmination of Barber's life's work on Shakespeare; and, when he saw that he would not be able to finish it by himself, he invited Wheeler, a noted Shakespeare scholar in his own right, to join him as co-author. One week later, without their having been able to begin their work together, Barber died. Wheeler found two chapters relatively completed; others were still in the form of initial drafts, and there were fragments of new ideas that Barber had been expanding when he died. Deciding against the simpler task of editing what Barber had finished and producing a scaled-down version, Wheeler instead chose to push ahead toward the larger design Barber had envisaged.

Wheeler is careful to point out Barber's ideas and, one suspects, is modest about his own contributions. Although Barber was the senior colleague and had been Wheeler's teacher some twenty years earlier, both men had become recognized as authorities in the field. Both had published previous books on related subjects,[2] and they shared an interest in the application of psychoanalytic understanding to Shakespeare. The collaboration seems a natural one.

It should be of some interest for the psychoanalyst reader to know their orientation toward the question of reading the author's life in his works. Although their speculations do seek links of understanding between Shakespeare's art and what little biographical data is known, they do not reach levels of psychological reductionism that would be objectionable to most readers. In fact, there is surprisingly little of this, in view of a discussion of this subject in the introduction. Shakespeare's development, both artistic and personal, not any putative psychopathology, is the subject of their investigation. In their hands, it seems more an enrichment of both the art and the life, not a reductive "explanation" of the latter by the former. For example, they observe that Shakespeare's tragedies, which are dominated by concerns with authority and generational succession, were not written until after he had become more successful than his father had been.

[2] Barber, C. L. (1959): *Shakespeare's Festive Comedy: A Study of Dramatic Form and Its Relation to Social Custom.* Princeton: Princeton Univ. Press.

Wheeler, R. P. (1981): *Shakespeare's Development and the Problem Comedies: Turn and Counter-Turn.* Los Angeles: Univ. Calif. Press.

One of their conclusions from such observations is: "As always in Shakespeare, a development of style has a profound inner logic" (p. 298). Barber had written previously that "the art met needs in the man who created it and knew himself through it, that it developed in directions that responded to shifts in his relationship to experience and to the needs and structure of his temperament" (p. xvi). He found Freudian analysis "a resource of enormous power" (p. xxii), but it was not so much theory applied as method utilized. For him, the discipline of psychoanalysis was "a way of being aware . . . a way we have been taught to pay attention" (p. xxiii).

Shakespeare's work progresses as to form and style in a way almost comparable to Picasso's periods. The early comedies are different kinds of plays from the festive middle comedies. Although the histories overlap the comedies chronologically, they deal with different conflicts and lead into the relatively late period of the great tragedies, which have conflicts similar to the histories but are dealt with on a different level and in different style. The last plays are the restorative romances.

With this orientation, then, there is a brief summary of some of their interesting findings in the patterns of the plays. In the early comedies, there is a strong identification with cherishing maternal attitudes, and this tends to submerge or transcend conflict. Family harmony is always restored in the end. In the same period, however, Shakespeare also wrote *Richard III* and other history plays, which deal with the other side of this all-important maternal influence: the fear of being abandoned or of being overpowered by dominating women. In this early creative phase, the two poles of the maternal image were split between the two types of plays: nourishing and cherishing in the comedies, threatening and overpowering in the histories. There is virtually no male-to-male confrontation in these comedies. In these early histories, there is aggression and confrontation between males, but in general it is between those of the same generation. We do not see intergenerational violence until the tragedies.

As the development progresses to the middle, festive comedies, the young people typically move away from the family ties to the older generation, as they progress toward their own freedom. Whereas these comedies center on enthralling heroines, the histories of the same period are male-dominated.

In the thesis of Barber and Wheeler, the turn to tragedy oc-

cupies a distinctive place in Shakespeare's development. In the history plays that lead into the tragic period, the oedipal struggles are still not allowed to surface. The heroic struggle is the nation's struggle, not the individual hero's personal conflict. Henry V, for example, solves a potentially tragic situation by promoting "allegiances formed on the model of brotherhood as a way of avoiding confrontation with the Oedipal motives that . . . will come to full expression in *Hamlet*" (p. 231).

Henry V was followed shortly by *Julius Caesar,* "which dramatizes the tragic encounter of brotherly solidarity with emergent patriarchal authority" (p. 238); and, for the first time, Shakespeare centers a whole play on intergenerational male-to-male conflict.

With *Hamlet,* Shakespeare opens up tragedy to the full range of family conflict. Relationship to women begins to play a more and more decisive role in tragic struggles. Hamlet is tormented by his mother's unfaithfulness to his father, evoking his own conflics about avenging his father's death. Lady Macbeth "assumes a demonic maternal role in relation to a protagonist who, with her urging, will murder the fatherly king" (p. 12). With these plays, the great tragedies center now on the inner awareness of the protagonist and on struggle and failure.

The authors suggest that Shakespeare's turn to tragedy represents his beginning "to deal with the full interplay and conflict of masculine and feminine roles in human development" (p. 14). In short, having reached his own maturity and success in the theater, he could risk becoming the idealized, omnipotent father himself and could, therefore, "begin to express, in the major tragedies, the longing for that figure of authority, with the parricidal rage, the immense anxiety, and the feared destruction that accompany it" (p. 64).

"Shakespeare's mature plays show people in passage from one stage of life to another, succeeding in comedies, failing in tragedies" (p. 282). Lear attempts to exchange his control of the state for a total investment in family relationships. Unable to control Cordelia or to give her up, he banishes her. In this play, for the first time, the need for a maternal presence is shifted to the daughter; and Lear eventually "compels by his helplessness what he has been unable to command from his daughter by his power" (p. 290). Lear's demand for his daughter's love and nurturance and her sacrifice for him lead to the total tragic loss.

After the "great" tragedies, which were written in a relatively short period, Shakespeare seemed to reach an impasse in further development of the tragic form with *Coriolanus* and *Timon of Athens*. Barber and Wheeler see these plays as characterized "less by the loss than by the absence of the sacred in the human" (p. 302), and therefore they have lost the intense emotional appeal of *Hamlet, Macbeth, Othello,* and *King Lear*.

With the shift from tragedy to romance, the redemptive feminine presence, which fails in *Lear*, is restored in *The Winter's Tale* and *Pericles*. In contrast to the early comedies' emphasis on young people, the center of feeling in the romances is in the older generation.

The Tempest is the culmination of Shakespeare's development, and Prospero is often seen as representing Shakespeare himself and the power of the theater. But in the line of development being traced, Prospero succeeds precisely where early protagonists have failed. He establishes his magical dominion, thereby overcoming destructive femininity in the form of the witch Sycorax; he recovers his dukedom from his usurping brother without the violent pattern of brother-to-brother rivalry predominant in the early histories; and by arranging his daughter's marriage and, unlike Lear, letting her go, he ensures the stable transmission of authority to the next generation (p. 336).

This is but a sample of the riches contained in this admirable work, a wonderful addition to Shakespeare studies and to the growing refinement in the use of psychoanalytic understanding in literary studies.

RALPH E. ROUGHTON (ATLANTA)

PSYCHO/HISTORY. READINGS IN THE METHOD OF PSYCHOLOGY, PSYCHOANALYSIS, AND HISTORY. Edited by Geoffrey Cocks and Travis L. Crosby. New Haven/London: Yale University Press, 1987. 318 pp.

As the subtitle indicates, Cocks and Crosby have collected a number of essays (eighteen in all) concerned with methodological issues in psychohistory. The volume is intended for use in undergraduate psychohistory courses. I would imagine it could be quite

appropriate in that context, as well as for more advanced readers newly interested in the field. For the more sophisticated student of psychohistory, however, it presents nothing new. Reading it is instead like a visit with old friends—and old foes. This effect upon the reader is not accidental: the editors have quite successfully arranged the contributions so as to highlight controversial issues.

The essays are divided into three categories: psychohistorical methodology in general; methodological issues in the study of individuals; and methodological issues in the study of groups. The aim of the collection as a whole is to offer a "balanced introduction to psychohistory" and to "provide a springboard for a discussion of general historiographical issues" (p. ix). In the latter regard the editors raise the question of whether historical research is "a scientific process of empirical inquiry, verification, and predication," oriented toward the establishment of general laws; or whether it is an endeavor utilizing the "empathic understanding" of historical actors to construct plausible narratives (p. ix). They seem to opt for an ill-defined combination of the two views: " 'Human sciences' . . . can employ a combination of both objective and subjective thinking" (p. x). But they do not impose this view upon the reader. The essays permit the reader to judge the matter for him/herself.

However the preceding matter may be concluded, psychoanalysts find themselves on familiar methodological ground. This same (or at least a very similar) question has been raised about psychoanalysis itself: does psychoanalysis fall under the methodological purview of the natural sciences, or is it rather a form of hermeneutic inquiry? Hence there is an initial plausibility to the idea that psychoanalysis and historical inquiry are cut from the same epistemic cloth. That is, as one judges the scientific or extra-scientific standing of history, so might one judge the scientific or extra-scientific standing of psychoanalysis. But as the editors are quick to point out, the historical application of psychoanalytic concepts involves methodological problems not faced in the clinical situation.

Let me turn to the contributions themselves. In the first section we begin with H. J. Eysenck, who argues that psychoanalysis more nearly resembles mysticism than science. He contends that: psychoanalytic conclusions are based on unreliable data; psychoana-

lytic data prejudge the issue; psychoanalysts overgeneralize their conclusions; psychoanalysts apply their putative principles to general social phenomena without proof of their applicability; Freudian research tends to illustrate preconceptions rather than to test hypotheses; and psychoanalytic arguments from facts beg the question (pp. 12-15). In short, "Psychoanalysis is unscientific" (p. 16).

Eysenck displays the same dogmatic hostility to psychoanalysis later demonstrated by people like Adolf Grünbaum.[1] The point is not, however, that such arguments are necessarily incorrect. They may or may not be valid in any given instance. The issue is rather the dogma itself. If psychoanalysts claim scientific status for their discipline, be it clinical or applied, then they are properly subject to Eysenck's strictures. But what if psychoanalysis is something other than or in addition to a science? This is the position taken by Hans Meyerhoff and Peter Loewenberg, both of whom argue that psychoanalysis has more in common with historical inquiry than with natural science positivistically conceived.

Fundamental to the position of Meyerhoff and Loewenberg is the idea that the psychohistorian utilizes his/her own subjectivity as a research tool. Charles Strozier, focusing his attention primarily on Erik Erikson, wonders if the psychohistorian's subjectivity can be adequately disciplined. Lloyd deMause and Rudolph Binion assert that it can. Each believes that one can arrive at demonstrably valid results in psychohistorical inquiry.

In the second section (on the individual) Robert Coles offers a somewhat rambling and unfocused criticism of the heavy-handed use of psychoanalytic categories in historical writing. Robert Woods defends psychohistory from these criticisms. There is an elegant little essay by William Runyan, entitled "Why Did Van Gogh Cut Off His Ear?." And there are four essays devoted to methodological issues raised by Alexander and Juliette George's classic *Woodrow Wilson and Colonel House.*[2]

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

[2] George, A. & George, J. (1956): *Woodrow Wilson and Colonel House.* New York: Dover Publ., 1964.

The last section (on groups) offers contributions by Bruce Mazlish, Gerald Platt, John Demos, Harvey Asher, and Peter and Carol Stearns. These essays are of varying quality, but none of them really deals with groups. They rather are primarily concerned with aggregated or historically typical traits of individuals.

By the time one finishes reading these contributions, one does have a good sense of the welter of methodological difficulties confronting psychohistorians. The central issues can be brought out, however, by focusing on the essays by deMause and Runyan.

The core of deMause's essay is an analysis of group fantasies about the outbreak of war. He reports that he began to study the subject because he was dissatisfied with existing explanations, but that he soon encountered a block in himself. To overcome this block he immersed himself in historical materials, sought to identify with leaders (on the assumption that they were containers of mass projections), and analyzed his own dreams. Eventually, out of this process there emerged a focus: as wars were breaking out, leaders would complain that their nations were being strangled by the enemy, even (indeed, especially) if this claim could not be objectively supported. Once deMause took this complaint seriously, he was led to the conclusion that the outbreak of war was experienced as a birth process and that fantasies of birth were elements in the etiology of war. He then searched for confirming evidence in historical materials and in himself.

The reader is quite swept along (to use an appropriate metaphor) by deMause's depiction of his research—which, incidentally, is genuinely research at the group level. But what does one have at the end of it? Do we have a hitherto unrecognized aspect of the etiology of wars, or do we have *the author's* fantasies about the outbreak of wars? One cannot be sure. Moreover, although deMause views psychohistory as a science, the level of uncertainty would not be acceptable in natural scientific research.

If, by contrast, we drop the claim to practicing a science, then we introduce a different evaluative standard. The question becomes, is deMause's interpretation *plausible*, i.e., one of the possibly meaningful ways of interpreting the outbreak of wars? This is Runyan's question in his Van Gogh essay. He culls thirteen explanations of Van Gogh's self-mutilation from the literature and proceeds to

demonstrate that they are not all equally plausible. There are available criteria for differentiating among more or less plausible psychohistorical interpretations, including logical soundness, comprehensiveness in accounting for puzzling data, survival of tests of falsification, consistency with the data and/or with more general knowledge (theoretical or empirical), and relative credibility vis-à-vis other interpretations (p. 128). Psychohistory is not, or at least need not be, the arbitrary imposition of the investigator's subjectivity upon the object of the inquiry. But neither do such explanatory conjectures bring us to an ultimate truth of the matter. It might even be the case (a case Runyan does not consider) that an implausible hypothesis was the real cause, or a real cause, of an action or event. This only means, however, that psychohistory is a discursive practice, a dialogue or multilogue without ultimate closure or resolution.

Let me conclude by briefly stating my own opinion on the general issues raised in this volume. As I see it, psychohistory is a branch of history. It must proceed according to the methodological rules of historical research, rules which are structured by the historians' discourse, i.e., by a process of communicative interaction. Communication among practicing clinical psychoanalysts about their work is, in my judgment, likewise a discourse. It has more in common with the publication of historical research than it does with the publication of natural scientific research. I do not think, however, that the actual clinical practice of psychoanalysis is a species of historical inquiry or a hermeneutic enterprise. Nor do I think it is a science. Instead, it seems to me to blend elements of scientific and historical research in a distinctive emancipatory praxis, one in which the telos of freedom both operates immanently and functions as the fundamental standard of validity. But that is another story and must be told at another time.[3]

E. VICTOR WOLFENSTEIN (LOS ANGELES)

[3] Wolfenstein, E. V. (1989): On the uses and abuses of psychoanalysis in cultural research. In *Free Associations*. (In press).

THE PROBLEM OF ALTRUISM. FREUDIAN-DARWINIAN SOLUTIONS. By C. R. Badcock. Oxford/New York. Oxford University Press, 1986. 206 pp.

ALTRUISM AND AGGRESSION. BIOLOGICAL AND SOCIAL ORIGINS. Edited by Carolyn Zahn-Waxler, E. Mark Cummings, and Ronald Iannotti. Cambridge/London: Cambridge University Press, 1986. 337 pp.

It is a well-known fact that writers associated with the eighteenth century Scottish enlightenment, such as Malthus, influenced both Darwin and Spencer, and, as a result, were instrumental in the development of the theories of the survival of the fittest. Sociobiologists have recently focused on the question of what "the fittest" means, and have striven to refine prior arguments about the predominance of biology over culture—some would say of "nature" over culture—through a re-examination of the concept of altruism. E. O. Wilson defined altruism as "the central problem of sociobiology" (quoted in Badcock, p. 18). The debate over selfish genes and altruistic kin has led C. R. Badcock, in *The Problem of Altruism,* to elaborate an ambitious theory which claims to synthesize Freud and Darwin and to provide a new sociobiological foundation for psychoanalytic ideas. This debate also gives rise to *Altruism and Aggression: Biological and Social Origins,* edited by Carolyn Zahn-Waxler, et al. Both books have in common the emphasis on a sociobiological argument for the value of altruism independent of any moral system. Altruism, so the argument goes, suits biological (and, by extension, psychological) needs.

This appears to be a reversal of the emphasis on aggression and selfishness which has generally characterized sociobiological positions in such books as *The Selfish Gene.*[1] However, argue the authors of these two volumes, sociobiology has recently sought to establish firmer links with psychology, recognizing that it cannot do without theories of the mind (and/or brain). Interestingly enough, the case for altruism as the key problem for sociobiology has been made for some time. But, as Zahn-Waxler points out, the vogue for aggres-

[1] Dawkins, R. (1976): *The Selfish Gene.* Oxford: Oxford Univ. Press.

sion in the 'sixties and 'seventies has given way to an emphasis on altruism, thus underscoring the failure of sociobiologists to deal adequately with the question.

As these two volumes demonstrate, handling the difficulties of a sociobiological interpretation of altruism entails introducing more than simplistic ideas of psychology. Badcock argues for a psychodymamic theory of altruism derived from sociobiological principles. What emerges clearly in both books is a critique of cultural relativists, who are accused of not taking psychology, emotions, psychodynamics, or individual differences into account.

In the Zahn-Waxler book altruism is traced to the mother-child dyad. There are discussions of the role of the infant in initiating an altruistic interaction on the part of the mother (e.g., the contributions of James Youniss, E. Mark Cummings, et al., and Joan E. Grusec and Theodore Dix). But the use of mother-infant studies by contributors to this volume emphasizes the problems in making inferences from behavior. An emphasis on behavior to the exclusion of meaning and context does not do justice to the psychological sophistication of concepts like altruism or aggression or the peculiarly human ways in which people express them. For example, Zahn-Waxler writes: "To the extent that acts of altruism and aggression are mediated by emotions, this would help explain the lability and fluidity of expression observed in the behaviors themselves" (p. 9). But does it?

Altruism and Aggression, the outcome of a conference held in 1982 at the National Institute of Mental Health in Bethesda, Maryland, constitutes an honest effort on the part of essentially behavioristically oriented psychologists, ethologists, and sociobiologists to explore relations between two concepts which, although they were addressed in the eighteenth century, have not been seen together within the framework of the social sciences since the nineteenth century. Jaak Panksepp's preoccupation with behavior leads him to examine rats in a search for the roots of altruism in "an understanding of emotional circuits" and in brain physiology. Robert B. Cairns advocates bridging the gap between studies of children's social behavior and studies of animal behavior. Youniss emphasizes what he calls a "law of mutual aid" which he sees in friendship and reciprocity, although the terms friendship and reciprocity are never clearly defined, and a number of sources which one would

essay, "On Friendship"). F. F. Strayer and J. M. Noel's ethological study of children tries to bridge the gap between ethology and human behavior by treating child behavior as though it were susceptible of the same kind of explanation as the behavior of rats or monkeys. And the chapter by Ervin Staub, which purports to outline the "determinants" of altruism, aggression, and that elusive catch-all of subjectivity, the self-concept, manages to create yet another explanatory system which remains within the confines of academic experimental psychology. In their slim chapter, uncomfortably full of statistics, Seymour and Norma D. Feshbach manage to say little, and that poorly, despite the inclusion of seventeen of their own works in the bibliography, confirming the self-referential tone of the paper. After finishing the concluding chapter, in which Zahn-Waxler nobly provides the volume with coherence, this reader had to admit to a healthy respect for this overly behavioristic but essentially honest exploration of the links between altruism and aggression.

While Badcock's *The Problem of Altruism* is seemingly more sympathetic to psychoanalytic approaches, his applications of sociobiology to Freudian metapsychology and psychodynamic theory, combined with an absence of clinical material, constitute a reminder of the difficulties—and the importance—of the subject. In these days of increasing specialization, an attempt to synthesize Comte, Spencer, Darwin, Freud, and modern (American) sociobiology within the confines of a relatively slender volume has little competition. Yet his book deserves our admiration as one of the relatively few contemporary volumes which, however quirky, tries to put it all together.

One of the shortcomings of the Badcock book is the conflation of inferences drawn from observations of animal behavior and meanings drawn from human experience. This confusion enables Badcock to say confidently that Freud's libido theory is closely akin to Darwin's evolutionary theory and indeed can be considered its "inevitable consequence" (p. 28). Viewing "holistic cultural determinism" as the chief enemy because it flaunts its independence from biological causality, Badcock repeatedly emphasizes that biology, not culture, determines gender identity, family values, incest taboos, and altruism. He even suggests that the repression of oedipal drives is the outcome of wishes to deceive (both oneself and others). The resulting dynamic unconscious necessarily reflects so-

ciobiological strategies. Deception remains important whether one is speaking of parental investment in offspring or of the oedipus complex, and whether one is speaking of animals or humans: "We must not make the mistake of naively imagining that animal communications are always communications of truth merely because it is hard to see how the communication of falsehoods could benefit the species" (p. 48). Repression for Badcock becomes "the need to deceive oneself in the interests of deceiving others" (p. 68). Badcock also extends his argument to include identification, which he describes as "the chief psychological mechanism by which kin altruism expresses itself in human behavior" (p. 64). As the book continues, Badcock grows bolder and bolder about redefining Freudian concepts. Ego becomes an acronym for "Executive and Governing Organization of the personality," id turns out to mean "Inclusive-fitness-maximizing Demands," and superego, "Supernumerary Executive and Governing Organization." Other acronyms of his own also appear, somewhat miraculously; for instance, SUCKER (strategy of unconditional cooperation).

Despite the persuasiveness of a theoretical machine which allows so much information to be handled and appears to synthesize all major social and sociobiological theories, providing a "scientific" basis for psychoanalysis, there is a basic problem with the book. Badcock shies away from any discussion of subjectivity in any form. He even needs to say that "modern Darwinism" and "Freudianism" (terms he never explains) agree on "the nullity of the subjective concept of altruism" (p. 71). There is, ironically, no room in Badcock's theory for one of the most basic of all concepts for clinical psychoanalysis: that of subjectivity. To claim that a patient's subjective experience has no relevance for psychoanalytic practice, theory, and understanding goes against the most fundamental psychoanalytic principles. Furthermore, it evacuates from psychoanalysis the crucial importance of transference and countertransference manifestations. Thus Badcock is repeating the error of Spencer, of whom one nineteenth century observer remarked that he described people's insides from the vantage point of one without a stomach.

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Emmett Wilson Jr.

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ABSTRACTS

Revue Française de Psychanalyse. XLVII, 1983

Abstracted by Emmett Wilson, Jr.

Little Hans's Maternal Imago. Jean Bergeret. Pp. 899-920.

The author seeks deeper insights into Little Hans's imagoes of his parents and a better picture of Hans's relationship with the family. Among other sources, he uses the 1922 "Postscript" to the case, discussing the visit of Hans to Freud at age nineteen; Freud's comments about the case in *Inhibitions, Symptoms, and Anxiety*; an interview with Hans published in 1971 under the interesting title, "Memoirs of an Invisible Man"; and references in Freud's *Three Essays on the Theory of Sexuality*. He cites Freud's "Psychopathic Characters on the Stage," which deals with the degree to which violence may be shown on the stage or left to the spectators' imagination. Bergeret suggests that Freud is ironic in the "Postscript" and that there is a whole history Freud has not told us. (Bergeret's original article should be consulted for details.) He makes a number of deductions from this omitted history to explain the horse phobia. He also suggests that Hans's mother was possibly the Katharina whom Freud discussed in *Studies on Hysteria*. His general thesis is that Hans's maternal imago was destructive and violent. This blocked adequate oedipal development and led to his phobia. This mechanism is consistent with contemporary views of the formation of phobias.

Narcissus and Anubis. Béla Grunberger. Pp. 921-938.

Grunberger argues for a primitive narcissism, or paleonarcissism, and an archaic aggression, both of which are qualitatively different from the narcissism and aggression that are factors in the structuralization of the ego. The source of the paleonarcissism is prenatal—in the cells of the fetus with their accelerated proliferation and expansion. In addition, a parasitical orality is the source of the fetus's basic violent aspects. These two factors have a purely somatic basis. They may be invoked in analysis as nontransference aspects of the process. There is, for Grunberger, an original bipolar coenesthesia, resulting from the interdependence of these archaic tendencies. They appear as phylogenetic imagoes capable of evoking profound malaise in those individuals who must deal with these aspects of the unconscious. They appear as the Sphinx, as sorcerer, as the Medusa, the Gorgon, the succubus, the nightmare, and so on, structured exclusively as maternal imagoes. The author relates this hypothesis to Cocteau's play, *The Infernal Machine*. In this play the sphinx is replaced by a young and beautiful woman accompanied by the jackal god, Anubis, the Egyptian god of death. Grunberger claims these represent the two primitive instincts. He presents case material to corroborate his thesis.

The Zero Image. Francis Pasche. Pp. 939-952.

Imagoes, like instincts, have their destinies. The extreme limit of this destiny Pasche designates the zero image. He believes it constitutes the highest point of the great monotheistic religions. It is also, he argues, the cornerstone of a psychoana-

lytic practice. An imago is an unconscious prototype, which means that the individual is not conscious of the origin of the deformations which he or she imposes in projecting this imago onto reality. The person is also unconscious of the representation he or she makes of the reality so modified; or the individual may be conscious of this idealized representation but will take it as a perception, as an indicator of reality. The deeper motivations for these distortions remain unconscious. Pasche examines with humor and considerable insight the function of this idealized "zero image" in religion, in ideologies, and in psychoanalysis. The imperceptibility of God and the radical incapacity of man to imagine the deity reflect these two aspects of infinite power and essential emptiness of the notion of the deity, invalidating every projection, putting every idealization into question, and making every value relative. The psychoanalyst uses analogous means in relation to the "zero image" he creates in therapy, with his silence, invisibility, and inaction.

The Beast with Feathers. Imagoes and Phallic Symbols in a Phobia. Michèle Perron-Borelli. Pp. 987-1008.

The author discusses the condensation of multiple meanings invested in the phobia animal and the economic aspects of a phobia. The displacement leads to an attenuation of affects: it is, after all, only a symbol. But then the transformation leads to the opposite: the symbol itself becomes invested with the distress and anxiety, and the displacement fails. Perron-Borelli discusses her analytic patient who had a phobia of feathered animals, expressed mostly as a fear of pigeons. Since the court leading to the analyst's office was amply inhabited by pigeons, the situation led to an extensive inclusion of the phobia in the transference neurosis, providing the possibility of studying the phobia through the analytic process. The author emphasizes certain typical aspects of phallic symbolism in the hysterical character structure of this female patient. The "beast with feathers" appeared in its progressive decondensations as a complete phallic imago with multiple meanings. This enabled the author to make some observations on the quite complex feminine phallic organization and on the theory of castration. It provides her with material to evaluate Freud's much criticized phallocentric view of feminine psychosexual development.

Silencing the Child Within. Danièle Brun. Pp. 1021-1026.

The author considers the shock to their own infantile omnipotence that parents of a seriously ill or deformed child must undergo. The mourning for the real child offers itself to the parents as a means of avoiding another task of mourning (for the infantile part of themselves) or of masking the identification of the parent with the sick child. A child is the agent that links us with our own infancy, and the alliance established with the physician about the ailing child is not merely an affair of adults, since it also involves the infantile aspects of the parents. In treatment these parents sometimes seem especially gifted for the analytic process, but in reality they have too quickly reached the stages in analysis that ordinarily take several years. And much of the psychic work that is encountered in analysis has to do with the attempt to kill the child within them, as a result of the tragic confusion between the child they have and the child they were, as if the coexistence of the two children were

impossible. The infantile omnipotence of the parents remains intact in the unconscious in exchange for the affirmation of an undying love for the sick or dying child. It is not so much a matter of hypocrisy toward the real child, as an abandonment or silencing of one's own narcissistic imagoes retained from childhood.

Traces of Jung in the Evolution of Freud's Theory. Denise Braunschweig. Pp. 1027-1044.

The author suggests that among the many bonds that attached Freud to Jung, one was derived from the paternal imago and involved a transference from the figure of the Aryan who had once humiliated Jacob Freud in his son's eyes. Braunschweig reviews Freud's works for his use of the term "imago," which only rarely figures in his writings. Even in the few uses of the term in the *Standard Edition* and in the Freud-Jung correspondence, she finds evidence suggestive of the psychological complications that developed concerning Jung. She reviews the development of Freud's theory chronologically for reflections of the situation with Jung. The most important influences seem to her to be: (1) the phylogenetic traces which in Freud become explanatory concepts in *Group Psychology and the Analysis of the Ego, Totem and Taboo, Moses and Monotheism*, and in phylogenetic aspects of the superego in *The Ego and the Id*; (2) the death instinct, which appears in *Beyond the Pleasure Principle* with a reference to the important article by Sabina Spielrein, inspired by the confused and mystical ideas of Jung; (3) perhaps the superego itself, with the introduction of the structural hypothesis, has certain aspects of the archetypal imago.

The Issue of the Framework, or Ferenczi's Passion. Raymond Cahn. Pp. 1107-1133.

Ferenczi's deviation was different from that of Reich, Adler, or Horney, for he did not invoke sociological factors, and it was different from that of Jung, for he made no special appeal to a collective unconscious. Rather, he pointed to real sexual traumata from one or both parents, a notion that Freud had worked hard to repudiate after his own early adherence to this etiological position. Freud's response to Ferenczi was immediately disapproving. Now that time has passed, Ferenczi has perhaps come to seem more lucid with respect to the problems he was dealing with. He was convinced that primary repression could be lifted through his technique. In the course of severe regressions many patients repeat their original battle with reality, involving real difficulties and conflicts with the external world. To deal with this repetition, Ferenczi had to rethink and place in question the analytic framework itself. It is well known that the most difficult patients were often referred to him. Confronted with the depth of their regressions in a universe in which words and acts simply *are* and do not *represent*, Ferenczi reached those regions where the symbolic no longer applied, where saying and doing were telescoped into one and the same mode of expression. The patient became "really" a child. The only thing to do was to accompany her or him into this universe and "play the game," while attempting to repair the real damage that the patient had received or committed. Some of the issues concerning the framework of psychoanalysis were explored further in Winnicott's work. The framework is seen as the depository of the necessary

mother-child symbiosis. Winnicott understood this, noting that Freud established the psychoanalytic framework in a certain way almost without realizing it. Freud was not so much interested in the need of the patient to regress in analysis, but rather in what happened in the analytic situation when regression was not necessary, when it was possible to consider the patient as already having benefitted from the work of mother and the primitive adaptation to the environment. Winnicott suggested that there were three types of analytic situation: in classical analysis, the setting is mute; in the second situation symbiotic problems appear in an episodic or limited fashion, permitting access to the psychotic aspects of patients who are not psychotic. In the most severe situation, the institution of the problematic primitive symbiotic relation is essential to treatment, as in psychotics and at times in borderlines.

Modern attempts to theorize about the appearance and organization of primary repression have described the mother as a stimulus barrier; this makes for an inevitable modification of the Freudian concept. In addition, such theories include the notion of a time when primary narcissism and primary identification were the same in the infant's unconscious organization, which is narrowly dependent on that of the mother. This theorizing emphasizes the decisive role of the mother in the constitution of the self, prior to the development of object relations. It also emphasizes the consequences of the failure of the maternal stimulus barrier, which comes from the insufficiencies of the mother or from the perversity of the maternal unconscious. What is the contemporary clinical relevance of this later Ferenczi? Cahn thinks Ferenczi's work applies to psychotic regressions as well as to non-psychotic patients who nevertheless undergo such regressions from time to time. The only way to handle these clinical situations is to utilize the setting and its stimulus-barrier function as the zone of the repetition of past traumata and their eventual clearing. If things go well, the external stimulus barrier plays the double role of holding and allowing repetition of the traumata, thus reinforcing the ability of the subject to utilize his or her own stimulus barriers to re-establish a level of symbolic functioning. In a too strict adherence to the Freudian framework, with a failure to bring one's countertransference errors into the situation for analysis, the analyst risks missing material about the absences, unavailablity, or failures of the primary object and the mutative effect of analyzing them.

The Stakes of Interpretation. Jean-Luc Donnet. Pp. 1135-1150.

Donnet attempts to articulate the much discussed opposition between construction and interpretation as set up by Freud in his article, "Constructions in Analysis." Freud distinguished interpretation and construction only by the amplitude of the psychic material that they sum up. Interpretation concerns a limited element which has been presented in the session; construction concerns a fragment, or an aspect of forgotten history, and is "proposed" to the patient to fill in lacunae of her or his past. After a very interesting and insightful set of comparisons and contrasts between the two modes of analytic intervention, Donnet raises the question of why Freud seems to have accorded preeminence to construction. Donnet's thesis is that there is a correlation between Freud's placing interpretation on the second level and

his reservations with respect to repetition in action. Interpretations have some aspects of a symptomatic act. Interpretations, with their manifest brevity, have a tendency toward integrating a repetition in the transference, without producing or reproducing a splitting in the modes of psychic functioning. An interpretation leads to closure, and is in a sense conclusive, a condensation of insight leading often to silence. A construction, on the other hand, is the product of an "interpsychic" effort and is less unconscious. A construction is a metaphor of the entire treatment as a grand historical and instinctual construction, indefinite by definition. A construction is defined as explicitly exterior to the patient, and the question of its appropriateness is not in the foreground. The important thing is its history in the analytic process between the patient and the analyst as an associative generality, within a system of trial and error. A construction is addressed to the patient's ego, and its formulation—it is presented as hypothesis—implicitly recognizes the intersystemic and intrasystemic discontinuities that will have to be overcome. The construction is not concerned with acceptance or rejection by the patient. A construction is an attempt at forging an opening.

The Bridge of Don Juan. Jacques Caïn. Pp. 1151-1164.

The author discusses in detail two 1921 texts of Ferenczi, "The Symbolism of the Bridge" and "Bridge Symbolism and the Don Juan Legend." Caïn emphasizes that we must work with caution with these texts, which show their age. The articles responded to a different need from that which we have today, and they come out of a very different psychoanalytic culture and historical context which we know only imperfectly. But we cannot prevent ourselves from a modern reading of the works, which may lead to a completed discussion of the issues involved in the articles. Caïn gives a careful summary of the articles. He feels that Ferenczi left little more to be said about the legend, for in his succinct article are to be found all the interpretations and commentaries on the theme from the sixteenth century onward. Other commentators do nothing but take up one or another of the aspects mentioned by Ferenczi: the double with its superego function, the hysterical mechanisms of seduction, narcissistic homosexuality, the struggle against castration, repetition, and the alternation between the life and death instincts. The symbol of the bridge is central in both of these articles. The work which Ferenczi did on symbolism is quite important, especially his interest in conversion and the symbolic activity of the hysteric. It is helpful if we take the bridge as a symbol or expression of bisexuality. Love, too, is a bridge between the two aspects of sexuality, male and female. Ferenczi's emphasis is on Don Juan's ceaseless repetition of an approach to an object. Pleasure is found by Don Juan in the going across to an object, not in the object relationship itself. The approach gives pleasure like that of an infant, who cannot delay his demands for immediate satisfaction. This immediate pleasure is only later transformed into the pleasure of the present, when the approach is pleasurable not just in itself but because its object is involved in the approach. For Don Juan, however, the approach is his only means of maintaining his internal economy, a movement *between* two objects, one of which is purely narcissistic, and the other completely external.

Ferenczi, the *Enfant Terrible* of Psychoanalysis: An Aspect of the Negative Transference. Jacqueline Miller. Pp. 1165-1181.

Miller realizes that the paucity of texts and letters available to us makes a reconstruction of the historical situation and unconscious motives concerning Ferenczi's negative transference to Freud a difficult enterprise. Nonetheless, she attempts to analyze some of the aspects that may have been involved in Ferenczi's complaints about his analytic work with Freud, especially his rebuke about Freud's failure to recognize and analyze the negative transference. She discusses Freud's paper, "Analysis Terminable and Interminable," which some have considered a veritable posthumous dialogue of Freud with Ferenczi. Miller develops the theme of the dead mother as a possible source of the negative transference problem. She suggests that Ferenczi had developed a transference depression in the analysis which was a repetition of an infantile depression experienced when his mother was in mourning for a sibling. This depression perhaps reverberated with Freud's own prehistory of infantile mourning which reflected that of his own mother for losses she had experienced. If this is so, Freud's comments to H. D. about his difficulties in accepting the mother transference might apply in his conduct of Ferenczi's analysis.

The French Edition of the Works of Freud: An Insurmountable Resistance? Roger Dufresne. Pp. 1247-1256.

Dufresne notes with pleasure the appearance of translations of works of Freud which had hitherto not been available in French, as well as re-editions of works already translated. Although the earlier translations had great value in making Freud available to French readers, they were done before the French psychoanalytic terminology was well worked out, and when the requirements of translation were much less rigorous. For the contemporary reader these early translations present many risks; some are hardly usable, except for a first reading or quick review, without constant reference to the original or to Strachey's *Standard Edition* in English. Yet the proliferation of new translations carries with it certain problems. It would have been better, Dufresne suggests, if the works were to have reference not only to the German but also to the English *Standard Edition*, because so many French writers refer to it and cite it frequently. Many of the new translations are misleadingly presented, and are actually detailed commentaries on the text. This suggests that the goal of the translation is to introduce the commentary rather than to facilitate the encounter between Freud and the reader. Many of the new translations seem to ignore the fact that earlier translations have been made. The result is chaos and anarchy. Unless students know enough German to read the original, or enough English to use the *Standard Edition*, they are effectively deprived of access to Freud. A French *Standard Edition* is needed. It should take as its model Strachey's *Standard Edition*. The German version is, with certain exceptions, very close to the original, but it is not the best edition; the original publications, corrected by Freud himself, were destroyed by the Nazis in 1938. Errors accumulated in the work carried on by others afterward. The efforts of Strachey and his co-workers was to reconstitute the German text, or to translate it directly from photocopies of the manuscripts; chronology was determined as well as possible, and earlier translations were revised with the aim of achieving a unified style. It is our only critical edition at the present time,

and is a model of its genre and an essential instrument for any psychoanalytic study. A uniform language is of the highest importance in translating the principal Freudian concepts, and in French the work of Laplanche and Pontalis will aid in this. This is a considerable undertaking, and for almost twenty years the project has been troubled with problems of legal rights to the works, the disagreements of the editors, etc. But, Dufresne wonders, are these really the main problems, or is the rivalry, indifference, and schism in the French-speaking psychoanalytic world perhaps more responsible for the failure of the project up to now? He makes a plea for the work to be carried through to completion.

A Singular History. André and Odile Bourguignon. Pp. 1259-1279.

The authors, in a richly documented overview of the problem, discuss the various stages and landmarks in the history of the translation of the works of Freud into French. The appearance of the *Vocablulary of Psychoanalysis* brought about a complete renewal of interest in the reading of Freud, and the question of the translation of the *Complete Works* arose again, under the direction of Laplanche and Pontalis, along with André Bourguignon and Pierre Cotet. The many problems that have beset the translation are reviewed. The theoretical differences which have caused problems for the translation and the different possibilities for translation are considered in some detail. The authors complete their study with a discussion of the current stage of the project and the final decisions concerning the translation plans and format.

A Singular Language. Pierre Cotet and Alain Rauzy. Pp. 1281-1295.

The authors believe that French readers should have their own version of a *Standard Edition*, and should not have to refer to Strachey's work, as happens so often when dissatisfaction arises with those translations available in French. But standards for translation must be established. The earlier translations of Freud had a certain charm and appeal, and are now criticized perhaps too severely. Still, they tended to solve problems in the text by facile mistranslation. A translation should embody three standards: exactitude, completeness, and readability. The authors discuss these three goals. (1) Exactitude: a translation should avoid contrary or ambiguous meanings. (Strachey's work is completely satisfying on this question.) Exactness involves fidelity to the nuances, the impositions of "the resonance of each resonance" that Rilke discussed as an ideal. (2) Completeness: a translation should not "improve" on Freud's writing by, for example, chopping up his complex sentences. The tendency of translators to try to make things clearer disfigures and makes the work banal. Freud's long sentences should be respected; every *dass* should be translated. Can one imagine the prose of Proust without its complex sentences? (3) Readability: the final version should be good French and should not appear to be a rendering into French of German idiom. This may be the most difficult aspect, for some have claimed that exactitude and readability are mutually exclusive characteristics in a translation. But it is the goal to make the translation both "beautiful and faithful." The authors review at length various theories of translation which have been helpful in their work on the French *Standard Edition*, and the specific difficulties involved in the translation of the Freud texts—lexical, stylistic, syntactic, and cultural.

A Singular Writing. Janine Altounian. Pp. 1297-1327.

Some of the main difficulties in translating Freud stem not from the complexities of his conceptualization, but from his poetic perception of the human condition, and from his playful relationship with language which always accompanied his work as a researcher. Altounian discusses in detail many examples of the visual and metaphorical aspects of Freud's language. With the study of these various examples she hopes to introduce the reader to the various dissatisfactions and sense of impotence that pursue the translator in trying to render Freud's relationship with his "beloved mother tongue." The emotional overtones of Freud's language, when he deals with certain aspects of the tragedy of human destiny, his denunciations of the vanity of civilized institutions, are very difficult to render. His text is rich in semantic leitmotifs when he is functioning as an explorer or a researcher. It is extremely difficult to capture their linkages to different associative systems, yet they have an intrinsic and analytic function in Freud's road to discovery, along which he takes the reader. The author discusses the primordial role Freud attributed to language, a role which the translator must understand and appreciate thoroughly in his or her attempt to render Freud's texts.

Contemporary Psychoanalysis. XXII, 1986.

Abstracted by Steven H. Goldberg.

Transformations in Self Understanding after Near-Death Experiences. David Raft and Jeffry Andresen. Pp. 319-346.

In connection with near-death experiences, some individuals experience significant personality changes and seem to develop a mode of introspection which is similar to the free association method of psychoanalysis. These individuals become more highly attentive to their bodily sensations and affects, and seem to develop strong curiosity and motivation to better understand themselves and others. Two clinical vignettes are presented, both of which illustrate the development of a method resembling free association, with increased curiosity, insight, and tolerance of uncertainty. A third vignette is offered, by way of contrast, in which a survivor of a near-death experience developed fixed and rigid notions felt to be imposed from without; this served purposes of defense and denial. The authors discuss some of the motivations for increased knowledge and understanding in general, and proceed to consider how some of these motivations might be enhanced as a result of near-death experiences. In particular, the ordeal of loss and fantasies of death and rebirth are thought to contribute significantly to these motivations.

The Wishy-Washy Personality. Arnold Goldberg. Pp. 357-374.

The author attempts to develop further a characterology of psychoanalytic self psychology. The wishy-washy character is "unable to care"; this character type is differentiated from character constellations with prominent indecisiveness, compliance, or passivity. Those with wishy-washy characters do not feel relief when a decision is arrived at, nor do they experience regret about alternatives that have been forgone. Goldberg believes that this type of pathology results from a structural deficit in which the individual is unable to experience a feeling of sameness and conti-

nuity in time. The wishy-washy quality is an attempt to forestall the anxiety about self-continuity that results from the choice of a course of action or caring about that choice. In the patient's development there was a failure of the self-object to share with the patient a notion of temporal continuity. The feeling of self-sameness can only be maintained, then, in the absence of transition. Goldberg presents a clinical example in which the patient had difficulty believing that the analyst retained a memory of her between the sessions. The author maintains that a developmental deficit was repaired, and the wishy-washy quality was left behind.

Collusive Selective Inattention to the Negative Impact of the Supervisory Situation. Lawrence Epstein. Pp. 389-409.

Because the supervisory situation is an authoritarian one, the two participants are likely to collude in ignoring the negative impact of the supervisor on the supervisee and on the supervisee's conduct of the treatment. Since negative impact of the supervision on the conduct of the therapy is most likely to occur when the supervisee's experience of the negative interaction with the supervisor is unformulated, it is crucial for the supervisor to endeavor to create an atmosphere in which the supervisee can voice negative feelings about the supervisor, the supervision, and the patient, with minimum attendant risk. In traditional supervision the focus is on the supervisee-patient relationship, and the difficulties in the relationship between supervisee and supervisor are likely to be overlooked. The author advocates an approach in which the educational needs and self-esteem of the supervisee are given maximum attention. The atmosphere of openness in investigating the supervisee's response to the supervisor's interventions is then internalized by the supervisee and carries over into the actual conduct of the therapy. To illustrate his contentions, Epstein presents several examples of both supervisory failures and supervisory successes.

Clinical Issues Arising from a New Model of the Mind. Robert Langs. Pp. 418-444.

This paper presents an elaboration of further developments in Langs's interactive communicative approach. Langs differentiates between non-derivative messages, with their component manifest contents and implications, and derivative messages, with their component manifest contents, implications, and encoded meanings. Received messages are processed by the patient (or therapist) in one of two parallel but quite different systems. The Conscious System processes aspects of messages destined for unencoded conscious presentation, while the Deep Unconscious System processes aspects of messages which, because of their anxiety-producing nature, are not to receive undisguised representation in consciousness. In fact, messages processed by either system undergo an initial unconscious phase before representation in consciousness is effected. The Conscious System is oriented toward immediate needs for comfort and safety, while the Deep Unconscious System, in its processing of threatening aspects of messages, is guided by a search for truth. Though the latter system has superior capacities for discerning what is true, it sends its contents to consciousness only after transformation by processes of displacement, condensation, and symbolization. Intrapsychic conflict is seen as arising from the distinctive

and opposing needs of the two systems. Madness (Langs's term for psychopathology of any sort) results from dysfunction of one or more of the sub-units of this proposed model for the processing of incoming messages. Langs criticizes much psychoanalytic work for dealing primarily with the Conscious System; he advocates a greater focus of attention to the workings and manifestations of the Deep Unconscious System.

Interpersonal Psychoanalysis: Its Roots and Its Contemporary Status (A Symposium). Gerard Chrzanowski; Edward Kasin; Stephen Mitchell. Pp. 445-466.

All three authors emphasize that the roots of Freudian psychoanalysis are intertwined with Freud's turn-of-the-century European cultural heritage, while the roots of the Sullivanian interpersonal concepts are embedded in the American pragmatic tradition of the period preceding and encompassing the major Sullivanian contributions. Both Chrzanowski and Kasin trace the important influences in Sullivan's thinking, including his relationships with pioneering thinkers in modern physics, anthropology, linguistics, and sociology. Mitchell argues that the major creative and influential contributions in the "post-Freudian" era have come from the "relational/structural" model, of which Sullivan was an early exponent. Contributions from the British object relations school and from certain thinkers within the American ego psychological tradition have been heavily influenced by this model. Interpersonal psychoanalysis is seen as having arisen as a corrective for certain weaknesses of traditional drive theory, with its relative lack of emphasis on what actually went on between patient and important others in the past and what actually goes on in the present between patient and analyst. All three authors point out that mainstream psychoanalytic thinking is coming increasingly close to many of the formulations of Sullivan and of the Interpersonal school.

On First Impressions. Donald Meltzer. Pp. 467-470.

The role of the unconscious mind in forming first impressions of strangers is briefly considered in this paper. Such impressions are often noted to be more true than are later, more deliberate evaluations. It is the class of first impression epitomized in instant love or instant hate with which the author is most concerned. He suggests that the unconscious fits the stranger into a pre-existing dream in order to test the stranger's suitability for a particular role. The mind is seen as full of characters in search of players for the various parts. In neurosis, the inner drama and component characters remain fixed; with learning and growth, the drama and characters change. All this is seen as an aspect of the broader area of the involvement of the unconscious in functions of judgment and discrimination.

The Convergence of Psychoanalysis and Neuroscience: Illusion and Reality. Marshall Edelson. Pp. 479-519.

Edelson considers several problems in the relationship between psychoanalysis and neuroscience. These include whether psychoanalysis could ever be reduced to concepts in the realm of neuroscience, and whether advances in neuroscience render obsolete or considerably reduce the scope of the psychoanalytic treatment of psychopathology. Psychoanalysis, Edelson argues, is a "special science" which, like

sociology, anthropology, and economics, is autonomous and not ultimately reducible to the theories of physics and chemistry. Accordingly, psychoanalysis is not reducible to neuroscience, nor do the two sciences explain the same kinds of psychopathology. When there is "something wrong" at the psychological level, and there is no neurophysiological or situational condition sufficient to produce that "something wrong," then it is said to be an appropriate subject of psychoanalytic explanation.

Diagnosis and Assessment of Suitability for Psychoanalytic Psychotherapy. Nina C. Coltart. Pp. 560-569.

The author generalizes from her extensive experience in assessing patients for suitability for psychoanalysis. She emphasizes the "real" as opposed to the "mythical" role of the consultant, whose limitations are acknowledged. The interviewer is advised to be active in eliciting information, in helping the prospective patient to see and feel certain dynamic aspects of his problems, and in conveying his or her beliefs about how and why analytic therapy is being recommended. Three patient characteristics are seen as necessary: sufficient intelligence, moral character, and financial resources. Intelligence is subdivided into the "will to be analyzed" and "psychological mindedness." The will to be analyzed is a function of the autonomous ego, is linked to the capacity for therapeutic alliance, and is distinguished from the "will to recovery," which is more changeable and drive-motivated. Among other capacities boding favorably for success in psychoanalysis are: capacity to recognize and tolerate internal reality and to distinguish it from external reality; curiosity and concern about this internal reality; capacity to recognize the existence of an unconscious mental life; and some signs of success and achievement in one or more areas of life.

A Re-evaluation of Hysterical Relatedness. Mary Lou Lionells. Pp. 570-597.

Processes of interpersonal relating characteristic of hysterical patients are examined. They are viewed not primarily as conflicts over repressed libidinal wishes, but as the crucial mechanism of hysterical pathology. What characterizes hysteria is its "addiction to approval-seeking as its primary mode of interaction." Conversion symptoms and sex are used by the hysteric to attract, engage, and evoke response. Sex is more often exploited than enjoyed, tends not to be an expression of genital erotic desire, and is employed as part of a desperate attempt to obtain reassurance and love. The development of a clear sense of self and of healthy self-assertion suffers in the hysteric, because of the preoccupation with pleasing others. There is a lack of sufficient sense of volition and responsibility. The origins of the hysterical manner of relating are found in a combination of constitutional and learned factors. The child tends to be treated by the parents as a plaything and decoration rather than as an independent personality. Real and symbolic parental seductions are also viewed as important factors in the backgrounds of hysterics. Parental caretaking is not a right in response to a legitimate need, but a gift conferred in response to a good performance. In order to protect the goodness of the parents, the self incorporates a sense of badness, of not having pleased. In treatment, interpretations tend to be treated as gifts or as expressions of approval or disapproval. Patients are terri-

fied of relinquishing the protective shield of the approval of the therapist, because of the resulting feelings of emptiness and anxiety. Interpretations must address first the interpersonal posture of approval-seeking and subsequently the patient's difficulties of experiencing her/himself outside of this interpersonal matrix.

The Psychological Field: Chance and Causality. Imre Hermann. Pp. 652-665.

In this chapter from his 1934 book, Hermann argues that psychoanalytic determinism applies not to a precise predictability of the future, but rather to a limited range of possibilities. This predictability concerns specifically psychological processes, which, by the author's definition, take place within a field of meaning. In fact, a range of possibilities is seen as an inherent characteristic of meaning. The author is concerned about the limits of psychic continuity, and to what extent these limits are defined by external events. Together with the notion of continuity of psychological events within a psychological field is the principle of the discontinuity of environmental—that is, non-intrapsychic—events. These latter events cannot be investigated by the psychoanalytic method of free association; they must be examined through the methods of natural science. The author proceeds to discuss psychoanalytic meaning as being synonymous with neither purposefulness nor determinism. Causes can be traced, but effects cannot be predicted. This is because of the highly individual nature of psychological phenomena and because of the large number of possible consequences of a psychological event.

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Meeting of the Psychoanalytic Institute of New England, East

David B. Diamond

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NOTES

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

May 18, 1987. PREOEDIPAL RECONSTRUCTIONS IN PSYCHOANALYSIS. Arthur F. Valenstein, M.D.

Reconstruction—always an integral concept in psychoanalysis—has been the subject of renewed interest in recent years. Dr. Valenstein reminded us that psychoanalysis from its inception has attempted to uncover the genetic core of neurosis. First through hypnotic trance and later through free association, repression could be removed so that split-off memories of some psychic trauma could be recovered. The bringing to consciousness and the reintegration of these "hidden truths," usually concerning infantile sexuality, were expected to free the neurotic sufferer. Memories which could not be recovered because they belonged to the preverbal period had to be reconstructed, as Freud did in his analyses of the Rat Man and the Wolf Man. Dr. Phyllis Greenacre characterized reconstruction as the fitting together of recovered memories, with renovation or construction of what is unrecoverable; she saw this as a complex process involving both analyst and analysand. Dr. Valenstein stated that the reconstructed whole not only constitutes a coherent narrative, but holds within it some element of historical truth which is, as Freud put it, "a fragment of lost experience."

Dr. Valenstein attributed the renewed interest in reconstruction to the widening of the scope of psychoanalysis to include patients with borderline and narcissistic disorders which may originate in the preverbal or earliest verbal phases. Because the transference is frequently characterized by a quality of florid emotionality and by acting out, both of which tend to literalize separation-individuation disturbances, reconstructive work is particularly pertinent to these conditions. The analyst depends on these affectively imbued re-enactments, rather than on verbalizations, to reveal what may have transpired in the early development period. Dr. Valenstein emphasized that the analysis of preoedipal issues does not replace, but rather complements, the analysis of conflict. Depending on many factors, either preoedipal or oedipal issues may take priority in the analytic situation, but the analytic work must take cognizance of both, especially their defensive relationship to each other.

Dr. Valenstein presented a case report which emphasized the preoedipal aspects of the analysis of a man with an obsessional character. The patient presented with symptoms of emotional stress related to his work. Conflicts with his superior were derived from familiar oedipal conflicts with his competitive, demanding father, who preferred one of the patient's siblings. The transference in the early part of analysis was dominated by ambivalent aspects of the patient's relationship with his father. Although foreshadowed by a dream in the first analytic session, an intense maternal transference regression did not take priority until later in analysis. Then the patient demanded that the analyst become the longed-for, warmly responsive, comforting, and available parent. The patient was intransigent in these demands and rageful when they were not met. His misery was almost tangible, as if organic, and at such times was not amenable to discussion. On the basis of these transference manifesta-

tions, Dr. Valenstein was able to reconstruct the early mother-child relationship. Very early developmental deprivation, an inability to reach an inaccessible mother, was thought responsible for the patient's depressiveness, pessimism, and anhedonia. Finally, the mother became the focus of reconstruction, and Dr. Valenstein considered this closing phase the definitive work of the analysis.

The reconstructive work was enhanced by the patient's interest in historical facts, which led him to search out the details of his mother's life. He concluded that she had been chronically depressed, which limited her emotional availability. It became clear that the birth of a sibling when the patient was a toddler, which taxed his mother's emotional capacity, was particularly traumatic. In this context he produced what Dr. Valenstein considered a paradigmatic screen memory in which he pictured himself kicking and screaming as he was coldly displaced from his mother's lap by the new baby. In the termination phase the patient was able to integrate the reconstructive work with the transference. He had experienced the analyst's silence, like that of his mother, as having been born of uncaring indifference. He was now able to understand that the analyst's silence, which permitted him to relive his suffering in part, had ultimately been helpful. Similarly, he was able to reinterpret his mother's silence in a more balanced and positive light: "My mother felt but didn't speak; my father spoke but didn't feel."

Dr. Valenstein concluded by elaborating on the role of reconstruction in the analytic process. As a developmental goal, internalization of object constancy occurs along with the consolidation of a sense of self. Self-consolidation involves the integration of a coherent personal narrative which is anchored in historical experience, and in analysis this is accomplished through recollection and reconstruction. When pivotal anlage of neurosis are so early that they are beyond recovery in the usual verbal form, reconstruction is particularly useful. Perhaps only through reconstruction can such anlage be brought within the scope of analytic interpretation.

DISCUSSION: Dr. Axel Hoffer asked Dr. Valenstein to elaborate on what he had referred to as the "interpersonalization of the transference." Dr. Valenstein traced the history of the various concepts about how the analyst particpates in the psychoanalytic situation, from Harold Searles and Ronald Laing in our day, back to Franz Alexander and, ultimately, to Ferenczi. In a technical departure from Freud's concepts, Ferenczi would sometimes invite the patient to action—to act out—within the analytic situation in order to promote a breakthrough in a stalemated analysis. Dr. Martin Miller wondered about the component of active aggression in the patient's screen memory, and whether this aspect would have to be included in a reconstruction. Dr. Valenstein responded that, in the transference, the patient tended toward passive, retentive ways of expressing his anger, which did not resonate with a motoric expression of anger as suggested by Dr. Miller. Dr. Sheldon Roth, recalling Freud's view that trauma cannot be integrated unless it is verbalized, asked about the role the capacity to verbalize might play in effective reconstruction. Dr. Valenstein replied that verbalization is only one possible mode of therapeutically effective experiencing and knowing. For this patient, re-enactment and the opportunity to live through his rage was a necessary precondition which had profound effects before verbalization was possible.

DAVID B. DIAMOND

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 19, 1987. THE CLAUSTROPHIC CHARACTER. Martin A. Silverman, M.D.

Dr. Silverman described a form of claustrophobia in which neurotic compromise formations are expressed as character traits. He has done analytic work with eight patients whom he designated as claustrophobic characters. These are patients who exhibit no overt phobic symptoms; who instead are "lively, spirited, free-wheeling individuals who throw themselves into life . . . with zest and enthusiasm." They are outspoken, active, strong-willed, competitive people "with admirable freedom to go where they wish and do what they want." Analysis reveals, however, that "the independence and freedom they prize actually are obligatory." They take command because they are compelled to do so and cannot permit themselves to be directed by others. Unconsciously, they are motivated by a "dread of needing and depending on other people and a fear of entrapment that requires that they be ever on the move." They have developed character traits which both express and conceal their underlying claustrophobic anxieties. The unconscious claustrophobic need to "make certain that flight is possible has been transformed into the outward appearance of flexibility . . . and a thirst for novelty and adventure."

When these people come for treatment, they complain of feeling thwarted or impeded in their work and relationships. They attribute the source of their frustrations to outside forces and ask for the analyst's assistance in dealing with these. Hypochondrical anxieties, as well as concerns about weight control, are also part of the picture. As analysands, they are hardworking and productive, but have difficulty free associating due to their need to feel in control. It is typical for claustrophobic characters to have been overtly phobic as children, but by adulthood to have established counterphobic traits which allow them to appear to throw themselves into "free associating" with their characteristic verve. They may be very pleasing to the analyst, "especially if the analyst overlooks their tendency subtly to control the analytic situation, split the transference," and act out their conflicts. If the character resistances of these patients can be diminished, it can be seen that their conflicts are predominantly oedipal and (regressive) oral. These intense, ambitious individuals have "powerful, unconscious phallic-exhibitionistic and rivalrous oedipal strivings. Their strikingly motile . . . activist tendencies turn out to be connected to a body equals phallus fantasy," identified by Lewin as a core fantasy in claustrophobia. They dart about with the aim of dazzling and dominating, but soon become anxious about the phallic-oedipal fantasies they are unconsciously enacting. They retreat to an oral-dependent position, seeking nurturance and warmth, but then feel passive and helpless.

One important compromise formation they employ (in an effort to bridge these two "polar positions") is a claustrophobic fantasy "in which they unconsciously identify themselves with a phallus and with a fetus which have orovaginally entered or been ingested into their mother's body." In this fantasy (originally described by Lewin), they perceive themselves in danger of being "attacked and destroyed by the paternal phallus" and of being "confined and trapped in the mother's womb . . . or, paradoxically, as being prematurely . . . expelled into the world." In the transference there is an oscillation between competition with the analyst and demands that

the analyst nurture them, even as they struggle against his or her influence. These patients "tend to come late for sessions, cancel sessions, request appointment changes, seek a decrease in frequency, or ask for extra sessions"; they are compelled to "break or bend what they perceive as the rules." The termination phase with these patients is long and problematic. The need to avoid losing control is the basic theme of their lives, and the analyst must pass many tests designed to determine whether she or he can be relied upon to help maintain control without taking control.

Dr. Silverman presented the analysis of one of these patients in some detail. He concluded with a word on countertransference problems. He noted the difficulty in enduring the "continual, draining demands [and] complaints of these analysands. The analyst may become disappointed or irritated by the slow rate of progress, despite dramatic goings-on." This slowness may be inevitable, since "the analysand *must* control the analysis," which means that the analyst may feel enslaved or used as an instrument of the patient. But if the analyst can avoid these pitfalls, "the analysis of the claustrophobic character can be an exciting and highly successful undertaking."

DISCUSSION: Dr. Eugene Halpert raised the question of how the patients described by Dr. Silverman can be differentiated from other patients with the same psychic and behavioral constellations who do not have underlying phobic or claustrophobic dynamics. He provided a case example of an obsessive-compulsive man who took pride in his independence, was an entrepreneur, and was controlling and competitive. Wishes to be nurtured and fed were also prominent. The behavior and underlying dynamics of this obsessive-compulsive character matched very well the profile given by Dr. Silverman of the claustrophobic character. Therefore, "the question of what is unique to the development of the phobic character as opposed to, for example, the obsessive-compulsive character is a complex one. . . . Issues of ego and superego development in the various character types would have to be addressed." Another question is: Why don't the characters described by Dr. Silverman end up as overtly symptomatic claustrophobes? Dr. Halpert speculated that this has to do with the nature of their identifications, particularly those inherent in the formation of the ego ideal. In Dr. Silverman's case history, the patient's father had been very phobic, and the patient had recalled phobic attitudes of his own during childhood. But he had been so troubled by his father's "weaknesses" that he forced himself to overcome his own. Dr. Halpert suggested that this patient had "both identified with his father's phobia (which equaled weakness) and competed with him; he would be stronger . . . and less feminine than father by not being phobic." Being overtly phobic would be a "blow to aspects of his masculine ego ideal"; therefore, his own phobia had to be hidden. Dr. Halpert's obsessional patient had different sorts of identifications but a similar need to hide these identifications from himself. Dr. Halpert than indicated that he had other questions but had decided, in keeping with the topic, "to *avoid* them."

Dr. John Munder Ross reviewed some of the earlier contributions to this topic, including Lewin's, with its emphasis on the body-phallus equation, the wish to be "inside the mother's body-womb and the fear of encountering therein the avenging paternal phallus." In reviewing these earlier understandings of claustrophobic symptoms, Dr. Ross sought to reconstruct the bridges made by Dr. Silverman to the

claustrophobic character type; he made more explicit Dr. Silverman's idea that the drive configurations (the *conjunction* of oral and phallic themes) and the defensive styles are "common to both symptom and the related character neurosis. . . . It is because of these . . . dynamic and formal continuities that Dr. Silverman has called his subjects 'claustrophobic' as opposed to counterphobic, acting-out, hysterical-like, . . . or some other general designation." Regarding Dr. Silverman's use of the term "character," however, Dr. Ross asked what the informational value is of "choosing a symptomatic paradigm and generalizing from this to delineate a character who does not, in fact, exhibit the symptom overtly." He noted that "other attempts to capture the individual by naming that person's 'character' after libidinal fixation points and major defenses have been called into question." Dr. Ross suggested that Dr. Silverman could answer this objection by demonstrating how the patient converts the analytic situation into a claustrophobic situation; how, with regression, the character resistances dissolve into transference neurosis symptoms. He felt that Dr. Silverman's presentation should have further spelled out the transference manifestations of "claustrophobia proper."

JONATHAN EASTON

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 24, 1987. THE RELATIONSHIP OF UNCONSCIOUS FANTASIES TO ISSUES OF TERMINATION OF ANALYSIS. Sander M. Abend, M.D.

Dr. Abend considered a number of technical problems related to the termination of analysis, particularly the importance of analyzing patients' unconscious fantasies brought up by the prospect of termination. One case showed how the analysis of fantasies propelling the patient toward interrupting her treatment forestalled that enactment. Another illustrated how certain unconscious fantasies helped lead in the direction of an apparently interminable analysis; once these were properly understood, their role in postponing a decision to terminate was clarified, and the evaluation of when it would be appropriate to conclude the analysis was thereby simplified. In all cases, analysis of patients' unconscious fantasies about termination contributes to the success of the analytic work, since such fantasies invariably express important aspects of the patient's pathogenic conflicts.

Dr. Abend also examined how analysts' explicit or implicit theories about analysis, the analytic situation, the analytic process, and its termination influence their technical handling of patients during the termination phase. In a survey of the literature Dr. Abend illustrated the variations in theory that contribute to certain technical postures which may disadvantageously influence the outcome of some cases. Among a number of issues he addressed was that of imposing an arbitrary termination date for the presumed purpose of bringing forth material not yet adequately dealt with in the analysis. The evolution of clinical theory in the years since Freud's well-known experiment with the Wolf Man has removed all rational support for such a tactic. It is also potentially misleading for the analyst to expect the appearance of certain invariable thematic material during the termination phase or to be

less than assiduous is analyzing all possible meanings of the manifest content of termination phase fantasies that appear to be typical or commonplace in form.

DISCUSSION: Dr. Stephen Firestein observed that Dr. Abend's thesis is a special version of a general orientation: the investigation of the analysand's unconscious fantasies regarding *any* aspect of the treatment supplies clarification of the transference, essential for proper clinical management. In Dr. Abend's first illustration, he described the premature urge to terminate reported by a woman in connection with the birth of her first baby. Examining this plan as if it were a piece of a manifest dream led to at least four important latent issues, and the work continued. The second vignette, also from the lengthy analysis of a woman, focused upon the patient's tentatively raising the question of termination despite residual difficulties. The problem here was more in the bailiwick of the patient's yearning to remain indefinitely in treatment, a perpetual transference gratification. Only after exploration of the painful fantasies about termination could the patient proceed further to an actual termination. Dr. Firestein agreed with Dr. Abend that many of these fantasies emerge only with the stimulus of the approach of the termination loss of the analyst. That analysts also have fantasies about termination which must be monitored to avoid mischief in the conduct of the treatment is a reminder that Dr. Abend usefully included.

Dr. Yale Kramer observed that a sense of disappointment runs through the literature on termination from 1927 to the present. Part of the problem is due to the proliferation of theory and the extraordinary rarity of clinically detailed case reports. These two tendencies—the overvaluation of theory leading to conceptual ambiguity, and the relative scarcity of clinical data—had, he believed, robbed psychoanalysis of a better understanding of the essential characteristics of termination. Dr. Abend avoided the perpetuation of these trends by providing a clear clinical demonstration of his major suggestions: that patients have unconscious fantasies pertaining to termination and that these are important to analyze. Such fantasies are often related to the patient's major and unique conflicts rather than to issues pertaining only to the so-called "terminal phase." Dr. Abend suggested, in other words, that the analyst should approach each termination unprejudiced by the theory that this phase evokes a typical and special unconscious fantasy. Dr. Kramer agreed not only with the substance of Dr. Abend's clinical assertions but with his empirical orientation—except on one point. Dr. Abend had stated that "deciding when to terminate an analysis is never cut and dried. . . . We must in the end trust to our clinical judgment, while acknowledging its subjectivity. . . ." Dr. Kramer thought this conclusion erroneous because it lent itself to a mystique and to even greater ambiguity. The solution, said Dr. Kramer, is not more subjectivity but the acquisition and publication of more clinical data. Clinical judgment is certainly necessary, but what was Dr. Abend applying clinical judgment to? What was he looking at or listening for that would tell him it was time to terminate? Dr. Kramer quoted Arlow's comments on the work of Loewenstein: "[Clinical judgment] is not a magical or mystical process dependent upon some transcendent intuition of the well-analyzed therapist. . . . Loewenstein's approach . . . was practical and empirical. For him the solution was to be found through meticulous examination of the objective data that emerged in the analytic setting."

March 10, 1987. THE PREOEDIPAL AND OEDIPAL RELATIONSHIP IN GIRLS: THE COLLUSION TO EXCLUDE FATHERS. Eleanor Galenson, M.D.

The birth of a baby may precipitate major upheavals in life-long defenses in parents. Dr. Galenson presented a case in which a mother's ambivalence toward her own mother affected her relationship to her newborn daughter, seriously interfering with her attachment to the infant. During the initial course of conjoint parent and child treatment, the mother's negative feelings about her daughter were revealed in her fear of handling her baby and her fear of having a deformed child. As these negative feelings were explored, the mother-child relationship improved, and the twenty-six-month-old child began to talk for the first time. The mother's own father had been a distant, uninvolved parent whose relationship with his daughter did not develop until her adolescence, when she achieved separation from her mother. The exclusionary pattern in which she and her mother had maintained an excessively close, albeit ambivalent, tie to one another was now repeated in her relationship with her own daughter. The father's normal function of supporting the child's separation from the mother and aiding in neutralization of the child's anger was impeded in this generation, as it had been in the last, until oedipal phase organization began to emerge in the child. As the child's oedipal relationship with her father became more intense, the mother began to recall her adolescent relationship with her own father; this allowed her to invite her husband's participation in the emotional life of his young daughter. The formerly "uninvolved" and "distant" father now became closely attached to the child, with the subsequent flowering of a full oedipal constellation in her. The intense conjoint treatment of mother and child, and father and child, as well as individual treatment of the parents, proves extremely effective in supporting the formation of both the maternal and paternal attachments during the first four years of a child's life.

DISCUSSION: Dr. John McDevitt noted that Dr. Galenson's paper illustrated how neurotic conflicts in a mother led to neglect of and developmental disturbances in her child. Through repression of hostility and identification with the aggressor (her own mother), the patient had repetitively acted out with her young daughter the displaced hostile feelings she had experienced in her childhood toward her mother. The treatment design reduced the mother's hostility and her identification with the aggressor. It helped her to unravel her pathological relationship with her daughter who, in turn, soon made progress in her development.

Dr. Fred Sander, after noting the problematical place of the family in the evolution of psychoanalytic theory and practice, turned to Dr. Galenson's conjoint treatment of mother and daughter and the concurrent individual treatment of the mother. This unusual treatment structure suggested the possibility, heretofore neglected, of some form of psychoanalytically oriented family treatment when classical psychoanalysis is not indicated or practical. When psychological conflicts are insufficiently internalized, family treatment may be the only way to gain access to certain forms of preoedipal and largely interpersonal pathology. The family in treatment may try to get the therapist to enact with them some shared unconscious wishes, fantasies, and conflicts—for example, by getting the therapist to form alliances or to exclude certain family members. In the case described, as Dr. Sander understood

the sequence, the so-called "collusion to exclude the father" may initially have been set up, on the surface, by the therapist and the family members (since the father and daughter were not seen together until later in the treatment). This may have inadvertently performed a critical developmental function of the father in the separation-individuation process, that is, to neutralize some of the aggression in the preoedipal mother-child relationship. In diffusing the libidinal and aggressive investments of the mother and daughter, Dr. Galenson had facilitated the daughter's entry into a more satisfactory oedipal relationship with her father. Dr. Galenson has opened a critical issue with this case—the place of the family in psychoanalytic theory and practice, which had been shelved by Freud in the early development of psychoanalysis. Her unique contribution suggests the possibility of applying psychoanalytic concepts to the large percentage of patients not suitable for psychoanalysis, even with its widening scope.

The Austen Riggs Center is pleased to invite nominations for the position of ERIK H. ERIKSON SCHOLAR at the Austen Riggs Center. This endowed position honors Professor Erikson's transforming contributions to the fields of psychoanalysis, human development, and history, and extends that work through supporting the clinical and research interests of a distinguished scholar-in-residence. Arrangements include salary, housing, office space, secretarial assistance, and daily participation in the ongoing clinical, educational, and research work of the Center. Nominations are currently being accepted for tenure of from one to three years beginning July 1990 and beyond. For further information and to submit nominations, please contact: M. Gerard Fromm, Ph.D., Chairperson, Erikson Scholar Search Committee, Austen Riggs Center, Stockbridge, MA 01262.

The Literature Prize Committee of the MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION is accepting papers to be considered for the 1989 annual prize of $750.00. Papers should deal with clinical, theoretical, or research issues related to Dr. Mahler's concepts of separation-individuation in child development. Prepublished papers may be submitted, provided that they have been published within the year in which the Prize is awarded. Six copies of the paper should be submitted no later than December 31, 1989, to: Dr. Marjorie Harley, Chairperson, Margaret S. Mahler Literature Prize Committee, 201 St. Martins Rd., Baltimore, MD 21218.

The 10th ANNUAL CAPE COD INSTITUTE, a summer-long series of courses on topics of current interest to mental health professionals, will be held on Cape Cod, Massachusetts June 26-September 1, 1989. Sessions are from 9:00 a.m. to 12:15 p.m., leaving afternoons free for leisure and study. The program is sponsored by the Department of Psychiatry of the Albert Einstein College of Medicine. For further information, contact Dr. Michael Peters, Cape Cod Institute, Albert Einstein College of Medicine, 1303 Belfer Bldg., Bronx, NY 10461. Telephone: 212-430-2307.