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THE FUTURE OF PSYCHOANALYSIS

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An invitation to write an article on the future of psychoanalysis evokes a response that is both personal and speculative. Our personal response is derived, for each of us, from almost four decades of the clinical work of psychoanalysis and also from years of intense involvement in the organizational life of the American Psychoanalytic Association and the International Psychoanalytical Association. Our speculations are inevitably colored by these experiences, both national and worldwide.

Any discussion of the future of psychoanalysis can be approached from a variety of perspectives: the nature of psychoanalysis as a science; its nature as a discipline; psychoanalytic education and its relationship to the wider academic world for which Freud always yearned; the nature of psychoanalytic research; the nature—and scope—of professional practice; and the institutional expression of psychoanalysis in the International Psychoanalytical Association and its component organizations. Space constraints dictate that we deal with these issues selectively; we cannot devote equal space to each, and some we may scant almost completely or defer altogether.

PSYCHOANALYSIS AS A SCIENCE

The nature of psychoanalysis as a science is perhaps the most fundamental of all these questions. It is also the issue that may be beset by the most intense theoretical controversy and the

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

most fundamental cleavage. On the one hand, there is the natural science model in all its variations, ranging from those that claim lineage from Freud—ego psychology and the interpersonal, object relational, self psychological, Kleinian, and Bionian conceptions—to their replacements by information theory, systems, and cybernetic models. On the other hand, there are the varieties of humanistic—i.e., hermeneutic, phenomenological, subjectivistic, and/or linguistically based—conceptualizations, including, of course, the Lacanian. This is a scientific debate that is far from resolution; to the contrary, it is an arena of widening differences, focused on by one of us (Wallerstein, 1988a) as the problem of our increasing theoretical diversity, or pluralism, as we have come to call it.

Within this arena, our own commitment is to a natural science model, and our own allegiance, by training and practice, is to the ego-psychological, now the post-ego-psychological, paradigm. The basis for this commitment and allegiance has been spelled out by us at length elsewhere (Wallerstein, 1986b, 1988b; Weinshel, 1989) and will not be repeated here. The path toward coming to terms with this range of theoretical differences (albeit within the natural science model) has at least been pointed out in one of the articles referred to (Wallerstein, 1988a).

PSYCHOANALYSIS AS A DISCIPLINE

Inextricably linked to the nature of psychoanalysis as a science, but also clearly distinct, is our conception of its nature as a discipline. Here we feel that we are in the midst of a fundamental shift in our vision, a real sea-change, particularly in America, but one which most of us are aware of only occasionally. This is an issue usually conceptualized as the controversy over nonmedical or "lay analysis," which we see rather as a controvery over the very nature of our discipline. Is psychoanalysis a branch of the medical healing arts, a subspecialty, as it were, of

psychiatry? Or is it a fully independent discipline, with an important interface, to be sure, with natural science, but with equally important interfaces with academic and clinical psychology, with the behavioral and social sciences, and with philosophy, law, and other relevant domains of human thought?

This controversy has been central (again, most intensely in America) ever since Freud published *The Question of Lay Analysis* in 1926 in defense of Theodor Reik. Reik had been arraigned in a Viennese court on charges of "medical quackery" for practicing psychoanalysis (putatively a branch of medicine) without a medical license. Freud's defense of Reik was followed a year later by the publication of twenty-six responses (pro and con) from analysts from just about every one of the then existing psychoanalytic centers of the world, with final remarks by Freud and Eitingon (see Jones, et al., 1927). A political resolution of this controversy was attempted at the 1938 Paris IPA Congress. The American analysts (solidly opposed to lay analysis) demanded that the IPA's International Training Commission be abolished, so that the American Association could wrest total autonomy in regard to training standards; it would then be free to bar psychoanalytic training for non-physicians within the United States. The Europeans (mostly open to parity for training of qualified physicians and non-physicians alike) strongly objected, and the issue was put off for final decision at the next Congress, scheduled for 1940. World War II intervened, and when the next Congress met in Zurich in 1949 after an eleven-year hiatus, it was taken for granted that the "1938 Agreement," constituting the American as a Regional Association of the IPA with exclusive jurisdiction over official psychoanalytic training in the United States and full autonomy over training standards, was operative.

From this "1938 Regional Association Agreement," psychoanalysis as a discipline took two different developmental paths for the next half century, although the controversy over lay analysis was never stilled. In Europe the development everywhere was one of total openness of training to all qualified ap-

plicants, regardless of disciplinary background. In practice, this worked out to physicians comprising from half to two-thirds of the trained analysts in each psychoanalytic society, with non-physicians from a great diversity of backgrounds (though more from psychology than from any other) comprising the remaining third to half. In the United States, to the contrary, during the same half century psychoanalytic training was restricted to physicians, except for the opening up (in the late 1950's) of "research training" to a very limited number of academic research scholars. These scholars undertook psychoanalytic training within the context of their careers in their original disciplines, their scholarship and research activities presumably enhanced by psychoanalytic knowledge and perspective. In Latin America, the most recently developed of the three major regions of psychoanalytic activity worldwide, the trend was not uniform, but was at first more in keeping with the United States exclusionary model.

We all well know the events of the past few years, and they will not be discussed in any detail here. There was the lawsuit, leading to three and a half years of litigation, brought by four clinincal psychologists against the American Psychoanalytic Association and two of its affiliated institutes, with the International named as a co-defendant. The plaintiffs charged that the barring of full clinical psychoanalytic training to non-physicians by the American constituted restraint of trade and a violation of the antitrust laws. The final, out-of-court settlement of the suit was on terms that we feel were in the best interests of psychoanalysis as well as of the plaintiffs *and* the defendants. Concomitantly, by two-thirds vote the American passed the Gaskill Committee proposal, opening a pathway for full clinical training in psychoanalysis for non-physicians. Bylaw changes were voted by the IPA at its Business Meeting in Montreal in 1987 and subsequently ratified in a mail ballot of the whole membership. The changes altered the 1938 Regional Association Agreement: the American retained its internal control over training standards but relinquished its exclusive jurisdiction

within the United States. Thus, non-medical psychoanalytic training centers that had developed outside the American Association would now be eligible for direct affiliation with the IPA, provided they met IPA standards of training and practice.

What this all adds up to is the opening wide of two main channels of psychoanalytic training under IPA auspices for non-physician, qualified mental health professionals, in the United States. One channel lies within the established institutes of the American (the implementation of the Gaskill proposal). The other is in institutes to be directly affiliated with the IPA but outside the framework of the American. These are long-existing or newly developing non-medical institutes in the United States, twenty-seven of which have already made formal inquiry of the International. Five of them have now been judged to be sufficiently developed and sufficiently in accord with IPA standards to warrant IPA site visits, which are currently underway. If the evaluations are positive, these institutes will be proposed for IPA affiliated status, as official Study Groups or Provisional Societies, at the 1989 Rome Congress. Clearly, as these trends continue over the next decade, the institutes of the American will be training increasing numbers of non-physicians, and their percentage within the ranks of trained analysts within the American will rise significantly. At the same time the newly admitted non-medical societies and institutes in the United States will be competing for medical candidates, since they, too, will offer a channel of access to IPA membership for their graduates.

Coextensive with what has been happening in the United States, but in a totally different historical and political context, have been developments in South America. The past decade has seen an increasing political democratization, including in the largest countries, Brazil and Argentina, with a curiously parallel democratization in the governing structure of some of the largest psychoanalytic societies in those nations. An aspect of this has been the abrogation, in Argentina for example, of a law which had restricted the practice of psychoanalysis to physi-

cians, and the opening of the doors of one psychoanalytic society after another to the training of non-physicians. At this point, analytic training is restricted to physicians in only two of the societies in Latin America (these, among the smallest), and we understand that it is in the process of being opened up in one of them.

What all this means is that we are now approaching worldwide the situation that has all along existed in Europe and that the divisive struggle over lay analysis is beginning to be surmounted everywhere. As we see it, the full implication of this (when finally achieved) will be a fundamental shift in the conception of the nature of psychoanalysis as a discipline, i.e., a shift in the nature of the psychoanalytic identity. To put it succinctly, the shift will be from "I am a psychiatrist who practices psychoanalysis," which, for many North and South Americans, has been the prevailing conception, to "I am a psychoanalyst whose original discipline was psychiatry"—or clinical psychology or whatever.

This major shift in the identity of the analyst and in the nature of psychoanalysis as a discipline was actually both pleaded for and presaged a quarter of a century ago by Maxwell Gitelson (1964) in a plenary address to the American, aptly titled "On the Identity Crisis in American Psychoanalysis." There, in the context of a discussion of his call to "cast a wider net for students of psychoanalysis" (p. 474) in America, which he said was a return to the "question of lay analysis," Gitelson stated:

> I have been turned in this direction by my consideration of the history of psychoanalysis in America. *I think the time has come for psychoanalysis to accept its identity as a separate scientific discipline*, whose practitioners can be various kinds of intellectually qualified persons who are humanly qualified for the human experiment that is the psychoanalytic situation (p. 474).

Apropos the shift in student body that would reflect this identity shift, Gitelson said:

> The emotional qualities that ensure the fulfillment of the

> human obligation to patients are basic to the practice of medicine. But in the psychoanalytic field the practitioner must also have the intellectual qualities and scope which will bring to it the necessary scientific sophistication. . . . The prevailing tendency to place exclusive value on antecedent psychiatric training as such may need to be revised in respect to the barrier it erects against scientists with other qualifications who might advance the conceptual horizon of psychoanalysis (p. 474; see also, Weinshel, 1979, pp. 81-82).

None of this has to mean any weakening of the biological embeddedness of psychoanalysis as a natural science theory of the functioning of a mind within a body. Nor need it mean any weakening of the powerful interface between psychoanalysis and psychiatry (for psychoanalysis *is* the dynamic psychology of psychiatry), or medicine (the whole area of psychosomatics), or biology (especially neurobiology). And it does not have to mean any lessening of psychoanalysts' involvement in academic medicine and academic psychiatry, including, of course, the teaching of psychoanalytic concepts and psychotherapy in psychiatry residency programs. On the professional (and political) level, the psychoanalysts with strong medical and psychiatric roots and identities may continue to play active roles in the organized medical and psychiatric associations. Scientifically and theoretically, this will include the continued cultivation of the interfaces between psychology and physiology (more specifically, between psychoanalysis and neurobiology) in the ways described, for example, in the recent book by Reiser (1984), *Mind, Brain, Body*, although this is still more a promise made than one fulfilled (Wallerstein, 1985). And, of course, it is far from clear how the rapidly increasing knowledge in neurobiology, molecular biology, and molecular genetics will interdigitate with our *psychoanalytic* understandings of mental functioning, and whether this new biological knowledge will (or can) add to our psychoanalytic clinical effectiveness.

Alongside this continued cultivation of the biological/medical interface with psychoanalysis, there will be a more formal legiti-

mation of other natural interfaces—those with academic psychology and clinical psychology, and those with all the behavioral and social sciences and the humanities as they relate to our understanding of the individual human mind. As part of this, we also wish to point out another recent and continuing shift in our conception of the nature of psychoanalysis as a discipline. This pertains to the kind of psychology that psychoanalysis is and, *pari passu*, to its limitations as a psychology. In *The Question of Lay Analysis*, Freud (1926) made his most specific statement on this subject:

> It will not have escaped my readers that in what I have said I have assumed as axiomatic something that is still violently disputed in the discussion. I have assumed, that is to say, that psycho-analysis is not a specialized branch of medicine. I cannot see how it is possible to dispute this. *Psycho-analysis is a part of psychology*; not of medical psychology in the old sense, not of the psychology of morbid processes, but simply of psychology. It is certainly not the whole of psychology, but its substructure and perhaps even its entire foundation. The possibility of its application to medical purposes must not lead us astray. Electricity and radiology also have their medical application, but the science to which they both belong is none the less physics (p. 252, italics added).

Here Freud was clear in his mind on two points: he did not consider psychoanalysis to be a part of medicine but rather a part of psychology; and he considered it only a part, not the whole of psychology. Those who came after him, particularly those who developed the (American) ego psychology paradigm (Hartmann, 1939, 1964; Hartmann, Kris, and Loewenstein, 1964; Rapaport [see Gill, 1967]), were far more ambitious for psychoanalysis as a psychology. Hartmann and his co-workers were intent upon spreading psychoanalysis beyond its clinical beginnings in the study of the minds of the mentally and emotionally disordered. They wished to make of psychoanalysis a general psychology of the total mind, seen as the organ of adaptation via proper maturational unfolding in an "average expect-

able environment." An autonomous ego differentiates out of an original id-ego matrix; its conflict-free spheres of functioning are developmentally elaborated alongside its apparatuses born of conflict, with areas of primary, then secondary autonomy. In 1956, in one of his best known papers, Rapaport (Gill, 1967, pp. 594-623), the great systematizer of the ego psychology paradigm, sought to synthesize Hartmann's contributions with Erikson's focus on the *psychosocial* developmental unfolding via an epigenetic ground plan. In Rapaport's last years, he was turning his attention to the experimental study of psychoanalytic propositions. He was convinced that psychoanalysis lacked only a sound learning theory to achieve the ego psychologists' dream of psychoanalysis as a general psychology encompassing all the realms of normal *and* abnormal mental functioning.

Current, post-ego-psychological psychoanalysis has been marked by a general retreat from the hegemonic vision of Hartmann and Rapaport, to a position which Kris had enunciated as long ago as 1947: that psychoanalysis is, after all, *nothing but* human behavior considered from the point of view of conflict —i.e., that it can only truly illuminate and influence those aspects of mental functioning that are born of conflict.[1] In keeping with this more modest assessment of the overall place of psychoanalysis within the larger domain of general psychology, there is also a more modest assessment today of the ability of psychoanalysis to eradicate neurotogenic intrapsychic conflict thoroughly and permanently. One of us (Weinshel, 1989) has recently articulated just this current view of the limitations in how much we can expect to modify intrapsychic con-

[1] It would be a digression to discuss here self psychology's posited distinction between its theory of psychological formation as born not of conflict but of deficit or deficiency, and "classical" psychoanalysis, prototypically considered a psychology of conflict. We feel this to be a spurious distinction, and each of us (Wallerstein, 1983; Weinshel, 1989) has counterposed a broadened construction of the concept of conflict in psychoanalysis. Within these constructions, the so-called deficit phenomena described by self psychology can be at least as fruitfully considered as manifestations of conflict. Similar critiques of self psychology have been advanced by Segel (1981) and Treurniet (1980).

flicts and ameliorate the behaviors and symptoms through which they are expressed.

In summary, we feel that psychoanalysis, considered from the point of view of its nature as a discipline, is clearly coming into an era of a crystallized independent identity. It will be separate from but closely linked to natural science, to general psychology, to the social and behavioral sciences, to the humanities —in short, to all of the relevant realms of the study of the human mind. As an independent psychological discipline—and here Freud's 1926 view is completely in accord with our current evolution—we see it as but a partial psychology, a psychology of the mind in conflict, with a suitably realistic therapeutic reach in the overcoming of conflict and the behaviors and symptoms that reflect it.

TRAINING FOR PSYCHOANALYSIS

These considerations lead us to our views on psychoanalytic training and the proper context for it. Two basic models for training have taken hold in America. The model employed until the end of World War II was the one developed by Eitingon for the first formal psychoanalytic training institute, in Berlin, started in 1920: the tripartite scheme of personal (or training) analysis, didactic curriculum with theoretical and clinical seminars, and the conduct of several analyses under supervision. This is the model of the independent psychoanalytic institute, a part-time, usually a night, school, with a student body engaged in full-time clinical practice to earn a livelihood and to defray the costs of psychoanalytic training. The well-known advantage is the total autonomy in the pursuit of psychoanalytic training, with no constraints imposed by non-psychoanalytic influences or forces. It was the model historically imposed on psychoanalysis in its beginnings in central Europe. There, Freud and his followers were denied formal access to academic medicine or to the university at large, partly because of the revolutionary

and shocking nature of Freud's ideas, and partly because of the official anti-Semitism that would yield no place in academia to the followers of this "Jewish science."

The other psychoanalytic training model developed in the wake of World War II, the period marked by the psychoanalytic idea's successful capture of American psychiatry and its training centers in the nation's medical schools. Actually, part of the American fervor to limit psychoanalytic training to psychiatrists derived from the self-conscious intent to identify completely with medicine and to make American psychiatry thoroughly psychoanalytic, thereby making the teaching of psychoanalytic psychotherapy the central clinical activity of psychiatric residency training. This campaign succeeded brilliantly in the post-World War II days through the decade of the 1950's, as one after another medical school department of psychiatry sought an analyst chairman who would bring analysts and analytic teaching to academic center stage.

One major product of this campaign was the creation of a succession of new psychoanalytic institutes within medical school departments of psychiatry—at Columbia, Downstate, Cleveland, Pittsburgh, and Denver in the first wave. The institutes were accorded, to begin with, all necessary autonomy by the department chairmen, who were either analysts themselves or analytically sympathetic psychiatrists. What was asked in return was that the institute—its faculty and its candidates—play a major role in the department's clinical psychiatric teaching, i.e., teaching psychoanalytic principles and psychotherapy to the psychiatric residents. It was hoped that this would stimulate interest in full psychoanalytic training in the brightest and best of the residents, a process looked upon as mutually beneficial by the department of psychiatry and the psychoanalytic institute. Even where the local psychoanalytic institute was fully autonomous, as in the first model, many of its most active members played similar roles in medical schools or teaching hospital departments of psychiatry, volunteering their time to teach psychoanalytic principles and therapy. Everywhere, the atmo-

sphere was heady with visions of psychoanalysis being ensconced in academia in a way always denied to Freud—even though only through the medical school and not the university at large.

There was a third psychoanalytic training model proposed, but one that was never fully actualized. This was the far more sweeping and innovative proposal by Shakow (1962) for the creation of autonomous psychoanalytic institutes within the university, independent from but affiliated with both the medical school and the graduate faculties in the behavioral and social sciences. This is in keeping with our discussion of the concept of psychoanalysis as an independent academic discipline (not a subspecialty of psychiatry), but one with its ultimate proper place within the university. According to its idealistic proponents, only then could psychoanalysis truly flourish in fruitful interaction with the other scholarly disciplines, and only then could its own scholarship and research find the proper academic stimulation and nourishment.

More practical (in the sense of more immediately feasible) was the variant proposed by Anna Freud (1971) in her "Ideal Institute: A Utopia." She envisioned a full-time institute where scientific work and educational work would not be the part-time and night-time activities of tired men and women, an institute where there would be salaried positions with major time commitments, as in the university tradition, even if necessarily outside the university structure. In her Hampstead Clinic and Child Therapy Training Centre, Anna Freud approximated that model as best she could within the constraints of her limited resources, which were dependent upon philanthropic donations. In October 1974, the American held a week-long Conference on Psychoanalytic Education and Research assessing "the current situation and future possibilities." That conference, via the work of nine commissions, discussed these various training models at length, with the implications and the potentialities of each for our psychoanalytic educational and research

enterprise. A book of the proceedings was published (Goodman, 1977).

These are, then, the various educational models for psychoanalytic training that have been vying for place and favor over almost the whole of our professional lifetimes. As to which one would—or should—win out in our preferred psychoanalytic future, we have had, over much of that time, somewhat different perspectives. One of us (Wallerstein, 1972) has long felt the historic imperative of a university-centered psychoanalysis. This does not necessarily have to be within a medical school department of psychiatry, although that has so far seemed the only practical pattern. More ideally (or idealistically), it would entail some version of the Shakow or Anna Freud proposals. Only then would the relative isolation of psychoanalysis from the wider scientific and intellectual world be overcome, and only then could we truly upgrade the scholarliness and seriousness of the academic aspect of our enterprise.

The majority analytic sentiment, however, has been with the other one of us. While such analysts wish to continue strong links with academic psychiatry and psychiatric residency training, they are wary of the price that could be exacted—the subtly coercive pressures that could control or dilute educational content and form if the psychoanalytic institutes were to give up their independence and move into the seductive embrace of the proffered academic homes. Unhappily, the trend of almost two decades has, at least for the time being, borne out these misgivings. With the explosive growth of neurobiology and its applications in psychopharmacologic therapy of the major mental disorders, the psychoanalytic tide within psychiatry has receded far from the high-water mark of the 1960's. Psychiatry has become increasingly biological, its basic research increasingly focused in the areas of molecular biology and molecular genetics, and its new rallying cry that of "remedicalization." Crisis intervention, consultation-liaison, substance abuse programs, and geriatric services are the new clinical centers of

activity, with a heavily biological—and often enough a subtly anti-psychological or overtly non-psychological—emphasis. Chairmanships of medical school departments of psychiatry now rarely go to analysts, and psychotherapy teaching has a much diminished place in residency training programs. Coincidentally, in at least some university-based psychoanalytic institutes, the once mutually advantageous interaction between institute and parent department has deteriorated, in one instance disastrously.

The apogee of this trend is in an ongoing debate over whether psychotherapy training should continue to be required or whether it should be converted into an elective within the overburdened psychiatric residency training program. Even further, there is the call on the part of a very distinguished chairman of a medical school department of psychiatry and university provost that neurology and psychiatry be reunited into a combined department of neuropsychiatry. Having separate departments and separate domains of inquiry is stated by him to be as anachronistic as it would be to have a department of ear, nose, and throat separate from a department of hearing, smelling, and breathing.

None of this fact or rhetoric means, however, that the university is lost to the psychoanalytic idea. Quite aside from the penetration of psychoanalysis into psychiatry and its training centers over a span of several decades, psychoanalysis—and this was a mark of Freud's genius—has always been far broader than its therapeutic and training functions. In the celebratory words of W. H. Auden (1940) upon Freud's death, "To us he is no more a person now but a whole climate of opinion." Psychoanalysis in this sense is now an integral part of the intellectual climate of our time, coloring the way we see our world and our place in it as profoundly as Darwinian or Marxist thought or Einstein's thought. And specifically psychoanalytic perspectives have everywhere entered the university world, from the pioneering of Lionel Trilling at Columbia and Norman Holland at

Buffalo in English literature and literary criticism, to departments of comparative literature, French, philosophy, sociology, anthropology, and, of course, psychology. Whatever the fate of psychoanalytic teaching within psychiatry and the medical schools,[2] the university will increasingly be a place where psychoanalytic ideas will help illuminate the problems of human mental functioning, and will do so in fruitful interaction with the perspectives of cognate disciplines. Actually, we are confident, too, that the pendulum will self-correct over time in academic psychiatry and that psychodynamic and biologic thinking will be able to coexist as complementary perspectives on the phenomena of mental illness and behavioral disorders. But in terms of the psychoanalytic institute as a center that trains candidates for a profession as well as educating them for a science, perhaps the university cannot, at least in the foreseeable future, fulfill Freud's dream or Shakow's or Anna Freud's. And perhaps (regrettably for one of us) the original psychoanalytic institute training model forced on us by exclusionary necessity will continue to be the most viable.

This does not mean, however, that the format and the content of psychoanalytic institute curricula do not need critical review. The whole tripartite educational system has remained essentially unchanged since its beginnings in 1920, despite the fact that the formal didactic seminar has been the object of unremitting criticism and has always been looked upon as the least

[2] We have neither space nor time to discuss, in this connection, the relationship of psychoanalysis to psychiatry in other countries. Mention should be made, however, of the very interesting German post-war evolution. The departments of psychiatry in West German medical schools have been continuing, in the tradition of Kraepelin, the non-analytic, biological treatment of psychiatric disorders, primarily the functional and organic psychoses. Alongside the psychiatrists who deal thus with the major mental disorders (increasingly in psychopharmacological terms), the psychoanalysts have entered about half of the medical schools in the country, via separate departments of psychosomatics and psychotherapy. They are attempting to bring psychoanalytic understandings and psychotherapeutic treatments to the range of psychosomatic and neurotic disorders. The two departments, psychiatric and psychoanalytic, seem, for the most part, to exist peacefully side by side.

essential component.[3] For example, we have always taken the training analysis and supervised analyses with the utmost seriousness, and analytic careers have been held up or have foundered completely at these vital points. But how often have we heard that someone has actually failed a course or been made to repeat it, let alone have a whole training jeopardized over issues of achievement and nonachievement in seminars?

The criticisms of our formal curricula have been many. From our research candidates, but also from our regular clinical candidates, too often do we hear complaints that their teachers seem narrowly professional and overly dogmatic. Rather than the classroom and seminar being experienced as a place for critical challenge of espoused viewpoints for purposes of comparison and contrast, the students complain that they become arenas for the mastery of material presented by teachers who brook no questions and make no effort to set their presentations within the context of the problems of the field and the limitations of the theory.

Aside from these issues of the general trade-school approach in what should be a graduate academic training program are issues of content and format. Almost unique among intellectual disciplines, psychoanalysis is almost everywhere still taught as it was in the earliest days—chronologically, in the unfolding of Freud's views and those of selected others who have come after him. Clearly, there are not just reasons of history and convenience for this, but reasons related to the nature of the psychoanalytic edifice and how it can best be comprehended. Nevertheless, only a few among us, and Arlow[4] and Gill are notable among these, have called for the intellectual effort of rethinking the curriculum to see how it might be restructured along the-

[3] For a number of years Vann Spruiell chaired a COPE Study Group on Formal Didactic Teaching in the Institutes of the American Psychoanalytic Association. It would be of great interest and usefulness if some of the findings of that Study Group were available to all our institute curriculum committees.

[4] This was most recently affirmed in Arlow's paper with Brenner (1988, pp. 6-8) in this series on the future of psychoanalysis.

matic lines, the themes to be presented in terms of today's understandings, with prior perspectives called upon as they help in illuminating today's positions. This is the way any other scientific discipline, whether natural science or social science, is taught.

The issue is, of course, not as stark as here stated, but it is nonetheless real. Chemists, by contrast, do not start with immersion in phlogiston theory as a preliminary to the understanding of oxidation. Needless to say, this, perhaps like much else in this paper, can lend itself to misinterpretation of our meaning. We, of course, are not chemists, and we deal with a science in which the unique history and development of individual human minds are central keys to understanding. There *is* virtue in understanding the origin of psychoanalytic concepts and why changes have occurred in them. But it is also true that our students need not repeat the whole evolution, step by step, in our curriculum. The challenge would be to fashion a curriculum that fully reflects our present-day knowledge while inculcating an appreciation of its historical derivation to illuminate how and why our knowledge base has developed the way it has.

Related complaints center on the psychoanalytic parochialism of our curricula. With few exceptions around the world (and the British Institute is a good example of such exception) because of special historical circumstance, our curricula have mostly rigidly reflected the dominant theoretical position of the particular training center, and there has been little incentive to explore the literature of other perspectives. Until the rise of Kohut's self psychology, institutes in the United States have been almost monolithically within the dominant ego psychology paradigm. And until recent years, institutes in Latin America have been equally single-mindedly Kleinian and/or Bionian. Aside from the shared beginnings in reading Freud, there have been almost no points of correspondence in what is read and integrated into one's psychoanalytic understanding and identity between those trained in the North American and in the South American contexts.

None of these criticisms, some of them harsh and perhaps overstated, are new. What is new, we think, is that we are entering a period of both curricular flux and challenge. The challenge will come from the significant influx into the institutes of the American of new categories of students, many of them nonmedical and from university graduate backgrounds. On the one hand, they will be academically and perhaps theoretically more savvy; on the other hand, they will be less clinically immersed and technically focused than our traditional candidates who have come by way of medicine and psychiatric residency. They will pose a challenge to our faculties to fashion the kind of curriculum in that proper mix, adjusted to the differing needs of each category of students, so that all will emerge with the optimal integration of professional training for clinical practice and academic education for the advancement of the science. Curiously, this process may well be facilitated by the loosening of the exclusive ties to psychiatry and medicine, with a concomitant assumption of a new independent psychoanalytic identity and a more self-conscious effort in curriculum making to include the best and most appropriate elements of professional school and of graduate academic education without being the intellectual captive of either.

The curricular flux will come from the process we are finally beginning to see: the true internationalization of psychoanalysis. We are all more willing today to acknowledge the diversity of theoretical perspectives within psychoanalysis—the ego psychological, object relational, Kleinian, Bionian, Lacanian, and self-psychological—as well as the different regional, cultural, language and thought conventions within which psychoanalysis is expressed. We are more willing today to see *each* theoretical perspective as a legitimate framework within which respected colleagues can organize the clinical encounters in their consulting rooms and interact therapeutically with their patients. The 36th International Psychoanalytical Association Congress in Rome in July 1989, with the theme, "The Common Ground of Psychoanalysis," is intended as an exploration of the clinical

commonality and thus of the true psychoanalytic consensus that can be found within our theoretical diversity.

Inevitably, these considerations will have an impact upon our curricula. We all have individual theoretical allegiances fashioned out of our own training and practice experiences, and these will, of course, provide a central curricular focus. But at the same time, we will be trying to impart to our students a respectful understanding of other theoretical positions and of why, for many colleagues, those alternative positions are preferred as ways of understanding the phenomena of the consulting room. Put most simply, we will all be more knowledgeable about other theoretical perspectives and their special values, and about other language- and culture-determined psychoanalytic voices. The increased translation efforts, particularly from the French and Spanish languages into English; the ongoing efforts at cross-language dialogue between American and French analysts (Poland and Major, 1984); the more frequent worldwide travel for lectures and clinical consultation; and the activities of the International in its new publication venture (educational monographs in the four official IPA languages, with representatives of different major theoretical viewpoints discussing topics of significant analytic interest)—all these will facilitate this process. We would like to predict—and we certainly hope—that our formal analytic institute curricula a decade from now will be more catholic in scope while remaining concentratedly analytic; that they will be more academic (in the best sense of that maligned word) while at the same time effectively professional; and that all this will make the institutes much more exciting as centers of learning and teaching. The time is propitious for this development, and the opportunity is here.

Again, we wish to guard against misinterpretation. We do not intend this to be read as a call for an uncritical ecumenicism that equates each psychoanalytic perspective in all particulars with every other. We are talking, rather, of a broadened, more "tolerant" curriculum in each of our educational centers (whatever

the particular theoretical heritage and allegiances of each training center), a curriculum that would be nonetheless still integrated into an overall coherent theoretical perspective, or perhaps a creative amalgam of two or more. We will then be able to see more broadly and deeply how the same clinical phenomena are conceptualized within other theoretical systems with their differing idioms.

RESEARCH IN PSYCHOANALYSIS

Consideration of educational curriculum always brings up issues of scholarship and research, the more so as the training curriculum comes to transcend the narrow professionalism of purpose and parochialism of viewpoint we have discussed. For many reasons, psychoanalysis does not have an established tradition of formal and systematic research embracing a significant set of its membership. George Engel (1968) enumerated these reasons in great detail and with telling accuracy two decades ago—and a number of us (Beres, et al., 1968) were invited to respond as best we could to his indictment. Some of the obstacles to which he pointed have to do with the issues we have discussed in this article: the institutional structures we have built and the way we have organized our educational system as private night schools set in the context of busy lives of full-time clinical practice; the essential isolation of most of our institutes from academia and its scholarship and research; and a curriculum that could in consequence become narrowly professional in the trade school sense. Considerations of this sort have impelled one of us, over many years, to look to the university as the proper home for psychoanalysis, where the very nature of the academic enterprise could help ensure that psychoanalytic scholarship and research would naturally be fostered.

This, of course, would all be ideal if it could have come to pass. But the disenchantment with psychoanalysis in the one part of academia to which it has had access, the medical school departments of psychiatry, and the growing independence of

psychoanalysis as a discipline *sui generis*, require a rethinking of the place for research in psychoanalysis and how it can best be promoted. This situation will probably make the psychoanalytic research enterprise more complicated than ever, but perhaps such research will ultimately be truer to the essential nature of psychoanalysis, which Harrison (1970) called "our *peculiar* science."

For research in our discipline began with Freud's clinical case study method, and that is still the source of most of what we know in psychoanalysis. Almost two decades ago, one of us (with a collaborator) presented the issues involved in our research enterprise as follows:

> There is no need to document the extraordinary reach of the traditional (specifically psychoanalytic) case study method innovated by Freud. The whole corpus of psychoanalysis . . . comprehending the phenomena of both normal and abnormal personality development and functioning, attests brilliantly to the explanatory power of the theory derived from the data of the consulting room. It has flourished in the hands of its founding genius and of those who have come after and has provided a truly extraordinary range of insights into the structure of the mind, the organization of mental illness, the forces at work in the treatment situation, the processes of change and the requirements of technique. By contrast, it is the sobering appraisal of Strupp, a dedicated psychotherapy researcher (whose professional origins and commitments were fashioned primarily in the research rather than the clinical crucible) that whatever spectacular growth formal research method and research inquiry in psychotherapy have undergone, . . . *to this point* these have exerted but very slight influence on the theory and practice of psychotherapy. He states the issue bluntly (Strupp, 1960): '. . . clinical penetration and scientific rigor have varied inversely. . . . If the advances of psychoanalysis as a therapeutic technique are compared with the experimental research contributions, there can be little argument as to which has more profoundly enriched the theory and practice of psychotherapy. To make the point more boldly, I believe that, up to the present, research contributions have had

exceedingly little influence on the practical procedures of psychotherapy' (Wallerstein and Sampson, 1971, pp. 11-12).

It is this productive stream of clinically derived insights and formulations, yielding new data and new or revised theory, that must not be allowed to dry up. It is not at all clear, as some aver, that the case study method can no longer be looked upon as yielding new knowledge. Edelson (1984, 1988) has devoted two recent books to a persuasive demonstration that, properly constructed, the clinical case study not only provides heuristic yield, but has evidential value as well. It can therefore advance the process of testing psychoanalytic hypotheses in full conformity with the canons of natural science—and this, despite the contention of Grünbaum (1984) and others that the data of psychoanalysis are inevitably hopelessly contaminated by suggestion and are thus useless for scientific hypothesis testing.

Given the exciting possibilities documented so impressively by Edelson for an enhanced research yield from the properly constructed case study, it is no loss to these research possibilities that the main locus of psychoanalytic scholarship is not shifting from independent institutes to the university. This kind of study can flourish in any setting that does not constrain the inquiring mind. Typically, it has been the product of solo practitioners or of small groups of colleagues working out of a private practice base and drawing their collegial and scientific nutriment from their own psychoanalytic societies as well as from meetings of the American and the IPA. In this context, Spruiell (1983, pp. 360-361) has written about the value of the small case conference or discussion group as a useful form of clinical research; here, out of intense discussions and productive disagreements, heuristically valuable formulations have emerged and been added to our literature, as in the monographs of the Kris Study Group. On the other hand, this is the kind of scholarship that is typically not prized or well rewarded in (medical school) academia, although there are exceptions to this generalization.

At the same time, it *is* clear that the clinical case study method has many shortcomings qua research—described in detail by Wallerstein and Sampson (1971)—and that it must be supplemented by formal and systematized research inquiry if psychoanalytic research is to flourish maximally. Indeed, the main purpose of that article was to justify and to elaborate on the need to go beyond the clinical case study method as the central research instrument and research access to the therapeutic process in psychoanalysis. The article discussed the many problems involved in devising and executing such research in a manner that would be responsive to the subtlety and complexity of the subjectivistic phenomena in our field, and at the same time scientific in the best sense of that term—i.e., loyal to the reality principle as embodied in appropriate canons of scientific inference. This kind of formal and empirical research has always required and will continue to require an academic base or some other full-time clinical setting, such as The Menninger Foundation or the Anna Freud Centre. But it is also exactly the kind of research that has always been done and will continue to be done by those analysts who are full-time academics in medical school departments of psychiatry. Unhappily, such analysts are now few in number, and the new biologism is beleaguering their position and making their possibilities for adequate research funding more precarious. In the near future, there may be further decline in this small volume of such formal psychoanalytic research, not only on therapeutic processes and outcome but also in other psychoanalytically based research areas—in infant and child development, psychosomatics, psychophysiology (sleep-dream, etc.), and experimental studies (perception, cognition, etc.). In partial compensation for whatever falling off there is here, applied psychoanalytic studies in the fields of literary criticism, psychobiography, art and aesthetics, linguistics, history, and society may all be entering a new and exciting phase of expansion. There is clearly a wide range of psychoanalytic research and scholarship, from the precise laboratory study of subliminal stimuli to psychoanalytic studies of Shakespeare.

This mirrors roughly (but not isomorphically) the spectrum from natural science to hermeneutic perspectives in psychoanalytic commitment.

PSYCHOANALYSIS AS A PROFESSION

We come now to the nature and scope of psychoanalysis as a profession, to the clinical practice and livelihood that it is for most of us. Here, the issues are legion, and the changes in the conditions of practice confronting the new generation of analysts are bewildering. They include:

1) a diminishing number of psychoanalytic patients;
2) increasing numbers of mental health practitioners with little or no psychoanalytic training or knowledge;
3) increasing numbers of non-psychoanalytically based alternative therapies, some verging on the cultist, and of self-help groups;
4) a systematic retreat from adequate insurance coverage for long-term psychotherapeutic care (even in countries where national health insurance is advancing or has already been fully achieved);
5) the growing preoccupation everywhere with cost effectiveness and cost containment (with psychoanalysis losing out to psychopharmacologic approaches, not only to the psychoses but to some borderline and neurotic disorders as well); and
6) the growing necessity for peer review and utilization review systems, with their inevitable impingements on the privacy and confidentiality of the two-party therapeutic transaction.

Just to allude to this host of socio-politico-economic issues in this cursory manner brings to mind varieties of consequences, some of which many of us are already encountering. The economic impact on the income potential of psychoanalysts is already clear—and adverse. Other consequences are not neces-

sarily detrimental. Two worldwide studies of the effect of national health insurance coverage for psychoanalytic treatments, conducted under the auspices of the IPA and the European Psychoanalytic Federation (by Widlöcher and Groen-Prakken respectively), document clearly that psychoanalytic work and the psychoanalytic identity suffer in some aspects: while there is the benefit of insurance reimbursement, there is inevitably the constraint of the linked insurance controls.[5]

We will not attempt to discuss the many consequences and implications—professional, economic, political, and ethical—of the changes that are occurring worldwide in the clinical practice of psychoanalysis and intensive psychotherapy. Many of them are obvious and known to all of us, although we will assign to these shifts our own idiosyncratic, positive or negative affective valences. We want, rather, to discuss here a related—but distinct—aspect of the current changes as they affect the future of psychoanalytic professional practice. That is the relationship of psychoanalysis to dynamic or psychoanalytic psychotherapy.

This is an issue that has preoccupied our field ever since World War II—particularly in America where psychoanalytic psychotherapy evolved in the effort to adapt technique to the clinical requirements of patients not suitable for the stringencies of proper psychoanalysis. It developed naturally as an

[5] Two examples will suffice. In some western European countries with national health insurance, psychoanalysis may be fully covered for its usual duration. In the largest system of all (West Germany), however, it is covered only for three hundred hours, after which the patient must bear the total cost. It occasions little surprise to hear that a great majority of the psychoanalyses under the West German system manage to be satisfactorily concluded in under three hundred hours! (In Great Britain, of course, psychoanalysis, as such, is completely excluded from the national health system, although less intensive, once-weekly psychoanalytic psychotherapies are available in some localities within the national health service.) The other unhappy example comes from the practice in some countries (Canada and Sweden, for example) to cover the cost of psychoanalysis when carried out by physicians (as an aspect of the practice of medicine) but not when carried out by non-physicians. The latter must obtain their patients in the private market outside the system. The impact of this differential treatment on the relations between physician and non-physician analysts should be obvious.

expression of the close American adhesion of psychoanalysis to psychiatry and to its clinical patient population.[6] One of us (Wallerstein, 1989) has recounted a progression of three main stages in the historical development of the relationship of psychotherapy and the psychoanalysis from which it derived. The first, dubbed the *prehistory of psychotherapy*, was the era of Freud and Glover and Jones. It comprised the development of psychoanalysis as a distinct therapy, with an attendant new psychological theory, distinct from hypnosis and all other extant therapies which could be collectively subsumed under the rubric of suggestion.

The second stage, called the era of *crystallizing consensus*, saw its flowering—and its heyday—in the several panels of the early 1950's within the American, panels on the nature of the relationship of, the similarities and differences between, psychoanalysis and psychodynamic therapy. The panels were all brought together in one issue of the *Journal of the American Psychoanalytic Association* (Panels, 1954). The essence of that broad consensus (aside from the "deviations" represented by Alexander and his co-workers [Alexander and French, et al., 1946] and Fromm-Reichman [1950] and her co-workers) was that psychoanalysis and the expressive and supportive psychoanalytic psychotherapies constituted a spectrum of technical approaches, all grounded in the theory of psychoanalysis and differentially deployed in relation to specific sectors of the psychopathological spectrum. These approaches had clear-cut similarities, but even more clear-cut differences, each being prescribed

[6] In fact, dynamic psychotherapy as a technical adaptation of psychoanalytic theory to a wider array of patients than those suitable for unmodified psychoanalysis has been the single specifically American contribution to clinical psychiatry, albeit a glorious one. Psychoanalysis was created by Freud in Austria; the descriptive nosology of the major mental disorders was the work of Kraepelin and his school in Germany; electroconvulsive therapy was inaugurated by Cerletti and Bini in Italy, insulin coma by Sakel in Hungary, and the ill-starred lobotomy by Egas Moniz in Portugal; the concept of the therapeutic community was developed by Maxwell Jones in England; the modern psychoactive drug era was inaugurated in Switzerland with Largactil, later brought to America as Thorazine; and lithium was first successfully employed by Cade in Australia.

and carried out in relation to specific indications and contraindications stemming from the different clinical configurations of the patient population.

The third and current stage, which has developed over this most recent decade, has been called that of *fragmented consensus*. Where there was a well-established majority psychoanalytic consensus in the 1950's (and for a substantial period thereafter) on what constituted psychoanalysis and what constituted the expressive and supportive psychotherapies, this has now broken apart. The very same individuals (e.g., Gill, Rangell, and Stone) who were so united during the panels of the early 1950's separated widely in their reassessments of the field in the symposium held a quarter century later in Atlanta, under the sponsorship of the Southern Regional Psychoanalytic Societies. The median and perhaps the majority position in this renewed debate was neither the relatively unchanged views of Stone (1982), nor the radical revisionism of Gill (1984), but the moderately—but significantly—altered stance of Rangell (1981). This involves a perspective of more porous boundaries, of more interdigitation of specifically therapeutic and specifically analytic interventions (with supportive maneuvers infiltrating even the most classical of psychoanalytic treatments). Nonetheless, distinctive conceptualizations for psychoanalysis and for the analytic psychotherapies are maintained, though more fuzzily than a quarter century earlier. This has also been a main message of the write-up by one of us of the findings of over thirty years of The Psychotherapy Research Project of The Menninger Foundation. That study has dealt with the long-term processes and outcomes of forty-two cases, half treated in psychoanalysis, half in varieties of psychoanalytic psychotherapies (Wallerstein, 1986a).

Put another way, what this assessment of psychoanalysis, the analytic psychotherapies, and their relationship adds up to, in regard to the clinical practices in which we all engage, is that the demarcations are much less clear-cut today than they used to be. The questions then are: What constitutes psychoanalysis,

modified analysis, analysis with parameters, and even "wild analysis"? And what is *only* psychotherapy, albeit psychoanalytic psychotherapy? How close is it to the model of psychoanalysis and therefore mostly "expressive," or how distinctively different is it from psychoanalysis (in terms of clearly *psychotherapeutic* interventions) and therefore mostly "supportive"? Or, put still another way, are we still following the "widening scope of indications for psychoanalysis" (Stone, 1954), stretching what we call psychoanalysis (with increasing tolerance for technical modifications and perhaps unresolvable parameters) to cover ever wider arrays of patients toward what Stone called the "nosological periphery" (1954, p. 593)? If we follow the thrust of Kohut (1984) in his technical recommendations for work with narcissistic characters and of Kernberg (1984) for work with borderline personality organization, the answer to this question would, of course, be yes. Or, oppositely, shall we follow Anna Freud's call (1954, pp. 610-611), in her discussion of Stone's paper, for a narrowing scope? Proper psychoanalysis would then be reserved for those most amenable to it, and the designation of psychoanalytic psychotherapy would be given to all our therapeutic efforts with patients who have wider and deeper ego disorders than the ideal "normal neurotics" or the neurotics with Freud's "normal ego" (1937). Such psychotherapy would be utilized even with so-called "normal neurotics" whom we approach, for whatever reason, with more circumscribed goals than in analysis. The state of the field, in our view, is such that both these opposed answers can be given today, and each can be staunchly and persuasively defended.

This current uncertainty on precisely how to define clinical psychoanalysis is in contrast to the elegant definitional clarity offered by Gill in his 1954 paper (p. 775). The uncertainty, of course, is but one aspect of our growing awareness and willing acceptance of our increasing theoretical diversity, a worldwide pluralism of theoretical perspectives, of linguistic and thought conventions, of distinctive regional, cultural, and language emphases in psychoanalysis. Given this diversity, with all our

varying psychoanalytic perspectives all vying in the marketplace of psychoanalytic ideas, it is indeed far more difficult today than it was in Freud's (1910) day to delineate the proper boundaries of psychoanalysis from what is beyond it—from what is "only" but nonetheless proper psychotherapy, or from what is "wild" analysis and thus out of bounds in any psychoanalytically informed framework. Today, with our pluralistic conceptions, our varying theoretical perspectives and models of the mind, what may be conventional or proper psychoanalysis within one perspective may well be seen as wild within another. It is for these reasons that Schafer (1985), in his recent article on wild analysis, proposed abandoning that term altogether in favor of the more charitable and accommodating notion of "comparative analysis." As Schafer said, "Whereas once upon a time wild analysis referred to idiosyncratic violations of the theoretical premises and technical precepts of a simpler and solitary psychoanalysis, today recourse to the concept wild analysis [only] plunges us into theoretical debate" (p. 276; see also, Weinshel, 1989).

We need belabor no more our thesis that, as with other aspects of the future of psychoanalysis that we have discussed, the world of our professional clinical practice is today also one of increased complexity and increased subtlety, with fewer of the simplifying guideposts that once seemed to cushion our professional activity so comfortably. We should here acknowledge, however, at least one area of (enforced) real simplification in the scope of our present-day professional work. That is our substantial retreat, forced by the advent of the plethora of psychopharmacologic agents, from the psychoanalytically guided therapy of the major mental disorders. There are, of course, still a few adamant clinicians among us continuing to work psychotherapeutically with psychotic patients, but they are now seen more as quaintly anachronistic rather than as courageously pioneering. Perhaps, though, as the therapeutic limitations of the new biological psychiatry become more clinically evident and acknowledged, there will be a place again, at least in an

investigative context, for a revived intensive psychotherapeutic effort in the tradition once pioneered so proudly by Frieda Fromm-Reichmann, Harry Stack Sullivan, John Rosen, Marguerite Sechehaye, and others.

SUMMARY

We have tried, in a necessarily kaleidoscopic and highly condensed manner, to highlight our perspectives on the foreseeable future of psychoanalysis, along a number of interrelated but clearly distinct dimensions. Our discussion has dealt with the nature of our field as a science and also as a discipline, the nature of the training for it, the nature of its research, and the nature and scope of its professional practice. In all of these areas, matters seem both more complex and less clear-cut than they were in the immediate post-World War II period when we entered the field, which is now forty years ago in the approximately one-hundred-year-old history of psychoanalysis. We did not discuss in any detail the International Psychoanalytical Association or the American, its component through which we have our international membership. We have, however, via the IPA *Newsletter*, given voice to the organizational struggles of the International: the April 1989 issue of the *Newsletter* carries our account of the organizational changes within the IPA during the last four years and what we think they mean in relation to some of the issues discussed in this article. The fuller story of how our changing psychoanalytic life and identities are reflected in our institutional structures, as well as a more detailed specification of the future directions we have tried to chart in our inquiry, all deserve separate extended treatment and more complete justification.

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Countertransference and Psychoanalytic Technique

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COUNTERTRANSFERENCE AND PSYCHOANALYTIC TECHNIQUE

BY SANDER M. ABEND, M.D.

This paper examines the evolution of the concept of countertransference, with particular emphasis on its relationship to psychoanalytic technique. Freud's original idea that countertransference means unconscious interference with an analyst's ability to understand patients has been broadened during the past forty years: current usage often includes all of the emotional reactions of the analyst at work. Some factors that have contributed to this shift are the introduction of the structural hypothesis, the impact of Kleinian and interpersonal schools on the theory of technique, the effect of analysts' experience in working with more severely ill patients, and the diffuse consequences of certain recent cultural and intellectual trends. The benefits as well as some potential disadvantages in this shift toward a more inclusive conceptualization are discussed.

The term countertransference, originally introduced by Freud in 1910 to designate interferences with the analyst's optimal functioning that are caused by residual pathological elements in his or her own psychological makeup, has in the last several decades gradually undergone a radical change of meaning. By way of illustration of the shift, countertransference has recently been quite plausibly, if somewhat tentatively defined by Slakter (1987) as a term that now denotes "all those reactions of the

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analyst to the patient that may help or hinder treatment" (p. 3). It will be my purpose to trace the steps in this evolution, indicating some of the controversy that has marked its progress. I shall also outline some factors that help to account for the change, and offer an assessment of its implications for psychoanalytic technique. My interest is less in definition than in identifying the factors that have shaped the present state of affairs, and in the complex issues that influence and are influenced by its emerging outline.

Freud wrote relatively little on the subject of countertransference. Here is an abbreviated version of his first remarks about it (1910):

> We have become aware of 'the counter-transference', which arises in [the analyst] as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize this counter-transference in himself and overcome it. . . . we have noticed that no psycho-analyst goes further than his own complexes and internal resistances permit . . . (pp. 144-145).

Bear in mind that at this period in Freud's theoretical and technical development, his view of the analyst's role and activities was significantly less refined than what evolved later on as a result of his further experience. His initial remarks about countertransference are, however, fully consistent with the ideas expressed in the early papers on technique. In the first of these, published only two years later, Freud (1912) describes the importance of the physician's adopting an attitude of "evenly suspended attention," rather than conscious concentration, and, using the famous analogy of the telephone (pp.115-116), he says that the analyst "must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient." It is reasonable to assume that he believed that the essential work of the analyst was first to recognize and then to interpret to patients those aspects of their unconscious mental life that could be seen to contribute to their psychopathology.

Freud had already discovered the momentous significance of transference phenomena as a source of data, as resistance, and as a battleground for the therapeutic engagement. His clinical experience led him to advocate the value of the mirror-like stance and of the principle of abstinence. These technical precepts were designed to facilitate the clear expression of the patient's complexes—we would say conflicts—in the transference, so that the relevant unconscious material could most readily be identified by the analyst and interpreted to the patient. Analysts' familiarity with their own unconscious and the implicit lowering of their own resistances that must accompany such self-awareness were essential to their therapeutic effectiveness.

Thus, countertransferences were first conceptualized by Freud simply as those undesirable distorting influences that limited an analyst's ability to understand his or her patients' unconscious minds with accuracy and sensitivity. Freud cautioned would-be analysts against an excess of therapeutic zeal, as he did against attempting to exert either educational or moral influence on patients, but there is no indication in what he wrote at the time that he considered that analysts' possible failure to maintain the analytic posture he recommended might be a consequence of their countertransferences, although that is an assumption many of us today would take for granted. As far as I can tell, Freud thought of countertransferences exclusively as blockages to accurate listening to and understanding of the manifestations of the unconscious in patients' productions. Nothing he ever wrote on the subject later on suggests he substantially revised that formulation, although he did come to see that analysts would find it harder than he first imagined to maintain optimal self-awareness, and might need periodic reanalysis (1937) to assist them in doing so.

One factor that I believe should be regarded as an essential, albeit indirect antecedent of the alteration of our view of countertransference is the introduction of the structural theory. Even though it took a decade or more for its revolutionary im-

pact to be absorbed into the theory of technique (Fenichel, 1938; A. Freud, 1936), the ground was irreversibly changed with the publication of *The Ego and the Id* in 1923. That monograph and its sequel, *Inhibitions, Symptoms and Anxiety* (1926), laid the foundation for a more accurate understanding of what is really meant by technical neutrality, as well as for the subsequent development of the systematic analysis of unconscious elements of defense and of superego contributions to intrapsychic conflicts. The seeds were planted for the growth of ego psychology and its eventual advancement of our understanding of the complexities of unconscious mental functioning. Though it would take all of thirty years, or perhaps even longer, to be acknowledged, the intellectual nucleus was put in place for a revised, improved conceptual grasp of the relationship between normality and pathology, of character traits and symptom formation, of adaptation, sublimation, object relationships, and psychic development. The view that Freud held at the outset of his research that neurosis is a sequestered area of abnormality in an otherwise healthy personality, which held us in its appealing grip for so long, would eventually have to yield to the more realistic assessment of the complex and variable functioning of the psychic apparatus, in analyst and patient alike, that holds sway today. The explicit application of this fundamental reshaping of our views to our way of regarding countertransference, however, was a long time in coming.

A second factor that came to play a role in altering the meaning of countertransference was a consequence of the controversies that soon arose over Freud's theoretical position and technical principles. Ferenczi's (1921) advocacy of an active technique was merely the earliest of what seems like an endless series of challenges to Freud's opinion that the analyst should not seek to influence the patient's neurosis except through the medium of interpretation. However, the only mention of countertransference in the book Ferenczi and Rank wrote together (1924), when the technical debate with Freud was already in full swing, referred to the possibility that analysts' narcissistic coun-

tertransferences might encourage patients to flatter them and/or to suppress criticisms of them. This is entirely consistent with the narrowly focused view of countertransference proffered by Freud. It would be left to subsequent challengers of Freudian theory and technique to explicitly modify the understanding of countertransference.

In Europe and later in South America the followers of Melanie Klein, in particular, and others, like the British middle school, who were stimulated by her work, pressed for a broader, revised concept of countertransference. Meanwhile, in this country, Harry Stack Sullivan and his adherents, and subsequently all the schools of interpersonal and humanistic psychoanalysis, were also calling with increasing vigor for a new way of thinking about analysts' emotional reactions to their patients. A very few earlier papers, like one by the Balints in 1939, anticipate this emerging change, but most summaries of the countertransference debate pinpoint three papers, one by Winnicott which appeared in 1949, another by Paula Heimann, published in 1950, and the third by Margaret Little (1951), which came out a year later, as bringing the issue of countertransference to the forefront of theoretical attention. Heimann's is the most succinct statement of the new view, defining countertransference as "all the feelings which the analyst experiences towards his patient" (p. 81) and later stating, "My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's countertransference is an instrument of research into the patient's unconscious" (p. 81). She goes on, "Our basic assumption is that the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his 'counter-transference' " (p. 82). Finally, she expresses the idea that the analyst's countertransference is not only part and parcel of the analytic relationship, but it is "the patient's *creation*, it is a part of the patient's personality" (p. 83).

It did not take very long for sides to be drawn up and theoretical passions to be unleashed.

Suddenly the journals were flooded with articles elaborating the contending positions. Since the push to expand and revise the definition of countertransference was powered by clinical theories that sought to revise the traditional Freudian view of analysis and its technique, one's attitude toward the proposed revisions was directly correlated with one's theoretical convictions. A. Reich (1951, 1960, 1966), in a series of papers, and Fliess (1953) articulately argued the classical position. Kleinians like Heimann (1950), Little (1951, 1957), and Racker (1953, 1957), and Americans in favor of revision, like Tower (1956) and Gitelson (1952), elaborated the new views. I will not summarize this intellectual conflict; those who are interested will find Slakter's chapter on the history of the countertransference concept (1987, pp. 7-39) an excellent introduction. It does bear notice that in the debate of the early 'fifties the classical position is no longer as narrowly defined as was Freud's original approach. Reich (1951), for example, says, "Countertransference thus comprises the effects of the analyst's own unconscious needs and conflicts on his understanding and technique" (p. 138). In other words, more than just certain blind spots and distortions could be regarded as countertransference; for example, the analyst's character structure might disadvantageously influence her or his attitude toward some or all patients, or even toward the work of analysis itself. However, Reich, Fliess, and those who agreed with them are all adamant in their insistence that countertransference effects spring from the analyst's unconscious reactions, and constitute interferences to proper analytic functioning. They vigorously dispute the redefinition of countertransference as comprising all of the analyst's affective responses to patients, as well as the entire technical emphasis derived from it.

Probably because of the centrality of the concepts of projective identification and introjection in their clinical theory, and

the consequent emphasis they place on how one individual can be made to feel something by another, the Kleinians in particular developed the revised view of countertransference as a therapeutic tool. Racker (1953) goes so far as to propose that a countertransference neurosis comes into being in each analytic case. The Kleinians were not alone in their theoretical challenge; what Slakter (1987) labels the interactional approach broadly describes a shift in the interpretation of the basic nature of the psychoanalytic interchange that transcends narrow doctrinal differences. Many emergent trends can be grouped under the general rubric of interactional, all the way from the various interpersonal schools, through what have lately become known as object relations theories, and perhaps self psychology and certain developmental approaches. One might well include in this category some shifts in analytic theory and technique that are still considered within the range of mainstream analysis, especially those that emphasize a more participatory, interactive style of analyzing, or the role of the analyst as a new object, one who actively promotes growth and development in his or her patients.

I shall take up these issues again further along, but first I should like to complete my enumeration of the major factors that I believe have played a role in the revision of the theoretical view of countertransference.

A third such factor was the effort to apply psychoanalytic technique to the treatment of borderline, severely narcissistic, and psychotic individuals. Winnicott's (1949) influential article on countertransference stressed the difficult emotional demands of working with very sick patients. Searles (1986), Savage (1985), Kernberg (1965), Kohut (1968, 1971), and others with much clinical experience with more disturbed patients all emphasize that the analyst must attend to his or her countertransference reactions as a prime feature of the treatment endeavor. Special problems of understanding these patients were thought likely to surface regularly in the form of characteristic varieties of countertransference reactions. To quote Kernberg (1965):

> When dealing with borderline or severely regressed patients, as contrasted to those presenting symptomatic neuroses and many character disorders, the therapist tends to experience rather soon in the treatment intensive emotional reactions having more to do with the patient's premature, intense and chaotic transference, and with the therapist's capacity to withstand psychological stress and anxiety, than with any particular, specific problem of the therapist's past (p. 43).

In suggesting one additional factor that I believe to have been influential in the modification of our understanding of countertransference, I will, with some trepidation, step outside the safe arena of the study of our professional literature. I claim no special qualifications for interpreting sociocultural or philosophical trends, and it seems to me that even those whose field of expertise it is are often overmatched by the task of objectively evaluating the trends of the times they live in. Nevertheless, I am struck by the fact that the active revisionary debate on the subject of countertransference emerged in the immediate post-World War II period, and its resolution in favor of modification has come about in the last two decades or so. Other historical calamities have doubtless often had an important impact on the subsequent attitudes and behavior of society. Perhaps precisely because I have lived through the period in question, I am personally impressed by the fact that in the forty-odd years since that particular world cataclysm ended, a profound sense of disillusionment and de-idealization of traditional authority and its motivations has characterized much of our social and intellectual climate. On the political, religious, societal, and scientific fronts, dissent, even derision, has led to questioning and modifying long-established aspects of many institutionalized cultural arrangements, and previously accepted authority structures have often gone from being automatically respected to being just as automatically suspected. It is not my purpose to comment either on the progressive or the regressive effects of the many changes that have taken place in areas outside of our own professional concerns, but I do propose that this cynical, skep-

tical, and actively revisionist atmosphere is an important part of the intellectual and emotional background against which what has evolved in psychoanalysis during this period has to be examined. Many analysts seem to regard the recently modified view of countertransference as less elitist and rigidly authoritarian in spirit than the classical interpretation it has supplanted, and they hail the revised conceptualization as seeming to be more democratic and humanistic. Slakter, if I read him correctly, takes this position, and in that respect he is representative of a sizable segment of our profession. I think it is possible that the broad and diffuse cultural shift I have described may have contributed to the readiness of so many analysts to accept the expansion of the countertransference concept.

Freud and his followers assumed the mantle of authority and expertise that was an unquestioned accompaniment of the physician's role in those days. If anything, their sense of having discovered a special new world of knowledge, hidden from even their most educated peers, must have strengthened their sense of conviction and authority. Furthermore, this assumption of special certitude appears to have been merely divided, rather than diluted, by the squabbling and theoretical schisms that soon emerged. Quite aside from the differences among them regarding theories of the mechanism of therapeutic action of psychoanalysis, or their views of analytic technique, the early psychoanalysts all thought of themselves as conducting analyses, as interpreters of the hidden unconscious meanings of patients' communications, and implicitly, if not explicitly, as the judges of what was realistic or unrealistic, normal or pathological. That version of an expert stance, long under assault from the interpersonal schools, has by now been all but battered into indefensible disrepute amongst even the most classical and conservative elements of psychoanalysis. But once again I am getting ahead of myself; I shall have to take up the relationship of expertise to authority a little later on, when I discuss the current state of affairs.

To return to the definitional turmoil about countertransfer-

ence that flowered in the early 'fifties, it soon reached such a pitch that instead of revisionist versus traditional positions, a confused fragmentation of meanings took center stage. Orr (1954) wrote a thorough review article in which he summarized the situation neatly in the following statement:

> Discussion of the technical handling of countertransference inevitably varies with differences in definition of the concept itself. Is countertransference simply the analyst's response to the *patient's transference*, and does this mean his conscious response, his unconscious response or both? Or does it mean the *analyst's transference reactions* to the patient, whether to his transference, to other attributes of the patient or to the patient as a whole? Or does countertransference include all attitudes and feelings of the analyst toward the patient whatever they are and whatever may give rise to them? (pp. 657-658).

While certain aspects of this confusing difference of opinion and interpretation persist to this day, I think one would be justified in making the following general statements about the present situation. One is that analysts of various persuasions have, as a result of this concentration of attention on countertransference, made many sharp and increasingly more sophisticated observations about different varieties of countertransference pitfalls. I shall try to illustrate some of these in a moment. Another is that our present understanding of the development of the mental apparatus, and how we view the way it functions, renders obsolete some of the distinctions that troubled analysts when Orr wrote his summation of the issues. Third, while the fact may not yet be accepted in all quarters, the definitional debate has for all practical purposes been settled by consensual usage, if not by logical persuasion. Countertransference is now spoken of by most analysts in something like the sense of Slakter's suggestion for a broad, revised meaning; those of us who still prefer to hold to some version of the original, more restricted definition of countertransference as unconscious interferences with analyzing capability are in an ever-shrinking minority.

The first of these statements is the easiest to document, as refinement of our understanding of how countertransference could influence technique was already in evidence even during the period of great controversy of the early 'fifties. One may recall that Reich (1951), while defending the classic view of countertransference as solely an interference with analyzing, broadens her interpretation of it to include its effects on the analyst's technique, as well as on his or her understanding. She describes and illustrates defensive countertransferences in which the analyst is unable to recognize intolerable material, much the way Freud originally used the term, but she also describes impulse-gratifying countertransferences, of which an extreme example would be when the analyst falls in love with the patient. Moreover, the absorption of ego psychology into theory and technique is reflected in her identification of countertransferences resulting from character problems of the analyst, such as a tendency to be overconciliatory as a way of dealing with guilt, or the frequent projection of one's own problems onto patients. Closely related are situations in which analysts' technique might be affected by a narcissistic need to be a great healer, or where a residual propensity toward intellectualization to deal with doubts might be reflected in an excessively discursive, explanatory, or educational style.

Racker (1953), whose idea of a countertransference neurosis was never widely adopted even by his Kleinian colleagues, nevertheless drew attention to the difference between countertransferences based on the analyst's resonances with some aspects of the patient, and those countertransferences when the analyst responds emotionally in accordance with the patient's treatment of the analyst as a projected internal object, that is to say, as an imago of one of the patient's past relationships. The latter variety he called "complementary countertransferences" and the former type, "concordant countertransferences." While the terminology and the metapsychological assumptions from which it is derived are less congenial to analysts of other theoretical persuasions, Racker's observation and depiction of dif-

ferent forms of countertransference demonstrate that increased clinical acuity characterized both sides of the theoretical debate.

Improvement of our understanding of various manifestations of countertransference has continued to the present day. A comprehensive survey of that continuing growth would require a long review article of its own. Mention of a few more recent contributions will suffice to indicate that lively interest in the subject continues. Arlow (1985) enumerates varieties of technical interferences that spring from analysts' fixed identifications with patients, from blind spots, and from enactments of unconscious responses to patients' fantasies or to aspects of the analytic situation itself. Blum (1986) calls attention to analysts' irrational reactions to the work of analysis itself, as well as to aspects of the patient, and to the impact that events in the analyst's life may have on countertransference potentials. I too have written about the latter topic (Abend, 1982, 1986). Sandler (1976) is representative of many analysts who have tried to look more closely at how analysts unconsciously respond to patients' needs for them to be and act a certain way, a phenomenon for which he suggests the term "role responsiveness." Porder's (1987) explication of projective identification in more traditional metapsychological language links it to a specific countertransference response in which the analyst is made by the patient to feel what the patient must have felt as a child at the hands of one or more of its caretakers. And Jacobs (1986) has demonstrated that even aspects of psychoanalytic technique thought to be of unquestioned merit, such as attentive listening, may be subtly drawn into the domain of countertransference enactments.

It would not be quite accurate to say that there is now complete agreement among analysts about the obsolescence of distinctions that were formerly drawn between analysts' reactions to the real personality and behavior of the patient, as opposed to the patient's transference, or about the corresponding distinctions between the patient's reactions to the real personality and behavior of the analyst and those reactions determined by

the patient's past. However, it is widely recognized that Brenner's observations and theoretical contributions (1976, 1982, 1985), tracing the ubiquity and permanence of the influence of infantile instinctual conflict on psychic functioning, have come to provide a strong challenge to such previously unquestioned distinctions. Normal and abnormal, realistic and unrealistic, adaptation and defense, activity and acting out, conscious and unconscious, transference and real relationship, countertransference and analytic empathy, are no longer seen in many quarters as denotations of easily and comfortably distinguishable classes of mental activity. To be sure, these distinctions do exist at the pragmatic level, and are sometimes of the greatest importance for analytic technique, not to say for the conduct of life itself. But Brenner and those influenced by his viewpoint make it clear that the polarities I have mentioned have boundaries that are fluid rather than fixed. The compromise formations that affect the clinical data that analysts need to categorize, as well as those that are involved in the analysts' exercise of judgment, are all subject to fluctuations. Therefore, the clinical distinctions analysts reach are inevitably subjective, individualistic, variable, and hence far from perfectly reliable. This is so even among colleagues of comparable training and theoretical convictions, and even in those practitioners, or perhaps one should say in those analyses, where the highest standards of quality work and satisfactory results are present.

As to Brenner's view of the countertransference issue, it may be summarized in this way: The choice of analysis as a profession, and one's mode of functioning in its practice, like all else in mental life, can best be viewed as the expression of one's compromise formations, some of which are regarded as normal, others as pathological. In analytic functioning normal compromise formations are those which are advantageous to analyzing one's patients, pathological ones are those which are disadvantageous. Since each of us remains to a considerable degree vulnerable to the reappearance of less favorable compromise formations because of the impact on us of the unique and variable

quality of each analysand's material, as well as of circumstances in our personal lives, disadvantageous countertransferences are unavoidable. They are as omnipresent as the advantageous ones that comprise our effective working armamentarium. Some of these problematic countertransferences are self-limited, others yield to self-analysis, while more severe and lasting ones might require the help of further analytic attention.

In light of this, many of us today believe that it is not so important as it once seemed to attempt to distinguish countertransference reactions to patients' transferences from those to other aspects of their behavior and character. It makes even less sense to suggest that analysts' emotional reactions to patients are ever simply realistic, or for that matter, merely accurate responses to the patient's material, wholly unaffected by the analysts' own past and particular psychic makeup. Arriving at practical and quantitative evaluations of the complex sources and nature of the analyst's emotional reactions are tasks integral to the work. How well one does that is a direct measure of one's professional skill, all other factors aside. However, it should be noted that while analysts may still hold different definitions of countertransference, absolutism about analysts' mental activities while engaged in analyzing patients is no longer tenable on intellectual grounds, regardless of one's theoretical preferences.

My third general statement to the effect that the controversy about broadening the meaning of the term countertransference has been irreversibly settled is a matter of opinion, but I offer in evidence the following obervations. None of the many attempts at making a specific, delimited definition of countertransference seems to have achieved wide acceptance or, for that matter, to evoke much interest anymore. Even those who prefer to retain the idea of countertransference as signifying only unconscious interference with analytic functioning would certainly agree that attention to its forms and manifestations increases understanding of what patients bring to the analytic situation. Observing one's own countertransference reactions is so much an accepted part of analytic technique today that even our most

articulate and forceful advocates of a classical analytic approach routinely include some reference to it in case reports, clinical papers, and discussions. One gifted analyst, who is also an unusually evocative writer, has even given us an entire volume in which a vivid and compelling picture of the interplay between his own psychic processes and the patient's material is the subject of his "self inquiry" (Gardner, 1983). Case reports that do not include some allusion to the analysts' countertransference seem almost old-fashioned. Countertransference can be said to have emerged from its former place in the dark, burdened by connotations of sin and shame, into the bright light of revelation. Acknowledgment of its impact has become a mark of one's analytic professionalism.

The passionate quarrels about definition and technique in respect to countertransference that I have recalled to your attention have subsided, but an assessment of the subsequent evolution and present status of our conceptualization of countertransference reveals ramifications that extend in several important directions, as I shall try to demonstrate.

Despite all the progress that has been made since Freud set forth his early theories about psychoanalysis and its technical implementation at the beginning of the century, we are still puzzled and intrigued by the mysterious processes by means of which analysts understand the unconscious meaning of their patient's productions, and still hard pressed to give a good account of how we arrive at our judgments about what is accurate, useful, and objective in our formulations of it. Surely, every practicing analyst has had many experiences that remind him of Freud's telephone analogy, but we are not very comfortable with mystical explanations of unconscious communication. Fliess's (1942) early effort to explain the analyst's working processes in classical metapsychological terms is still frequently cited, usually by reference to his concept of "trial identifications." The recent burgeoning of a substantial literature on empathy and on modes of analytic listening testifies to our continuing search for better understanding, but it is evident that

"empathic listening" has already evolved into yet another one of those conceptual thickets within which fierce doctrinal battles are being fought.

The attention that has been paid to varieties of countertransference responses, and to how these can be detected and utilized, has surely added immeasurably to our clinical sophistication, as even my brief summary of illustrative examples makes clear. Analysts' awareness of how we arrive at our clinical conjectures is also greater than it was before, but I do not think that any analyst, of whatever theoretical persuasion, would contend that his or her reformulation of countertransference and its employment provides us with a ready guide to distinguishing correct from incorrect readings of patients' data. Just how to transform countertransference into empathy and understanding, or how to distinguish the hindering from the helpful emotional reactions to patients continues to be the quintessential skill, even perhaps the ultimate test of the gifted analytic clinician.

I do think we are justified in saying that it has been helpful to us in our work, and in our discussions, to make countertransference a respectable subject for study. An exclusive connotation of countertransference as error resulting from analysts' own difficulties emphasizes it as a source of shame and guilt, and encourages defensiveness and polemics. Insofar as any specific instance of countertransference involves the exposure of an analyst's infantile residua, the potential for discomfort still persists; but the creation of an institutionalized dedication to acknowledging the unavoidability of countertransference, and of routinely examining how it may be incorporated into one's working habitus in a useful way, seems to have gradually had a beneficial effect, encouraging greater honesty, acceptance, and probably an improvement in clinical skills.

It has become fashionable to caricature the authoritative posture of early analysts as antiquated, unscientific, and prone to destructive misuse. No doubt, in the hands of authoritarian individuals, those prone to overestimation of their own correct-

ness or those excessively gratified by the sense of being expert or superior to others, the analyst's role was open to distortion and misapplication. I believe that this is no less true today than in Freud's time and that that kind of characterological problem makes for bad analysts and bad analyses, irrespective of the theories that inform such an individual's technique.

However, it would be entirely contrary to what analysis has taught us about the human psyche to think that authoritarianism is the sole pitfall of which analysts must be leery. It is hardly necessary to dwell on the familiar knowledge that an analyst's characterological need to be kind, or therapeutic, or understanding, empathic, and accepting, is not necessarily always or exclusively beneficial to his or her patients. All of those qualities may be part of advantageous compromise formations, and hence of qualifications to do analytic work, but like any compromise formation, they can assume disadvantageous forms as well. Countertransference potentials are as infinitely varied as the mind. There is no analysis in which issues concerning patients' attitudes and fantasies about authority, expertise, and equality, or assertions of and denials of real and imaginary differences, do not play an important role. Every analyst has to deal with those clinical problems, and if his or her theoretical preference or predominant character structure (the two may well be interrelated, but that is another matter, and not a simple one either) bias him or her in one direction or another, his or her analytic capability will be compromised accordingly.

The analyst is in a privileged position vis-à-vis his or her patient precisely because he or she has training, experience, and greater, if not perfect objectivity. His or her status as a dedicated professional means precisely that he or she has special expertise to place at patients' disposal. If the old joke about analysis being the only business where the customer is always wrong is out of date, is it any improvement on the climate it derides to substitute for it an atmosphere of false egalitarianism? Modesty, caution, and compassion are not incompatible with expertise, or with the exercise of appropriate authority in a

professional setting. Any theoretical position that asserts otherwise is, from an analytic perspective, tendentiously naïve.

The question of what form or forms the helpful emotional reactions of the analyst may take also becomes involved in doctrinal, as well as technical issues. The original Kleinian proposition that analysts' emotional reactions to patients can become an important source of increased understanding of patients' material has become accepted in all quarters. The conscious exercise of self-analytic activities is now universally utilized as means of gathering data about patients, and of formulating interventions. We now also recognize that hindering countertransferences can operate in ways other than by producing blind spots or misunderstandings. Problems like characterological moralizing or excessive therapeutic zeal influence analyses in a fashion that goes beyond their effects on the way interventions are formulated and delivered. Some current theoretical positions suggest that there may also be helpful countertransference attitudes that have an effect in ways other than influencing one's ability to understand and interpret a patient's analytic communications. I have in mind, for example, the idea that analysts can provide a more intentionally supportive, or nurturing, or holding emotional climate for some or all analysands.

Technical arguments about what kinds of activity are permissible in analysis have always been with us in some form or other. At the present time there is an active focus of theoretical and technical dispute about certain unverbalized and unverbalizable aspects of the emotional interaction between analyst and patient. Are these integral parts of the analytic experience? Can they be formulated systematically for some classes of patient, or perhaps even for all patients? Should the analyst conceive of his or her therapeutic role as including these nonverbal dimensions or not? Where one stands on these questions necessarily involves this new, expanded view of countertransference, and directly influences one's judgment about what is helpful and what is hindering in the countertransference climate. What one ana-

lyst may regard as a benevolent countertransference attitude essential for the proper treatment of certain patients suffering from developmental defects that require something beyond interpretation, another will regard as a disadvantageous countertransference bias that substitutes surrogate parenting for legitimate analysis.

I can only add my personal assessment that the task of deciding exactly how an analyst arrives at judgments about what is (or what ought to be) transpiring between a patient and him or herself, about what unconscious content lies below the surface of the analytic material, and about what of significance is buried in the analysand's past is made no easier by placing special emphasis on the role of intuitive understanding of unverbalized interactions between analyst and patient. The further one departs from verbal material, the more one relies on one's emotional responses to nonverbal dimensions of the interaction with patients, the more difficult the challenge of verification seems to become.

I would like to conclude with a brief comment about trendiness. The revolution in attitude toward countertransference has apparently brought about a full swing of the pendulum, so that demonstrating one's awareness of it has become an almost obligatory aspect of presenting one's professional bona fides, regardless of one's theoretical preference. I have expressed my opinion of some positive consequences of this shift, and I have tried to show that the current attitude toward countertransference is also subject to less favorable applications, of which hidden value judgments, such as those about authority issues and other inequalities, are examples. Other forms of countertransference distortion, blind spots, and enactments may also spring from the newer view of countertransference, perhaps in somewhat unfamiliar guises. One may even wonder whether the pendulum of interest in countertransference has perhaps swung too far. As one analyst, less than enthusiastic about what seemed to him to be an excessive dwelling on countertransference reactions during a clinical discussion among colleagues,

remarked in jest. "Countertransference has become analysts' rationalization for indulging themselves in their own self-asorption."

Progress generally has its price, and the change in the meaning of countertransference is no exception. Its real benefits include a better understanding of how we work and of patients' material, more realistic assessments of the multiplicity of factors that affect the analytic climate, and a greater sensitivity to certain subtle errors of technique. Improved standards are, in part, a consequence of this development in psychoanalysis. At the same time, the extended meaning and utilization of countertransference is no panacea, since it carries with it no sure new formula for distinguishing the helpful from the hindering reactions to patients. It certainly has not freed us from doctrinal disagreement. Nothing about the subject of countertransference has ever been easy, just as not much about psychoanalytic technique has ever been self-evident. The revision of our ideas about countertransference, while welcome and useful in may respects, has not changed those difficult fundamental truths.

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On the Analysis of Defenses in Dreams

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ON THE ANALYSIS OF DEFENSES IN DREAMS

BY MARIANNE GOLDBERGER, M.D.

This paper deals with a particular analytic approach to the clinical use of dreams: the analysis of defenses in dreams. Clinical vignettes are used to demonstrate various ways that defenses can be depicted in dreams and the manner in which the patient's attention may be drawn to those defenses. Dreams can offer an especially vivid view of defenses and hence can heighten patients' emotional conviction about the nature of their conflicts.

The purpose of this paper is to describe how the principles of defense analysis can be applied to the analysis of dreams. My intention is not to replace the basic techniques used to understand the latent dream meaning. We always need the patient's associations to place the dream in the current context of the analysis: the state of the transference, the day residue (especially the previous analytic hour), and genetic references. In this paper, however, I will not deal with these other fundamental approaches, but will focus only on defense analysis in dreams.

Freud indicated his awareness of the operation of defenses in the basic dream work in *The Interpretation of Dreams* (1900) long before he developed the structural hypothesis. In the section on secondary revision, in Chapter 6, he stated that the demands of the censorship operate in a selective sense on the dream

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thoughts. Although Freud was occasionally of a different mind about this matter, he often viewed the censorship as an essential part of the dream work:

> There can be no doubt that the censoring agency, whose influence we have so far only recognized in limitations and omissions in the dream-content, is also responsible for interpolations and additions to it (p. 489).

The idea of the ego's defensive function was already present, though not in terms of the structural theory.

Later, in the dream section of his *Introductory Lectures* (1916-1917), Freud vividly described the operation of the "censorship": it is at work "wherever a dream-element is remembered especially faintly, indefinitely and doubtfully. . . . producing softenings, approximations and allusions . . ." (p. 139). He stated that the "dream-censorship itself is . . . one of the originators of the dream-distortion. . . . We are in the habit of combining the concepts of modification and re-arrangement under the term 'displacement' " (p. 140). Freud explored the ways in which analysts could infer the latent meanings *behind* the distortions and disguises. In this paper my purpose is to study the *methods* of disguise and to suggest that when patients themselves understand these methods, and the motives for them, they are in a better position to absorb the latent dream meanings.

In 1964 Arlow and Brenner applied the concepts of structural theory to Freud's theory of dreams in ways that are most helpful, both theoretically and clinically. They demonstrated that "the dream work consists of an interplay, often a very complicated one . . . among id, ego, and superego, of which the final result is the manifest dream" (p. 122). They state further that "we expect to learn from the analysis of our patients' dreams about the nature of the fears associated with their instinctual wishes, about their unconscious need to punish themselves, *and even about the defenses which at the moment they are unconsciously employing in their struggles against their wishes*" (p. 141, italics added).

Since there is a regression of both ego and superego functions during dreaming, with a concomitant diminution of the ego's defenses, analysts are sometimes tempted to use dreams in particular to draw their patients' attention to wishes, fantasies, and other drive manifestations, rather than to defenses. Our patients themselves often are intensely drawn to the id content of their dreams. In fact, wishes expressed in dreams are frequently "accepted" by patients prematurely, when defense analysis is yet incomplete, and the acceptance is primarily intellectual and does not become affectively integrated.

This paper on the clinical use of dreams utilizes Gray's general approach to the analysis of defenses. In a series of papers, Gray (1973, 1982, 1986, 1987) expanded techniques for helping patients "gain full access to those habitual, unconscious and outmoded ego activities that serve resistance" (1986, p. 245). The dream examples that follow were chosen to illustrate how patients avoid, mitigate, or otherwise distort the dream content. Attention is drawn, whenever possible, to the details within the dream that show how the patient uses various methods to avoid self-awareness, and to the factors that make these avoidances feel imperative at the particular moments when they occur.

Freud urged us to pay special attention to one of the most common defensive maneuvers concerning dreams told in analysis: the patient's "gloss" on a dream. We are all familiar with such dream introductions as "This dream doesn't mean much," or "I had a crazy dream," or "This is just a dream fragment," and we are aware that the patient is warding off something even before he or she tells the dream. This paper is not concerned with such glosses, but rather with defenses as they are represented *within* dreams.

The first example demonstrates a defense pictorially represented in a dream. A Protestant minister with a strongly obsessional character structure had as yet little awareness of his defenses against his assertiveness. He dreamed that he was in church with many people. "I was going to run a group. At first

there was some question about my running it, but then I felt very good about the way I was doing it. Then the minister came and I knew it was time for services. I was slightly regretful at this because I wanted to continue the group." After some associations to this dream, his reluctance to be competitive with the analyst emerged clearly enough to be interpreted. The patient then went on to say that group work was an area in which he was competent, whereas the analyst was not; suddenly he remembered another part of the dream: "Just before the minister came and I was still involved with the group, someone was pushing me from one side. It was crowded, and it seemed as if it might somehow come to a confrontation. But I moved and walked all around to the other side and sat where there was plenty of room." Now I was able to demonstrate a characteristic defense that was depicted by his physical activity in the dream: his circumstantiality. This defense had often been observed before. It allowed him to avoid direct communication, protecting him from knowing about his wish to assert his own competence.

In discussing the phenomenon of unexpectedly retrieving another piece of a dream in the middle of the process of association, Freud (1900) said:

> Now a part of a dream that has been rescued from oblivion in this way is invariably the most important part; it always lies on the shortest road to the dream's solution and has for that reason been exposed to resistance more that any other part (pp. 518-519).

Freud was referring more to the drive components, whereas, for the purpose of this discussion, I am stressing the defensive component in this phenomenon. In this case the "most important part" of the dream contains both the patient's competitiveness *and* the defense against it. We know that the patient will be better able to fully integrate his assertiveness if the defense against it is analyzed first. The patient did not want to acknowledge the strength of his own wish to run the group and stand up to the person who was trying to push him aside. His habitual

defense—to go around the issue—which usually operated reflexively and silently, could vividly be brought to his awareness because he saw it dramatized in his overt behavior of going around the room in his dream.

Another example of a defensive operation depicted in the manifest content of a dream occurred in the analysis of an actress. Her defenses against affect were subtle, since overall she expressed a wide variety of feelings with real liveliness and warmth. I groped for a way to comprehend how she managed to maintain her distance from certain experiences. After about a year of analytic work, she had a nightmare:

> I was in a place that had an upstairs with two rooms. In each lives a family, and I'm watching both rooms. The father in one room has chopped up every member of the family, drowned the puppy, and chopped himself up too . . . I knock on the door of the other room, and they don't know what happened.

One association was to the previous session, in which she had spoken of cutting things off from each other—for example, her experiencing her analyst and herself as being in two separate cubicles. In that hour she had also spoken of her tendency to "side-step" issues, just as her father did. The patient herself had no real sense that walling off was an active defensive process in her mental life. Because of the clarity of the pictorial representation of this defense in a number of dreams over two years, I was able to help the patient become aware of this defense in her dreams as a habitual mechanism for dealing with certain anxieties. One day she began to meaningfully experience a waking phenomenon, of which she had long been aware, but which she had never been able to put into words. Now she recognized that she had always been using this walling off technique. She said, "I've really kept one part of me separate." This example illustrates that a defense can remain so ephemeral in daily life as to be unusable in analytic interpretation, but may be more easily comprehended in a dream because of its plastic representation.

Another patient had considerable familiarity with her de-

fenses after several years of analysis. She dreamed that she was hurriedly leaving a house in which something dangerous was going on, "a fire or something." As she ran out, she saw something out of the corner of her eye, paid no attention, and just kept going. After relating the dream, she said, "I know that I really knew what was happening and that I deliberately ignored it. This is how I sometimes keep something disturbing just at the edge of my mind, hoping I won't have to deal with it." Her awareness of her defense in the dream gave her the conviction that she really knew what the danger was, and this motivated her to discover its nature. This patient spontaneously applied to her dream what she had understood about her defenses in general.

Levitan (1967) has long been interested in the relationship between dream structure and symptom formation. His clinical examples in several papers include excellent instances of defenses depicted in dreams. One illustration is from a patient with depersonalization who complained of getting a " semi-transparent grey fog before her eyes through which she had to strain to perceive objects" (p. 160). She dreamed:

> I am waiting for Karl, my old boyfriend. . . . I am taking a shower—I have the old, good, excited feeling . . . lovey-dovey . . . the real thing . . . but then the fog comes and I can't feel anything. (p. 165).

A number of other authors have discussed the analysis of dreams in which defenses are likewise depicted within dreams (Eigen, 1979; Hobson, 1985; Renik, 1981).

The next group of examples concerns a different aspect of defensive operations in dreams. They show how the common dream phenomenon of representing oneself in two or more people serves crucial defensive purposes. Freud was well aware that dreamers represent themselves "in a dream several times over, now directly and now through identification with extraneous persons" (1900, p. 323). Although Freud did not explicitly state that this expresses the defensive functions of the ego,

such an idea is implied in his description of the dreamer "*disguised* behind the figures of other people" (1923, p. 120, italics added). In these varied self-representations, we have a rich source of dream indicators of defenses at work. In our dreams we all have the potential of being multiple personalities, and, like individuals with actual multiple personalities, we do not recognize that we inhabit those other people. Since the motive for the disguise is the unacceptability of some aspect of oneself, the most helpful use of a patient's observing capacities may at first be *not* to undo the displacement, but to focus instead on what it is about the "other person" in the dream that seems so shameful or prohibited. Eventually, of course, patients need to become aware of their motives for disowning those qualities in themselves. But if patients try prematurely to acknowledge the drive as their own, their understanding frequently remains intellectual at best, or, at worst, other defenses are mobilized.

The following example illustrates how various defenses against the drives can be called forth in a series of moments in a single dream. It is presented here to demonstrate the occurrence of such a sequence rather than to suggest how those defenses might be interpreted clinically. The mother of two little girls dreamed that she had taken her daughters to the dentist. She said,

> The whole dream was scary. I first saw Rita sitting in the dentist's chair. I got more and more worried that the dentist might hurt her. Then after a while, somehow it was myself sitting in the chair, and the dentist had his hands in my mouth and I became afraid that he would hurt me. Then it was Liz sitting in the chair and I was watching her, worrying about her getting hurt. Then it was me in the chair again and I got more and more angry at him and finally as I shouted at him, "Get your fucking hands out of my mouth," I woke up.

For most of the dream the dentist was the overtly assaultive one. The patient's anxiety mounted as she witnessed the onslaught directed toward her daughters, and for a time the defense of

identification with the victim (a phenomenon described by Orgel in 1974) permitted her to continue dreaming. When in the position of being attacked, she was able to tolerate feeling her own mounting drive arousal for a while, but even in that context she had to wake up, as she experienced her aggression more sharply and fully. It is noteworthy that the anxiety associated with the bombardment directed toward herself did not wake her—that only her own eruption was intolerable. This was indeed a woman whose ego ideal was heavily invested in being always kind and who greatly feared her own sadism.

Focusing only on the vicissitudes of the defenses against the drives in the previous dream leaves out the important issue of what was the nature of those drives that felt so dangerous. One might speculate that it concerned a feared attack on the analyst, who also uses the mouth as an organ of manipulation. Or it might refer to a more general hostile attitude toward males and their sexual function (particularly in view of the use of the word "fucking"). However important the drive components of the dreamed behavior may be, the woman's analysis will be facilitated if she can *first* observe her compelling need to fend off her own sadism in a number of different ways—projection, identification with the victim, and reaction formation.
jection, identification with the victim, and reaction formation.

Another woman in analysis dreamed about being "in a strange place—maybe a hospital. A woman was there—I guess that's you—and also a man in a white coat. He reminds me of my previous analyst." (Note how she displaced away from the transference within the dream.) "I tell the woman to be careful because I'm afraid she doesn't know what she's doing." The patient then thought of the previous day when she had seen a breast specialist about a prospective biopsy of what was thought to be a benign lump in her breast. Despite the doctor's overall reassuring attitude, he had said some things that frightened her. The idea of losing a breast made her think about losing her female side, "which I never felt I had enough of. My mother contributed to that—the way she was always showing and

touching her own body. It wasn't looking at her that was scary, but the feelings I'd get, the actual genital feelings. What makes you so sure that it's beneficial to explore my masculine side here? I'm not so sure. Like with my son [aged seven], I'm not so sure I'd want him to get back his knowledge of his female side from when he was four, when he loved dolls. Now that's all unacceptable to him."

I said she was indicating that she feared that her masculine side might become acceptable if she talked about it more here. She replied, "Isn't that the point in here? To accept all of yourself? . . . I'm afraid I'll get stuck there." I commented, "So maybe I don't know what I'm doing. I'm not careful enough." The patient then remembered another part of her dream: "I started to wrestle with the woman, who then turned into a child, a baby who is deformed, and then turned into a small package which I tried to kill. I really wanted to get rid of it." Focusing on the representation of the defense, I said, "The part you didn't remember has to do with something you want to get rid of." Patient: "Yes, that was very dramatic, how much I wanted to get rid of that package. It seems somehow it's sexual. I don't know why, I just think it must be . . . I've had the fantasy that A's [her baby girl] clitoris is so large, too large, that maybe she has a penis. Before analysis, I really had no knowledge about my own anatomy. I thought the clitoris was where you urinated. The really scary part is that I'm like my mother—how she was always so interested in bodies, and that it really was erotic for her and that it's the same with me. I'm afraid I'm hooked up wrong—I'm homosexual or at best autoerotic."

Since this was a patient well into her analysis and able to associate quite freely at times, one could most likely have arrived at the same material in many different ways, perhaps even without the analyst saying anything. Clearly, this patient was already aware of her homosexual urges, but was having considerable anxiety about them. My choice of emphasizing the intensity with which she wanted to rid herself of something was determined by the view that what would be most useful to her was to

become more aware of the struggle within her, the struggle not to know more about this aspect of herself. As is evident from her associations, she was quite ready to talk about her homosexuality, but equally evident is the strong self-critical tone connected with these thoughts. The issue was not making the homosexual material conscious—this very cooperative patient already had in mind a program of what she was "supposed" to do in analysis. Yet, until she could understand more about what was making her fearful and critical about her wishes, she could not really "own" these impulses; she would go on producing thoughts about them, *always* disapproving of those thoughts, and in that way managing partly to disavow them as her own impulses.

In the dream about the dentist described above, we noted the significance of the shift in the identity of the person "owning" the forbidden impulse. A shift of identity also occurred in the hospital dream just presented: the woman changed to a child and then to a package. One could speculate that in the second example, the wish to kill could surface only when the object had shifted from a human being to something impersonal. As we all know, such transformations of identity are common in dreams and often give important clues as to where the danger lies that necessitates projection or displacement. The technical issue to which I want to draw attention here is the usefulness of minutely drawing the patient's attention to the *methods* his or her mind uses at moments of uneasiness.

A man with a life-long struggle with his ambivalent feelings toward his younger brother dreamed as follows:

> I was taking a three-year-old boy to the doctor because he had something wrong with his fingernail. The doctor was supposed to help him, but I couldn't stop the doctor from hurting him. I picked him up and tried to stop it. Then I was being tortured the same way—I couldn't stop it either, and I started to feel that I don't have to take this. I woke myself up. I realized that it was my sense of helplessness that made me wake up.

The patient immediately associated to his brother. He remembered that he had enjoyed holding him, as in the dream, and that the brother actually had had trouble with one of his nails. He recalled how adorable his brother had been when he was little and how often he had felt loving and protective toward him. He wished that in his adult life there would have continued to be such feelings between them, and he regretted the current lack of genuine friendship. He was conscious of his present strong sense of resentment toward his brother and of his wish to have some achievements parallel to his. Yet his dream makes clear the strong fear of the wish that his brother be hurt and defective. At the end, his emphasis on his sense of helplessness is clearly a defense against feeling aggressive. Although he said it was his helplessness that woke him, the point at which he *actually* awoke was when he started to oppose the mistreatment—"I don't have to take this." His dream tells us that he achieves restraint by means similar to those of the woman at the dentist's, and also by turning the aggression against himself. In contrast to the dental patient, who woke up when she herself was about to "bite" her tormentor, this patient's defense arose sooner—before he could feel the wish to torment. For this reason, it was not yet useful to emphasize the drive aspect in the analytic work. He needed first to understand the depth of the insult to his ideal as a nice person embodied by such sadistic impulses, before he could begin to really feel them.

The next dream example contains abundant drive derivatives of aggression, but I have again placed the major emphasis on a specific defense in the dream. This patient suffered from anxiety and depression; her intense rage at being mistreated by the world was surpassed only by her excoriating criticism of herself. While staying with her sister, who had several cats, she dreamed that the apartment was overrun by rats and the cats wouldn't do anything about it. "There were rats and horrible strangers dressed in black." Then she saw the "head rabbi" on television. With a tone of scorn toward herself, she described how she had prostrated herself before him, saying "forgive me," and asking

him to make the rats go away. Her first thoughts after telling the dream were about finishing some work late and being dissatisfied with its quality. She had been very anxious and critical about her work the previous night. She then elaborated on her depressed feelings about everything going wrong.

It seemed to me that the inhibition of aggression in this dream was particularly striking, so I remarked that the cats were unable to do anything about the rats. Her response was that this week at her office she had been feeling that "the rats are crawling over me" (she frequently referred to the men she disliked at work as rats), and she had felt that she needed to be particularly careful about revealing her feelings. She then mentioned that she realized that the people in black in her dream knew she was bad and that a woman, J, was among them. She had not mentioned this detail before, so I inquired about J. "She's not doing very well . . . she drinks too much." I then reminded her that in a previous session she had found it very painful to speak about her mother's drinking. She agreed, saying that maybe that was why J was in the dream. She then said that her aunt was alcoholic and a "total wreck," and she remembered that her cousin had just called. With increasingly vituperative affect, mixed with some guilt, she began to attack various members of her family.

This dream could, of course, be approached in many different ways. With the patient's associations leading to considerable self-recrimination and to her fears of herself as an attacker, it seemed to me that her capacity to observe her conflict might best be facilitated by drawing her attention to her need to inhibit aggression *even* in her dream. This premise was borne out by the patient's then being able increasingly to "own" her aggressive impulses as the hour went on.

In the example just given, I mentioned the patient's difficulty in a previous hour in speaking about her mother's drinking. Her dream of that previous hour illustrates a phenomenon familiar to all analysts—the omission of visual details in telling a dream. The patient had related her dream as follows:

> It was about an escape from kidnappers. There was some other person in it . . . like a movie . . . I wasn't in it at all, some unknown character. This person went to a place of depraved people, people who drank too much, who were torturing cats. They were somehow stretching them, and I realized one of the cats was Daisy [one of her sister's cats]. I tried to substitute another cat for Daisy. . . . Oh, so I *am* in it, but I was just sort of there . . . everyone else was behaving swinishly . . . and yet everyone was frolicking around at the end.

She had told another dream before this one and now commented on how unusual it was for both of her dreams to have upbeat endings. Her affect at that moment was actually unusually cheerful, as her associations went to some people taking a real interest in her work yesterday, and how this felt like a "ray of sunshine." The idea of kidnapping made her think of taking Monday off and getting a lot of work done and enjoying it very much. She elaborated on the feeling of ease and satisfaction in that work and what a pleasure it had been last night to have been offered a professional opportunity. I mentioned that the atmosphere in her dreams seemed similar—a feeling of ease as opposed to her usual sense of oppression. She replied, "Exactly. And these dreams were not so disturbing either, despite the cats' torture." I suggested that the lack of disturbance might be connected with her being a distant observer. Her immediate response was to relate new dream details: "Well, I was disturbed by the drunken couple, especially the woman." When I asked what she thought might have made her avoid these details before, she filled in with ample details about the woman drinking and demanding more, falling all over the man, staggering, and generally behaving in an "unseemly" manner. She then accused herself of being a "consummate prig." When her attention was drawn to her just having turned her criticism from the drunken woman to herself, as if she needed to spare the woman the full venom of her feelings, her associations led to her mother's drinking, a subject that was exceedingly difficult for her to talk about. (It is interesting to note that when asked about her

reason for leaving out certain details, the patient responded by complying with what she *thought* the analyst was really asking for—more details. This is a common occurrence and is an example of a patient's avoiding analysis of defense, preferring instead to submit to the analyst's influence.)

Since patients more often than not leave out consciously available details of dreams, I have found it useful to be alert to specific moments when the patient seems to be leaving out some details. My sense is that drawing attention to such moments is more helpful than asking the patient to retell the dream as a whole, because this allows the focus of attention to remain on the level of the defense being used just then. Asking the patient to review the whole dream invites a different level of ego functioning, often a more distant mode of observation. In the example just given, the patient was able to actually feel her need to distance herself from the painful view of her mother. The avoidance of details for defensive purposes is, of course, a frequent occurrence in all analytic work, not only in telling a dream.

Another important source of studying defenses in dreams is the representation of the superego. Before the structural theory, punishment dreams seemed to refute the wish-fulfillment theory of dreams. However, with the realization that the need for criticism and punishment could be powerful motivators, this contradiction disappeared. Thus, in 1923 Freud said that in punishment dreams

> actually nothing belonging to the latent dream-thoughts is taken up into the manifest content of the dream. Something quite different appears instead, which must be described as a *reaction formation* against the dream-thoughts, a rejection and complete contradiction of them. Such offensive action as this against the dream can only be ascribed to the critical agency of the ego [soon to be called the superego] and it must therefore be assumed that the latter, provoked by the unconscious wish-fulfilment, has been temporarily re-established even during the sleeping state (p. 118, italics added).

Two paragraphs later, he added, "It is only a short step . . . to the replacement of a characteristic portion of the content of a dream by a defensive contradiction . . ." (p. 119). Freud emphasized the *effects* of defensive operations rather than describing their visual representations in dreams.

Actually, one can view any "barrier" element in a dream as a superego representation—that is, any element that functions as a restrainer of a drive derivative can be a superego derivative and hence can be used as a defense. To be more specific, such obstacles to id representations can be in the form of pictured inanimate deterrents—roadblocks, walls, brakes, railings, dams—or, very commonly, personified prohibitors, such as police or other figures of authority. Very important references to the superego are often contained in the facial expression or tone of voice of a person in a dream. (This reflects the well-known effect of the parental face and voice on the early moral development of the child.) Patients not infrequently casually mention, almost in passing, that a person in the dream had some expression on his or her face. If the analyst draws attention to this facial expression—if only by pointing out the casualness of the reference—very significant material about nonverbal communication is revealed. Isakower's (1939, 1954) strong emphasis on the fundamental importance of the auditory sphere in the formation of the superego and its representation in dreams is well known.

The "head rabbi" dream already described provides a striking example of a powerful authority externalized in the dream, with the patient lowering herself, like a child, asking forgiveness. This dream element illustrates regression of ego and superego function, dramatizing the early origins of the superego. Of greater interest for the study of defensive processes is the timing of the invocation of this authority to get rid of the rats, which represent the impulses run amok and threatening the dreamer because she feared she could not control them by her own powers. What better rescue than to reach for a higher au-

thority to inhibit the drive. It is a repetition of the child's use of parental images as auxiliary ego, before they are solidly internalized. In listening to the flow of the patient's associations, it is frequently helpful to note the particular moment when the patient feels compelled to reach for such a powerful inhibitor. As the "head rabbi" patient became increasingly aware of such moments, the imperative nature of her defenses appeared clearer to her. She then could question the obligatory quality of superego interdictions. One might ask why a *dream* is necessary for such analytic work. In the instance at hand, the regressive state provided by the dream helped this highly intellectual young woman to recognize how her archaic morality still dominated her emotional life. Seeing herself prostrate before the rabbi dramatically revealed to her that her cherished self-image of having an emancipated, sophisticated set of moral beliefs was not the whole story. Seeing is believing.

Another dream example that includes defenses against the awareness of guilt comes from the analysis of a man who suffered from impotence following the death of his wife of twenty years. After many months of mourning, he had started becoming interested in women again and after about a year began a more serious involvement. To his great dismay, he remained impotent and therefore sought treatment. He dreamed as follows:

> I was having a massage by a man. I was lying on my stomach and he was massaging my back. Suddenly, I realized he was lying on me naked, but I didn't feel his erect penis touching me. Then he whispered close by my ear, "Shall I come inside you?" I was horrified and said, "Are you crazy? First of all, the door to the room is open, and secondly, haven't you heard of AIDS?" I woke up feeling extremely anxious.

His associations were first about the inability to feel the man's erect penis, which he thought very strange. He did not recognize the dramatic negation involved (an instance of a defense

depicted within the dream itself), or the fact that he had attributed to the other man the absent erection from which he was suffering himself. Then he spoke about his feeling of horror at the very thought of a man behaving that way—that is, his horror at someone frankly expressing a completely forbidden sexual impulse. I pointed out that even the feeling of horror was not a sufficient deterrent to action—that he had also felt it necessary to recite reasons why such impulses should be banned, one of which would result in the direst punishment of all. While he contemplated this awesome punishment, he remembered another part of the dream: he had had the sense that the house was haunted. The house being haunted made him think of the continued presence of his wife in his thoughts. And now he realized that it always felt as if his wife were looking in through his open bedroom door. Bringing this patient's attention to his need to call upon powerful superego punishments led him to recover additional dream material, and then to become aware of how much his guilt was involved in his current symptom. Later, he was able to understand that his wife's presence had helped to protect him against awareness of his repressed homosexual impulses.

In the examples given, I have tried to demonstrate that interpreting the ways in which patients defend against drives and affects within their dreams is helpful. When patients become more aware of how and why they reflexively believe they cannot tolerate certain unpleasant psychic states, they may be willing to risk more. One reason that dreams can be an especially fertile ground for expanding self-knowledge is that they are among the safest places for trial action.

DISCUSSION

In this paper I have addressed the topic of defenses as they are revealed within dreams themselves; I have not dealt with the

defenses employed external to the dream. For example, the particular moment that a dream appears in the associative flow of an analytic hour often has defensive significance—a subject that also deserves further consideration. In addition, the gloss on a dream, as already mentioned, is sometimes a major clue to the conflict with which the patient is struggling at the time the dream is told. Since the dream is being related *to the analyst*, the patient's transference conflicts are also involved. Thus hesitations, avoidances, and other signs of caution in revealing something to the analyst are often present. However, these manifestations of defense are not different from those connected with any other associative material. This paper focuses not on such defenses but rather on the analytic use of a patient's defenses from within the dream itself.

The fluctuating level of regression while dreaming is significant in relation to defenses in dreams. Some of the examples I have discussed illustrate Arlow and Brenner's point that "the degree of regression of any single function may vary from moment to moment during dreaming" (1964, p. 136). The phenomenon of becoming conscious that one is dreaming is an extreme example of the return during a dream of the usually absent function of reality testing. Arlow and Brenner pointed out that, "As Freud realized long ago, in most cases the temporary improvement in reality testing . . . serves a defensive function: it prevents or minimizes the development of anxiety or of other unpleasure during a dream" (p. 137). LaBerge, et al. (1986), in the sleep research laboratory at Stanford University, studied *lucid dreaming*, the occurrence of awareness of dreaming within a dream. LaBerge has demonstrated the important fact that one can be aware of dreaming *while remaining in REM sleep*. Indeed, he has been able to train subjects to evoke this awareness at will. One application of his work has been to help persons suffering from chronic nightmares to gain more control over their dreams by learning to become lucid dreamers. Following the clinical thesis of this paper, the focus in analyzing dreams con-

taining this phenomenon would naturally be on why the defense, "this is only a dream," becomes necessary at the particular moment when it occurs.

In some of my dream discussions it may seem that I am dealing with dreams as coherent narratives, exactly the opposite of Freud's emphasis on dealing with each dream element independently if one is interested in finding the latent content. In fact, in those instances (such as the woman at the dentist's), I have analyzed a series of individual elements in which defenses were mobilized against specific impulses. It is only the sequential arrangement of such individual elements that appears to form a coherent narrative.

One might ask whether analyzing these defensive elements is just working on the level of the manifest content of the dream. I think not, since the dynamic significance of such elements is not in the patients' awareness. The manifest representation of the defense is a condensation, displacement, or symbol of the defense. The fact that interpretation of the symbolized defense not infrequently evokes recall of additional dream material demonstrates its analogy to defense analysis of other analytic material.

A discussion of secondary revision is relevant here, since it was often the appearance of a defense that led to transitional moments within the dream examples given. When Freud stated that "the censoring agency . . . is . . . responsible for interpolations and additions" to the dream content, he said that they are "introduced at points at which they can serve as links . . . or to bridge a gap between two parts of the dream" (1900, p. 489). I suggest that the concurrence of defensive activity with certain transitional moments in dreams indicates a crucial defensive function of secondary revision, though its other integrative functions are well known.

Freud contradicted himself about secondary revision: he included it in the basic dream work at certain times and excluded it at others. Stein (1989) suggests that Freud had difficulty con-

ceptualizing secondary revision because originally he was limited by the topographic model. Once we utilize the structural theory, the dream work must necessarily involve id, ego, and superego throughout (Arlow and Brenner, 1964). However, Stein (1987) reminds us that "we often use the topographic and structural frames of reference alternately" (p. 63), and he mentions the value of the topographic model for conceptualizing the complexity of fluctuating levels of consciousness. In his paper on the role of secondary revision (1989), he details the rich and wide range of influences involved and demonstrates the value of both models.

We know that revision of associative material goes on continuously during an analytic hour, especially for defensive reasons in relation to the transference. As Silber (1973) has demonstrated, revision of a dream continues in the analyst's presence as the hour progresses. Silber was the first to suggest limiting the use of the term *secondary revision* to "that aspect of censorship or defence applicable to disguising from the individual his understanding of his own dream" (p. 165). He suggested using the term *secondary elaboration* for the usually silent ego function whose "object is to heighten the disguise of the dream in relation to the person (the analyst in this instance) to whom the dream is being reported" (p. 165). Breznitz (1971) proposed "differentiating between 'primary revision', which is part of the dream-work, 'secondary revision', which takes place after a tentative dream has been already prepared, and 'tertiary revision', which operates after awakening" (p. 412). I think the reason these distinctions have not caught on is that revisions of conflicted psychic content are going on constantly, particularly in the presence of a person who has profound transference significance.

Differentiating between superego and ego is often extremely difficult when studying defenses in dreams. Stein (1966) made exactly this observation when he wrote of the blurred border between superego and ego as being "most evident in such re-

gressive states as sleep and the analytic situation . . ." (p. 294). This would suggest that in dreaming, the superego and ego are frequently in harmony—that is, when an individual's moral standards are not in conflict, there is no way to observe distinctions between ego and superego function. However, one advantage of trying to analyze defenses in dreams is that the origins of the superego function often become particularly vivid. In his paper on the analysis of the superego, Gray (1987) emphasized the technical advantage of approaching superego manifestations from the point of view of hierarchical functions of the ego (p. 152). He pointed out that the internalization of external authority "is not so stable structurally that its reprojection cannot regularly recur in varying degrees" (p. 149). Because of the regression of ego and superego functions in dreams, one can frequently observe the graphic re-externalization of various kinds of authority. Hence the use of authorities as inhibitors of forbidden impulses is often especially clear, as has been illustrated in some of the dream examples in this paper. Those examples that show forbidden aspects of the dreamer represented by other people in the dream demonstrate defenses against guilt. Thus analysis of defenses in dreams will invariably result in analysis of superego functions as well.

SUMMARY

Since the analysis of defenses in dreams turns out to be entirely analogous to any other defense analysis, one might ask why one should pay such special attention to this aspect of dreams. My experience has suggested several reasons. Sometimes, as in the very first dream example provided in this paper, the vividness with which patients are able to experience defense as a very active function of the mind is greater when they observe themselves dramatizing it in actual behavior in a dream. Secondly, the interpretation of a defense in a dream often evokes addi-

tional dream material that is of heightened significance for the very reason that it was previously hidden behind the defense. Finally, since people are most cautious or fearful about just those aspects of themselves that are warded off, analysis of dream defenses provides the patient a particularly safe place in which to dare knowing more about the unacceptable.

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The Authentic Function Of Psychoanalytic Theory: An Overview of the Contributions of Hans Loewald

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THE AUTHENTIC FUNCTION OF PSYCHOANALYTIC THEORY: AN OVERVIEW OF THE CONTRIBUTIONS OF HANS LOEWALD

BY GERALD I. FOGEL, M.D.

Loewald believes that psychoanalytic concepts can be redefined and reinterpreted, seen anew in the face of new data and ways of seeing, thus becoming transformed and transformative. Although he anticipated much of what is new in psychoanalysis in the last thirty years, he also anticipated a more recent integrative trend and a return to classical theory—a return to Freud. This paper summarizes and discusses Loewald's major writings, and argues that his work demonstrates the authentic meaning of psychoanalytic metapsychology.

There seems to be something for everyone in Loewald, although that is part of the trouble in giving an account of him. "He is one of us," each of us proudly cries, preferring to disregard the fact that many self-proclaimed Loewaldians do not always agree among themselves on many important theoretical and clinical issues. Id, ego, and self psychologists, structural and

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In December 1986 I moderated a panel at a meeting of The Association for Psychoanalytic Medicine entitled "On the Therapeutic Action of Psychoanalysis, by Hans Loewald: A Psychoanalytic Classic Revisited." The panelists were Arnold M. Cooper, Lawrence Friedman, and Roy Schafer. Only one of these excellent papers (Cooper, 1988) has been published; all were influential and useful to me in preparing to lead a seminar on Loewald's work at the Columbia Psychoanalytic Center the following spring, out of which came the ideas that led to this paper. Although I am, of course, responsible for all that I say here, some of these ideas were expressed or touched upon by one or more of these authors on that occasion, and some of the positions I take are in relation to their positions. I have noted some of the more obvious instances.

object relations theorists, adaptationalists, interactionalists, existentialists—all read Loewald and proclaim, "Now *that* is what I have been trying to say all along!" Paradoxically, he is praised for his bold, pathfinding revision of classical theory, but also for his respect for and continued use of classical concepts.

I will argue that he is both revisionist and traditionalist, that he creates a theory that is at once new and old. I will also argue that the wide appeal of Loewald's ideas to so many varied psychoanalysts, and their apparent clinical relevance despite the absence of what we ordinarily call clinical data, casts light on the meaning, usefulness, and purpose of metapsychology.

His approach is interpretive, treating theoretical concepts as an analyst treats a patient's memories and ideas. Grounded in the here and now of the analytic situation, he seeks experiential reference points for every theoretical concept. Both new and old concepts are assumed to refer to real clinical phenomena, which, when more fully understood, may reveal hidden continuities as well as discontinuities and a heretofore unimaginable wider context. By observation, deconstruction, and imaginative reconstruction, Loewald helps us experience the subjective realities, past and present, to which the concepts refer. Theory may then come alive, to be reflected upon in all its complexity and ambiguity. Interpretation and continual reworking—a kind of theoretical working through—may then lead to new synthesis, integrity, and integration.

This boldly integrative approach to theoretical concepts is what Loewald calls the "authentic function" of psychoanalytic theory. He believes that "words, including concepts used in science, are living and enlivening entities in their authentic function" (1978, p. 193). Psychoanalytic concepts can be redefined and reinterpreted, continually seen anew in the face of new data and ways of seeing, thus becoming transformed and transformative. Though he anticipated much of what is new in psychoanalysis in the last thirty years, he also anticipated a more recent integrative trend and a return to our roots—to classical theory and a close reading of Freud.

I will begin with a highly selective chronological account, follow with what I regard as Loewald's basic principles, then close by re-emphasizing the power derived from the paradoxical affirmation of old and new in his work. I find it no straightforward matter to review or explain Loewald systematically, to do him full justice. A detailed summary of his work is impossible.

First, reading Loewald is slow going. He is evocative, poetic, but also dense, layered, ambiguous, and overdetermined. An image, phrase, or paragraph may captivate, but the underlying complexity of his argument not be fully conveyed or grasped. Quotations will elicit knowing responsiveness in most readers, but where can one draw the line? No single quotation can catch the full metaphorical richness or uniqueness of his approach to a concept, which is circular, repetitive, additive, and relies on the reader's integration of his many different perspectives. His metaphors will ultimately frustrate any who seek systematic closure, and he can seem vague, amorphous. In most instances, however, these metaphors are creative and integrative approaches to the inherent ambiguity in the phenomena he examines. Retaining this essential ambiguity, he often reveals by allusion, rather than by logical deduction and exclusion. This partly accounts for the multiple appeal of his conceptions across theoretical divides. But such a creative, poetic approach defies reduction or summary. Repeated readings and a critical mass of clinical and theoretical experience are prerequisites for meaningful assimilation of him.

Second, in the course of his work, he ponders virtually every important subject in psychoanalysis, and my selection must leave out most of the particulars. Inevitably, it will be insufficient for those who have not already read him in some detail.

Finally, certain ideas and problems are *always* on his mind. He refines these constantly, cannot ever be finished with them, though often they are not explicit; they lie outside or buried within the particulars of his immediate subject. I shall return to this hidden content and the process of eternal Loewaldian re-

turn further on. But all of these factors contribute to the difficulty of doing a straightforward review or easily classifying him in relation to other theories or theorists.

A SELECTIVE CHRONOLOGICAL ACCOUNT

In his earliest analytic papers, published in the early 'fifties (1951, 1952, 1955), many of his major principles, basic assumptions, and new ideas are already present, although one cannot predict the astonishing unity and breadth of the Therapeutic Action paper which was soon to follow.

Loewald stresses the central integrative and synthetic role of the ego, that its essence is "to maintain, on more and more complex levels of differentiation and objectivation, the original unity stemming from the primary narcissistic position" (1951, p. 16). The ego cannot be reduced to its defensive "function," or to any set of "functions." Both ego-id and reality-objects differentiate out of this original unity, and both, in health, are dynamic and continue to vitalize each other. Reality, in its essence, is neither objective, static, nor hostile. In neurosis, "reality" is not lost, but rather immature levels of the integration of ego and reality predominate over mature ones (1951).

He argues, as would others to follow, that the psychoanalytic theory of the time (primarily the ego psychology that was dominated by the work of Hartmann) had become too reductionistic, obsessive, and mechanistic—remote from clinical experience. Defense and conflict belong to the oedipal stage, he says, and many things must take place in analysis and in ego development that cannot be adequately conceptualized according to prevailing notions of conflict, defense, and defense analysis. Preoedipal stages—including preoedipal defenses, preoedipal objects (the mother, but also the preoedipal father), and immature ego states, where self-object differentiation cannot be taken for granted—must be addressed. The ubiquity and importance of varying levels of ego integration and of resumed development and new experience in the analysis of character and symptom is

stressed. Problems of defense and of integration always coexist (1951, 1952).

His clinical nonreductionism is powerful and impressive. Except in detailed case presentations (which Loewald rarely uses), it is difficult to find a more convincing demonstration than in these early papers of the complexity of the actual patient, who contains all at once elements of mature ego, oedipal stage, defense, regression, fixation, immature ego states, primitive instinctual forces and magical thinking, creative adaptive solutions to unique developmental and cultural circumstances, and so forth. Even in this early schema, mature defenses may mask ego deficits and ego deficits may obscure more mature ego capacities. But he never speaks (and never will) of "difficult" patients; he speaks rather of inadequate theory.

Unlike many theorists who would come later, he does not attack drive theory, but rather believes that ego psychology and clinical defense analysis have lost their necessary rootedness in instinctual life and its liberation. This liberation of instinctual forces is important in its own right and in many instances occurs for the first time in analysis, as a new version of something old (1955, p. 41). He argues that this knowledge, and the necessary rootedness of psychoanalysis in the primal and the infantile, has become lost in the cerebral and overly mechanized conceptions of current theory. Ego psychology has forgotten something that id psychology knew: that drives and reality, drives and objects, cannot exist in isolation from each other.

Despite forecasting many of his ideas in these earlier contributions, the Therapeutic Action paper (1960) continues to astonish because of its scope and unity and how far ahead of its time it still seems to be. Published in 1960, it was actually first presented in 1957. One can find almost everything in Loewald in this paper. Over the next thirty years he will widen his field of observation, refine and elaborate his basic ideas and principles. But this is the nuclear paper that crystallizes and unifies his thought, and predicts most of the lines of thought he will later pursue.

His psychoanalytic, psychiatric, intellectual, and personal

forebears are not present in or inferable from the text or references, which are mostly to Freud and a few classic contributions on transference. Most of the object relations, interpersonal, self psychology, or developmental people were not widely known to American psychoanalysts. Melanie Klein was largely unassigned and unread in this country at that time. Loewald refers to her once in an earlier paper, but one cannot see her influence in his work. Fairbairn's and Winnicott's early papers had begun to appear, as had some early papers of Jacobson and Mahler, but he seems to anticipate the centrality of these conceptions, and certainly the integrative efforts within the analytic mainstream that came much later. Kernberg and Kohut were not yet in print.

Undoubtedly, Loewald derived some of his developmental sensibilities from his child therapy training and his interpersonal sensibilities from his exposure to Sullivan and Fromm-Reichmann during the years of his analytic training in Baltimore in the 'forties, shortly after he came to the United States from Europe. Despite their clinical and therapeutic richness, however, these interpersonal schools virtually exclude any intrapsychic emphasis, and perhaps this accounts for the lack of their tangible presence in Loewald's writings and possible lack of usefulness to him in his theory building.

Cooper (1988) has given us a detailed, elegant review of this breakthrough paper. I can mention only some of the important core concepts introduced here. First, the analyst as a new object; this is the first so-called classical paper to place interaction with the analyst and resumption of ego development at the center of the therapeutic process. Second, the emerging core; the analyst reflects "aspects of undistorted reality" in countless ways (mainly by interpretation), structuring and channeling the patient's own experience, recognizable as such. Here is an "empathy" concept most analysts can live with. Third, a new conception of analytic neutrality, a passionately argued challenge of the notion of the completely "objective" analyst. Fourth, the id as an organization related to reality and objects; drives are inherently related to and organized within object relations;

drives organize reality and vice versa; the new object found in analysis is also an instinctual, infantile object.

Fifth, significant analogies between therapeutic process (interpretation) and mother-infant interaction (handling); again, this is in a form most analysts can live with, one that does not seem to smack of infantilization, inappropriate gratification, or naïve reconstructions to infancy. Sixth, the metaphor of a higher organization (the analyst) in interaction with a lower organization (the patient) in the therapeutic process, with a "tension" between, across which the patient "reaches." Here is a "tilt" most analysts can live with, untainted somehow by patronization or paternalism, suggestion or indoctrination. Seventh, the notion of disorganization and reorganization in analysis, leading to integration on a higher level, with two sides to interpretation: into the original depth via regression and deconstruction, and into a higher level by interpretation and reconstruction. Eighth, the importance of love and truth, expressed through and subordinate to a love of truth in the analytic relationship. Ninth, transference as the intrapsychic corollary of the interpersonal, which recaptures the lost depths, making it possible to change ghosts (unconscious complexes) to ancestors (well-integrated psychic structure) via a transitional demon (regressive transference) stage. Tenth, transference as crucial to health, not mere pathology. Finally, the "integrative experience longed for," a newly formulated inherent developmental and clinical tendency toward higher integration.

In the early 'seventies (1971a, 1973) this developmental tendency is further expanded and reconceptualized theoretically and clinically and placed at the center of Loewald's theory. Organizing activity defines the "basic way of functioning of the psyche." Internalization, the generating of symbolic representations and other aspects of instinctual activity, individuation, clinical interpretation, language—all these and more, including many classical concepts, are reformulated as varieties of this inherent tendency toward disorganization and reorganization on a higher level.

Many drive-psychological terms are reconceptualized as organizing activities: cathexis, narcissistic cathexis, hypercathexis, mnemic image, experience of satisfaction, the linking of the unconscious "thing presentation" with the preconscious "word presentation," and so forth. All refer to real clinical and developmental events that make drive, object, thought, action, and mind indivisible. Clinical interpretation of deeply regressive but analytically structured transference is the unique analytic action that facilitates this organizing activity. The fundamental analytic assumption is that all mental activity is personally motivated (1971a, p. 103).

In other papers, additional dimensions of instinct theory are elaborated: instincts and language, the nature of primary process, and the rootedness of all of psychic life in the body and in so-called primitive wishes and needs. Language facilitates higher organization and differentiation, but also retains magical-evocative powers to link with and regain the "original density" of the primary process, thereby allowing the recovery of psychic health in its full vitality and original unity (1978).

I can refer only briefly to his important papers on clinical process: the transference neurosis (1971b), the analytic process (1970), and the analytic situation (1975), which utterly defy summary. He does not shrink from the many ambiguities and difficulties in integrating theoretical concepts into actual clinical work, especially the peculiar but characteristically analytic blend of subjective and objective, of personal and interpersonal, contained in the phenomena of the transference neurosis.

The transference neurosis is an ideal construct, a complex creation which links present actuality-potential with past actuality-potential. It is living, not static; changing and changeable. It is an intrapsychic experience ("in" the mind) that occurs in a special and necessary relational (both interactional and intersubjective) context. It is an "imitation of action in the form of action," a re-enactment on the stage of internality. However, the original "action" is a conglomerate of oedipal, preoedipal, and adolescent experience that is reorganized and reinterpreted

according to the analyst's and patient's present modes of understanding (1975, p. 358). Thus, it is new experience, but also a new version of something very old, a "preservation" in the mind. In its ambiguous qualities, and with its emphasis on creativity and play, this experience has much in common with Winnicott's transitional experience, which is "intermediate"—it partakes of both internal and external reality, but is never entirely reducible to the terms of one or the other. Loewald himself notes this.

Thus the reality-generating nature of the interpretive act is stressed, as well as the marriage of creative imagination and so-called facts in analytic truth. Deterministic and aesthetic approaches to knowledge are but different facets of unified mental activity.

Finally, in several recent papers on the oedipus complex and the self (1979, 1985), he closes a circle. He began his work by rejecting a too narrow focus on defense analysis, on oedipal level work, as reductionistic and constrictive. His attention turned to immature ego states, intersubjective and interpersonal aspects of analysis, and the altered understandings and interpretive activities that were required of the analyst. Now, after a lifetime of discovery and thought, he reaffirms the centrality of the oedipal stage for all analytic work.

He does this by redefining the oedipal stage with an emphasis on the emergence of the capacity for self-reflection, personal responsibility, and individuality—the capacity to be an individual; object, object relations, and self, in the analytic intrapsychic sense, do not exist until the oedipal stage. Thus, as I read him, the analyst's link to the "emerging core" is not a vaguely loving empathic link, but a recognition of the patient's capacity for being, and necessity to be, "separate," to create and be responsible for a unique symbolic-representational personal experience, necessarily suffer guilt and atonement, and therefore become able to join "the moral order of the race." Individuation, oedipal conflict and resolution, the emerging core, and the search and responsibility for personal meaning become

conjoined, linked. The oedipal stage is restored to its place at the center of all (individual) human development and clinical analytic work.

Further, through a sophisticated discussion of parricide and incest, he brings the narcissistic and the preoedipal directly into the oedipal core. There are resonances with Melanie Klein's depressive position in the stress on guilt and reparation, and with Kohut and Winnicott in the symbiotic and transitional character of oedipal experience as Loewald defines it here (1979).

I believe that the "classical" neurotic patient becomes irrelevant, no longer exists in Loewald's paradigm. The analyst may recognize nascent capacities for self-reflection and personal responsibility and co-create an oedipal-level analysand. Although a variable preoedipal core that varies in its accessibility to analysis *may* be more common in our time, many so-called "difficult" patients may appear less so as these former difficulties with theory become clarified.

THE BASIC LOEWALDIAN PRINCIPLES

I see an overriding, centrally important first principle in Loewald, something that is his most basic assumption. It is not any sort of entity in the usual sense, because it assumes no structure of its own, nor is it force or energy as we ordinarily conceive these terms. But it makes things "go." It goes by many names in his work, but is most clearly articulated when he speaks of internalization. Here is a pure, succinct statement: "Internalization . . . is conceived as the basic way of functioning of the psyche, not as one of its functions" (1973, p. 71).

Internalization is the organizing activity that is the very essence of, that defines and constructs, the human mind. It is at once path, goal, and product—a growth principle, an inherent developmental tendency. At the level of personal experience it is a wish, a longing. In the Therapeutic Action paper (1960), before Loewald has fully defined and made central this first principle, he refers to its appearance clinically and developmen-

tally as the "integrative experience longed for," and its discernible and articulatable structured representations are the "emerging core," the potential to which the analyst or parent must attend and respond.

Because he conceives of internalization broadly and derives it from nothing more "elemental," nothing that precedes or "causes" it, and nothing that can be separated from its own dynamic actuality, so to speak, it is difficult to compare his usage to that of others. I think he uses the term in a way no one else does. Although he speaks of degrees of internalization, he does not dwell on fine distinctions between different types of internalization. He does not go into systematic detail regarding what is internalized when, except to say it involves complex interactional processes, nor does he give convincing examples to illustrate particular internalizations.

Like psychic energy for Freud, internalization is a given for Loewald, revealed only by its manifestations, never able to be directly grasped or simply defined. Unlike Freud's concept, this "force" is given no more tangible metaphorical qualities. It has no quantity to be measured or weighed. It refers to pure process. It is *represented* by the *concept* of the coherent ego. Loewald's coherent ego is characterized by the internalization process yet is also the product of that same process. Internalization, for Loewald, reflects cohesive structure formation, and cohesive structure is different from and mutually exclusive of continued unconscious fantasy relations with objects. Although internalization is reversible (1973, pp. 339-340), the term refers to an expansion of the "ego core," reflecting integration and mastery.

Trends opposing internalization are also broadly conceived and accepted as inevitable. Repression-defense is that which splits off parts of the mind and makes them inaccessible for assimilation and integration. Identification may blur self-object discriminations beyond their developmentally appropriate time, creating false unity. These constrict the coherent ego, compromise and blind it, and are growth and truth limiting.

Internalization is not an inside-outside thing. "It" seeks unity

without sacrificing discrimination. Useful access to preoedipal instinctual and cognitive modes is preserved. The older psychoanalytic term with which it has most in common is probably "structuralization," but the underlying assumptions and values of many who use that term are not the same as Loewald's underlying assumptions and values. For example, internalization is not an abstract, value-free process, but correlates with healthy development, adaptation, accommodation, assimilation, differentiation, integration, creativity, and clarity. It is not the synthetic function of traditional structural theory, whose creativity serves neurosis as well as truth.

A second Loewaldian principle: the mind contains no static entities, no reified structures. Psychic reality is always dynamic, always process; when Loewald is being more precise, he speaks of process-structures. Everything is related to everything else in the mind. Living systems within larger systems are whole systems in their own right, yet interrelate and interconnect with each other in countless necessary and ever more all-encompassing and intricate ways. Although our field of observation is limited to the human mind, there is no way to define a precise limit or border to this mind.

Friedman (1986) astutely notes that Loewald sees structures as processes that point in certain directions; wishes and thoughts, motives and representations, are not fated to be in different frames of reference. Each may evolve into more highly structured, more meaningful patterns. The whole mind moves (or can move) in the direction of *higher* organization. At the level of theory, Loewald cannot abide talk of ego "functions," or of ego and reality as if they were distinct and separated worlds. The *mind* makes distinctions and also has the potential to integrate, even transcend these distinctions in higher organizations. Words and concepts are the basic Loewaldian entities—changing and changeable, yet our only lights in this wilderness of flux and impermanence. Language is therefore given a central place in Loewald.

A third Loewaldian principle: although everything that can

be apprehended—drives, structures, objects—is created in and by the mind, and nothing exists from the start separate from the mind that can conceive it, this developmental, organizing activity cannot be done alone. It rather takes place in a context, within a "force field" *codetermined*, fatefully, by human objects. This codetermining process can be created in all its power in the analytic situation. By shifting focus from drive to mind as organizing activity, Loewald fools some into thinking he is an object relations theorist, because mind contains and creates self and other; therefore, there is always an "*other*" coexisting with ego/self and with motive/desires. Additionally, it is impossible to develop a perceiving, meaning-generating mind, or to achieve the necessary degree of internalization to become and to be able to be sustained as an individual outside a personal network of necessary human relations.

But there is a crucial paradox here. Human life and human development are inseparably embedded in a matrix of object relations. But full humanness requires the acceptance of separateness—essential aloneness as the price of reflective self-awareness; individuation, the achieving of internalized object relations, coincides with the inescapable necessity of accepting personal responsibility for one's own fate in the face of it. The frame of reference of clinical psychoanalysis—Loewald's frame—is intrapsychic experience, the study of the "individual psyche" (1973, p. 70), the single, unique, meaning-generating mind.

A fourth Loewaldian principle: isomorphism. Systems or structures which have similar or identical structure or form are defined as isomorphic. It is essential to recognize that the presence of isomorphic structures does not imply that one is necessarily derived from or superordinate to or explanatory of the other. Friedman (1986) was the first to note this isomorphism, which I find to be absolutely consistent at all levels of abstraction in Loewald. Loewaldian isomorphism is a crucially important aspect of his theory and accounts for a good deal of the cohesiveness and consistency in it, as you will soon see. From

sometimes differing and sometimes overlapping vantage points, the therapeutic relationship, the therapeutic process, insight and change, the normal mind, human development, and human individuation all reflect this same process-structure: the evolutionary, developmental tendency toward disorganization and reorganization at higher levels. These are all isomorphs for internalization.

About instinctual activity: ". . . the basic postulate concerning the general function of the psychic apparatus is . . . that of generating mental representatives of these [organismic] stimuli; i.e., generating instinctual activity. And my accent is not on the fact that instincts are mental representatives of organismic stimuli, but on the fact that they are mental representatives" (1971a, p. 119). Instincts are givens, but, even more important, they also organize and are organized by mind. On another level, interpretation and insight are isomorphs. Of interpretation: ". . . we have no other way of applying our mind, whether in observation and understanding or in action. It is only in a context of meanings, when interpretations have become commonplace, that we speak of the material in questions as 'facts' " (1971a, p. 102). "Facts" are givens, but, even more important, they also organize and are organized by mind.

The basic way of functioning of the mind is internalization, is to generate representations as the central aspect of its instinctual activities, is to interpret—to construct facts and meanings, is to differentiate and integrate self and other on the path to individuation, and so on. These are all organizing, "linking" activities. At the clinical level, the ever more complexly differentiated parts are integrated and synthesized in a higher meaning which combines past and present, fantasy and reality, memory and perception, self and other.

A fifth and final principle: psychic reality, as Loewald construes it, has inherent values, is not morally neutral. This goes beyond superego morality. It is rather an extension of the potential inherent tendencies for self-reflection, personal responsibility, and integration. I have already noted that internalization is not a value-free concept.

Further, the analyst optimally reveals these values in his best analytic work. In his tribute to Loewald, Schafer (1986) takes up aspects of Loewald's conception of the analyst as new object for the patient and goes directly to the clinical heart of this matter. He speaks of analytic love and of Loewald's approaching the matter through his conceptions of "holding in trust the ego core or potential self of the analysand through all the trials of analysis, and also when he speaks of the analyst seeing the patient as more than he or she can yet conceive and thereby taking on the responsibility of safeguarding a future for that person" (Schafer, 1986).

Schafer rarely lacks his own words for what he wants to say, but in this instance, he uses a description by Rilke of Cézanne's relationship to what he painted and a lengthy and beautiful quotation from Loewald's work in which scientific detachment, objective analyzing, and object love—compassion for the whole patient's being—are said to flow from the same source (1970, p. 297). My understanding of this is that at its core, the analyst's best efforts to understand the patient, the reverence for truth, and the efforts to reach for its inexhaustible and rarely attainable completeness are synonymous with love, and represent the analyst's way of seeking the "integrative experience longed for."

To my mind, there is nothing sentimentalizing or simplifying about this attitude as I find it in Loewald. It is idealistic in its insistence on the realizable human potential for full integration, personal responsibility, unity, and transcendence. But it does not sacrifice rationality or hard truths to loving-kindness. Its goals are integrative states, not oceanic ones.

HIDDEN PERSPECTIVES—NEW AND OLD

The attempt to find continuity and integration in the paradoxical amalgam of old and new and in the interplay and tension between them is one of the hidden tasks Loewald works on endlessly. Understanding the ambiguous relationship between the personal and the interpersonal in human experience is another.

I turn now to two additional perspectives—one new and one old—which I also find always present, but rarely spelled out in his work.

The first perspective that is all-pervasive, yet hidden in Loewald's theory and revision of existing theory, is his *world view*. Although only rarely referred to explicitly (e.g., 1971a, pp. 110-111), it may be inferred, I believe, from all of his psychoanalytic writings. It is entirely new relative to the world view that was the context in which many traditional psychoanalytic concepts developed, and refers to Loewald's basic assumptions and deepest convictions about the nature of reality—what I shall call *superordinate* or *absolute* reality, to distinguish it from *psychic* reality. Schafer (1986) points out that, for Loewald, this is not the received reality of Western civilization, of positivistic philosophy, or of natural science. In this newer view, reality is conceived of as pure process. In this non-Newtonian, non-Cartesian, nonlinear, nondualistic universe, there are no solid entities, no static concepts or structures, no first causes. Elementary particles cannot be isolated for inspection, but rather create energy fields and momentum that interact with neighboring particles and their fields.

Reality consists of complex hierarchal *dynamic* systems or structures in complex relations to each other. No part can simply or reductionistically be derived from another part. Nothing is constant or permanent; there is continual movement, change, and flow. From the standpoint of human awareness, there is no mind-body split, no simple "objective" or "external" reality; observer and observed inevitably influence and alter each other.

Additionally, there is an underlying unity in this conception. Whole systems are organismic. All parts exist and are defined in relation to all other parts and in their entirety comprise a single living system—whether a mind, a biological entity, an ecological system, a solar system, or the universe itself is referred to.

I can easily imagine that Loewald conceives of a universe that functions on a basic principle of eternal disorganization and re-

organization, decomposition and recomposition, evolution and decay—perhaps bearing some kinship to the eternal cycles of creation and destruction, birth and death, of Buddhist philosophy, Neitzsche's conception of eternal return, or Freud's Eros and Thanatos as broad cosmic principles.

These ideas are compatible with now deeply established trends in contemporary science, philosophy, linguistics, and the arts—physical indeterminacy and relativity in physics, existential philosophy, structuralism, hermeneutics, systems theory. These ideas have been in the air in the twentieth century and are sometimes referred to as an "emerging" paradigm. Loewald's thought continually reflects these sensibilities. It is probably relevant that he refers to philosophy as his first love and that he studied philosophy with Martin Heidegger before studying medicine (1980, p. viii).

In his analytic writings, Loewald confines himself to the study of the nature of the mind, especially as revealed through the psychoanalytic process and situation. He speaks therefore only of psychic reality. But I believe that his world view, his deepest belief in the nature of things, leads him to suppose that the mind works according to the same general principles and laws that superordinate or absolute reality does. *These realities—psychic reality and absolute reality—are isomorphic: they share the same underlying structure, though one is not to be regarded as being superordinate to, causally related to, explanatory of, or derived from the other.*

Loewald's world view is reflected in the aesthetic and spiritual qualities in his work, his embrace of the nonrational and the eternal, his emphasis on "preservation" in the field of the mind, and his stress on the crucial synthetic and potentially transcendent roles of art and creative imagination; it casts light on his stress on unity as the beginning and possible achievable end of human development.

Paradoxically, he respects determinism and science, and identifies strongly with Freud and with being a physician. He seems disciplined, patient, realistic, practical. He finds fault with Jung's psychology, for example, for its predisposition to

take refuge in the "mystical" and other so-called "higher" realms. He does not dilute the Freudian universals: the reality principle, instinctual life, conflict. These can be integrated without escapism, he says, via ego expansion and sublimation—a genuine transcendence (1977, p. 416). The truth he seeks, however, the mind he wishes to understand, embraces the philosophic, the aesthetic, and the spiritual, as well as an expanded view of science. This is not a simple theory.

His conception of reality affects everything he thinks about—every topic. He does not think in neat, systematic, linear modes, nor does he conceive that anything important that happens in human beings takes place in such modes. Human beings live, develop, maintain and sustain themselves in cycles of eternal return. This is not "theory" for Loewald in the abstract sense, or a consciously chosen "philosophy of life" in the superficial sense. It is the nature of human life as he sees it. It is in his bones, so to speak.

The second perspective that is all-pervasive yet hidden in Loewald's theory and revision of existing theory is his clinical stance, his analytic methodology and technique. This unbroken tradition of psychoanalytic practice is old; despite major advances in technique, certain of its essential features extend in an unmodified line back to Freud. Two observations about Loewald allow me to infer that he belongs to this unbroken tradition.

First, despite the obvious fact of the ground-breaking nature of his work over more than thirty years of ferment and change in psychoanalysis, the enlarging of our vision of what analysis is and what we may analyze, there is nothing in that work that encourages a reader to alter standard analytic technique. I refer not to the notable absence of clinical data or discussions of technique from his work, but to attitudes and emphases that pervade his writing and continually remind us that this is a classical analyst who treats patients in traditional ways: the emphasis on understanding, on putting things into words, on the centrality of transference, interpretation, and insight; the gentle insis-

tence that the patient bear reality and assume responsibility for his or her own experience; the reluctant respect for the limitations on what we can know and what or who may be analyzable; the belief that analytic principles and analytic truth cannot be derived from realms outside the analytic situation itself, including the patient's so-called real early life; even the tolerance for ambiguity and mystery at the borders of clinical and theoretical understanding, the loose ends as well as the wonder and humility that go with constant work on the edge of "the depths." Despite his appreciation of the interpersonal and intersubjective aspects of analysis, I do not easily imagine him trying to *alter technique*—for example, to increase his empathy or the analytic "hold," or to confront his analysands sooner with their projective identifications. His tone, demeanor, and modes of conceptualization convey to me a clinical stance that I associate with traditional methodology and technique.

Second, despite the astonishing fact that it contains almost no clinical data, Loewald's work is nevertheless almost entirely clinical. We recognize this intuitively. The work does not seem "metapsychological," at least as that word is often used—for theory that is abstracted away from experience. It is theory, but it is not "experience distant." It is a way of conceptualizing experience that remains recognizable as such. His theory *feels* rooted in clinical analytic experience, despite the absence of particular detailed examples.

These two factors—traditional methodology and technique and the traditional rooting of theory in the actual experience of doing and being in analysis—are crucial factors that help Loewald establish continuity with our psychoanalytic past. He assumes that important experiential commonalities exist in the psychoanalytic process of today and yesterday, despite changes in the way that process is conceptualized. He is therefore free to re-examine concepts that others reject out of hand because of their abstract theoretical connotations in the context of modern thinking. His reformulations always seek the experiential roots of concepts. When his theoretical constructions and reconstruc-

tions are successful, they facilitate theoretical integration—a new creation, as he puts it, at a higher level of organization.

To summarize, I think that a very important new thing in Loewald is his world view, his conception of the basic nature of reality. Much of his theoretical work can be viewed as an effort to integrate these radically new assumptions within a historical perspective that seeks and recognizes common experiential bonds across cultural, temporal, and theoretical boundaries, within the potentially cohesive and unifying tradition defined by analytic practice beginning with Freud. Although virtually every subject he considers is altered by the ambiguous and paradoxical nature of the new reality (and new clinical realities) he ponders, he has to throw out little of what he values in the old completely; instead, he throws them in a new light through theoretical-experiential reconstruction.

The wish and need in Loewald not to do violence to either of these hidden perspectives, new world view and traditional technique, contribute importantly to his extraordinary capacity to build integrative bridges between current and classical ways of understanding ourselves and our world. This is why Loewald's theorizing, like good Loewaldian clinical interpretations, embraces old and new and restructures them in a higher integration—a new creation, as he puts it, at a higher level of organization.

THE CENTRAL LOEWALDIAN PARADOX

I have now delineated principles and perspectives that I believe organize Loewald's work as a whole, that give it its overall structure. I hope that doing so has conveyed how unified and cohesive that body of work is, as well as the sources for some of its power. But I will not be surprised if it has had a monochromatic quality for some readers, especially those who are not already close readers and appreciators of his work. It is as if I had described the structure of the symphonic form without letting the hearer listen to any particular symphonies. As one must listen

to music, so one will be convinced, or not, of this structure and its organizing power only by absorbing the many clinical, theoretical, and cultural phenomena Loewald has illuminated by it in his work, and by the evocativeness of his individual examples. But readers must read these for themselves. As I noted when I began, I found it impossible to convey these particulars within the confines of a single paper.

Let me go on, nevertheless, to reiterate what I see as the central Loewaldian paradox. Which of these two statements is true? Statement one: Loewald's theory is a radical revision of basic Freudian theory; he is a revolutionary in disguise, too far from tradition to pretend to be a traditionalist. Statement two: Loewald's theory preserves almost every important traditional emphasis. I submit that both are true.

He is revolutionary in that he rejects Freudian theoretical bedrock. He rejects biology as a basis from which to *derive* psychology (although the biological and bodily basis of human experience remains centrally important). Psychoanalysis is a humanity, or perhaps a discipline which respects the principles and values of humanistic traditions as well as natural science ones. He rejects dualism and a positivist view of reality—the so-called objective reality of natural science.

He rejects the primacy of drives as conceived in classic theory. Drives are psychological, representational—products of differentiation and differentiating elements in an experiential, interpersonal, and intersubjective field. He rejects the view that there is an inherent antagonism between drives (ego, organism) and environment (parents, civilization). Drives, ego, and objects are created by the mind out of original unity in a context of human relationships. Full internalization, full integration is a potentially realizable ideal—the recovery of original unity as a goal of healthy development.

He is revolutionary in that he radically redefines almost every important concept he examines. His nondualistic view of reality contributes significantly. An example is how his definitions of ego and internalization and of drive and object co-create each

other. Unlike traditional structural conceptions, these definitions carry no characteristics which can be simply represented by a spatial entity; "structure" and "process" are not clearly separable; both are defined by the inherent tendency toward organization.

Similarly, Loewald's superego and id cannot be usefully conceived of without clinical reference points or a full grasp of their relationships within a field in process. The "components" of internalization are not "subtypes" visualizable as varying types and degrees of something "outside" becoming "inside," but rather are degrees of differentiation and integration of a living developmental, interactional, and, most important, intrapsychic process.

His conceptions of the oedipal stage and transference neurosis are totally unlike classic conceptions, partly because they are not bound to a linear or dualistic conception of time. They are defined by the human capacity to reflect upon personal experience and to assume responsibility for it. History exists as an aspect of the human potential to realize it and appropriate it. Childhood is not unimportant—quite the contrary. But so-called "objective" time is not relevant here. For all his immersion in what we call the narcissistic or preoedipal, one never catches Loewald speculating on what comes "first" in the live patient.

Thus, though he sees development as necessarily occurring over time, he has integration-interruption events occurring in the oedipal "stage," oedipal level structural events occurring in adolescence, "preoedipal" patients having crucially important oedipal characteristics according to how they behave in analysis, "primitive" components in normal neurosis and health. He blurs these categories so thoroughly that one questions their usefulness as categories. In fact, he himself rarely uses them. Ambiguity and paradox are thereby introduced into almost every traditional category. All phenomena are defined according to their context—their structural and process *relationships* to every other discernible aspect in the situation. There are

few useful one-liner definitions of an important clinical-theoretical concept in Loewald.

But Loewald also preserves almost every traditional emphasis. He is traditional in rigorously confining his data collecting and speculation to the clinical analytic situation and process. He is traditional in his deep belief in the centrality of the infantile origins of adult character and their full emergence in a deep, regressive transference neurosis, and in the central role of verbalization, interpretation, and insight in its resolution. He is traditional in his belief that all that is good and bad in human beings derives from these same infantile roots, and in his ultimate emphasis on the intrapsychic.

He is traditional in his belief in the primacy of the oedipal stage, superego development, and (to a lesser extent) castration anxiety. That he redefines these to incorporate aspects of development and adult experience conceptualized by others as non-oedipal only serves to emphasize his classic position.

Though "objective" truth is no longer to be had, though truth is now conceived as a created process, truth, love of truth, and the personal nature of truth also remain central. Love, grace, action, fate in the form of one's early environment—these are real and crucial, necessary to acknowledge, and important components of what analysts do and deal with. But these factors are not sufficient, nor are they superordinate in defining analysis and analytic work. Insight remains central—finding out the truth.

He retains the central importance of instincts or drives, especially for clinical work. In fact, he rescues and reaffirms certain values and emphases from id psychology. Liberation of instinctual forces is crucial. Instinct is now representational, but remains "the most primitive element or unit of motivation" (1971a, p. 119). Instincts as the life of the body remain central —life as it is lived, nothing "higher." Instinct plays a powerful role in his conception of original unity. The primary process is vital to the flow and continuity of life in linking present to past, to the "lifelong creativity of the personal past," as well as to the

"preservation" that is an essential part of the mind's linking activity. Language has an essential primary process aspect in its core, vital sense. It is magical-evocative, not just in the sense of stirring feeling, but in its power to establish contact with the depths of mental life.

He is also traditional in his retention of views and values inherent in ego psychology. He is a "structuralist," whose spirit has much in common with Rapaport and Hartman. Complex hierarchical organizations, the centrality of concepts of integration and differentiation, multiple function (though he rarely uses the term), and organization are the watchwords. The guiding values of ego psychology are Loewald's values: multiple points of view and a nonreductionistic, nonjudgmental clinical stance.

Loewald does not like the breaking of things into cognitive parts that seem, unlike the mind he knows, separable from each other, but he sees the psychic agencies as meaningful organizing concepts, and the idea of increasingly complex organizations is structural in the ego-psychological sense. I have already noted that Loewald's internalization concept has much in common with ego psychology's structuralization concept. He insists, however, that living structure is process or process-structure, is always dynamic. But he is structural. Internalization and structuralization proceed, in one of their most important aspects, from identificatory processes that occur in connection with highly complex interactional processes.

I have stated earlier how Loewald accomplishes this neat trick of being both revolutionary and classicist—by the most *analytic* of methods. He *assumes* that important continuities and commonalities exist between our clinical-experiential-theoretical past and present, and he discerns and integrates these by deconstruction, imaginative reconstruction, and interpretation. He tests the metaphors and concepts of the intellectual and scientific climate of his time and of psychoanalytic tradition against clinical reality as he can apprehend it directly. Safely rooted to the experiential realities of clinical process, he does

not have to throw out concepts merely because they connote outmoded conceptions of so-called objective reality. He is interested in their clinical-experiential meanings.

An example that will be familiar to most readers is in the Therapeutic Action paper (1960). As I have shown, this paper was astonishingly ahead of its time, a revolutionary break with traditional models. Yet, paradoxically and intriguingly, in the final section of this early paper he argues passionately for the recovery of the "original richness of interrelated phenomena and mental mechanisms" which the concept of transference encompassed. Here is the famous metaphor where the transference neurosis is said to be "due to the blood of recognition, which the patient's unconscious is given to taste so that the old ghosts may reawaken to life," and where he goes on to equate the work of analysis with the laying to rest of these revitalized ghosts so that they might be transformed into "ancestors" (1960, pp. 246-249).

The metaphor, he reminds us, is borrowed directly from Chapter 7 of Freud's dream book, and he quotes from several other pre-1900 Freudian texts. Loewald uses Freud's language of energy flow, libido, and cathexis easily and unself-consciously here, as he persuades us of the clinical phenomena to which they refer: the vital, powerful, and timeless unconscious complexes which, when released in analysis, enrich and revitalize psychic life—object and self, ego and reality—as they do in normal development. He reminds us that what was once called catharsis and later conceptualized as the "automatic unwinding of the libido" (Ferenczi and Rank, 1924) signified necessary *intrapsychic* analytic events. By resurrecting Freud's almost passing reference to the additional meaning of transference as the flow from unconscious to preconscious, he reminds us of the advantage of Freud's metaphor in forcing us to remember that we are referring to intrapsychic events when we speak analytically of transference and that Freud "knew" this in some sense, although he did not yet have the language of the representational world that would later make it more precisely

articulatable. As an unconscious wish through a dream fastens onto a day residue, so an unconscious object cathexis (what we now call a persisting infantile wish attached to its infantile object, an unconscious fantasy relationship) may fasten onto the available preconscious (intrapsychic) object, the analyst.

The transference neurosis remains his central process concept. Loewald does not replace it with his new emphasis on object relations and intersubjective phenomena. Far from abandoning it, he gives it new life, as an intrapsychic event that takes place inevitably—developmentally and analytically—in an interpersonal and intersubjective field. The term is transformed and enriched by the new and the old. His metaphor resonates in both the intrapsychic and the interpersonal realms while his theoretical range helps us separate these realms where it is important and possible to do so. A concept that in 1960 was looking ghost-like tasted the fresh blood of Loewaldian object relations theory and re-established its links to some very pale conceptual ghosts which had haunted our theory, disturbed our rest.

Loewald is interested in the clinical or developmental events signaled by these terms; he can examine them in this light without fear of taint by their metaphorical connections to concrete, physicalistic quantities of energy flow or linear conceptions of time. We can, in this example, reread Freud and see the continuity between our experience and his, and turn theoretical ghosts—the terms cathexis, libidinal flow, *Pcs.*, transference neurosis—into honored ancestors. Freud's terms are disassembled, the clinical and developmental (interpersonal, intersubjective, and intrapsychic) events signified are reconstructed, then reorganized more meaningfully according to Loewald's own metaphors.

In addition, we may then use these terms or lay them to rest with equanimity, according to our own beliefs, temperament, or needs; should we discard them, we will have a greater chance to understand when we read or when others use them. We can judge whether the term is used to conceptualize real clinical

events or not, rather than prejudging any who use the term as know-nothings who prefer schools and theories which are not our own.

Loewald shares, I think, Sandler's (1983) attitude toward traditional theory. Sandler speaks of the elasticity of psychoanalytic concepts, of the need to try to understand the context in which the term was used and for what purposes; one should not assume that because a term means different things in different contexts that it has no use, or insist rigidly that it can only mean the thing *we* say it means. The more "elastic" or flexible attitude is a useful guard against the needless constraints and unnecessary reification that comes from defining psychoanalytic terms *too* systematically.

To reiterate, I believe that Loewald is at once both radical revisionist and classicist. He safeguards our emerging analytic core *and* preserves our necessary genetic theoretical antecedents. He performs each of these roles so elegantly that on that basis alone one might suspect that he is more than both, that he transcends the limits that such terms may suggest. He resists classification fiercely. I have suggested that he transcends these categories in some higher organization—an integration of old and new, clinical-theoretical past and present.

He is, however, in the strongest Freudian tradition of not being able to turn his back on anything which seems to him to be true. If he cannot make sense of it *yet*, he keeps looking and trying to understand. Staying true to apparently divergent ideas, interests, and sensibilities in himself, he creates an astonishingly cohesive, unifying theory, which integrates old and new, past and present. His theorizing parallels the process of eternal return of which he writes—a creative, transforming vision, which expands and enriches, yet preserves the best of the old, always remaining true to the classical theorist and practitioner at the core of his work.

Since I have done an appreciative, not a critical review of Loewald, I have not dwelt on the threat to conceptual precision in such an interpretive, creative, personal approach to termi-

nology, the possibilities for idiosyncrasy, the difficulties of comparing with other approaches. Such a unified conception may potentially mislead by what is left out and create false unity by blurring distinctions. I do not find this problem to any significant degree in Loewald, though it would take me another essay to demonstrate this. Loewald studies what interests him; I cannot fault him for what he does not study or for what falls outside his conceptual system or metaphorical realm. Human reality *is* poetic and aesthetic, says Loewald, and theories which organize this reality cannot retreat from this ambiguity to the safer, more solid ground of the deterministic logic that is the strength of scientific method. This is not incompatible with scientific objectivity, though it may reveal the limits of it. His poetry and passion, especially in his mature work, rarely seem to me at odds with conceptual precision.

A CLOSING NOTE ON METAPSYCHOLOGY

Everything Loewald writes is obviously theoretical, not only because of its depth, density, and complexity, but also because it always does what theory should do—meaningfully generalize about the way the mind and psychoanalysis work. Despite the isomorphic relationship of his model of the mind to a model of reality in the superordinate sense, Loewald has no wish to create a so-called general theory of the mind, nor does he think psychoanalysis can do so. He has, for example, the classical analyst's paradoxical preoccupation with the infantile as revealed and reconstructed in analysis while simultaneously having no interest in the so-called "objective" data of infant observation for purposes of his theorizing. So, in a sense, Loewald's theory is *entirely* a clinical theory. This may strike one as odd, because, as I have noted, no clinical data (in the usual sense) are present. There is an absence not only of case material, but also of the usual categories of experience-near clinical abstraction—generalizing about diagnostic categories, character types, or typical transferences, resistances, countertransferences, or typical etio-

logic constellations, interpretations, or reconstructions relevant to particular developmental epochs.

So he writes theoretical papers that rarely contain any clinical data. But to those who appreciate him, he never talks about *anything* that does not resonate directly with clinical experience. He speaks himself of the difficulty in classifying his papers according to whether they are clinical or theoretical. Consideration of this enigma has led me to conclude that Loewald may be demonstrating, perhaps unwittingly, how we may usefully recover the authentic, original meaning of the term "metapsychology."

The reason we often give for not finding a classic psychoanalytic paper personally or clinically relevant is that it is too "theoretical." Perhaps we love Freud's "clinical" studies, but find the purely "metapsychological" papers historically relevant but clinically remote, abstract. My sense is that "theoretical" and "metapsychological" are frequently simply code words that each of us uses to characterize that which we cannot relate to personal experience.

Freud often said that his theories of the mind were models and that he meant to imply no direct link whereby the mind as he conceived it could be directly derived from the positivistically conceived superordinate reality which lay "beneath" it: objective reality, the body, the brain. We tend to view this skeptically, because Freud believed that one day we would be able to make that direct link, and indeed, his paradigm, his world view, would have naturally predicted that. But cannot Freud's psychic reality and his so-called objective reality be conceived as in the same relation to each other as I have described Loewald's theory of the mind and his world view? May they, too, be regarded as isomorphic? This would be consistent with Loewald's paradigm, the more current, still emerging world view that many of us may share. In this paradigm, psychic reality and absolute reality share the same structure, co-create and co-define each other, but neither is derived from or explains the other, or is taken to be *actually* superordinate to the other.

If we share the world view of a sophisticated theorist, his

theories will seem less obviously theories. Concepts, metaphors, symbols—all of these may function at varying degrees of distance from the realities which they organize. The perfect, ideal symbol actualizes reality, seems to, *may* express reality directly. Rather than standing for something true, it may function as a vehicle for the direct realization of truth. As Winnicott points out (1953), for a devout Catholic the wafer *is* the body of Christ, a living embodiment of it, not a symbol in the sense of a simple substitute or displacement. For a devout Loewaldian, the concept of internalization may function similarly, as a tool to express something that resonates as true in our deepest selves. For many devout Freudians, the concept of psychic energy may have functioned in the same way. For Freud and his followers, notions of energy, force, structure, and mechanism were meaningful concepts that resonated as authentic at many levels. Papers which speak of libidinal flows and quantitative factors may leave a modern reader cold, but the realities referenced were not only the physicalistic entities and forces of the natural world, but also the vitality and intensities of human experience.

Classic papers which seem dry and abstract may be so. Psychoanalytic journals old and new are full of unoriginal, pedantic, or derivative papers with no apparent connection to real life. But they may also *seem* so because we are relating to them as abstract categories relative to our preferred ways of understanding. We forget the probability that if the paper was truly classic—read, appreciated, and used by many analysts—it was probably directly relatable to personal analytic experience, just as Loewald's papers with their "absence of clinical data" appear to many of us. Freud was not only stretching abstract theoretical muscles in Chapter 7 to make his theory of the mind fit into an abstract energic reality. He was finding that the same metaphors that were useful in understanding the world as he knew it were helping him understand the mind of his patient and himself *as he experienced them in the deepest, most direct, actual sense in the clinical, real world.* I submit that this may be the "original

meaning" of metapsychology—that which bridges or links personal experience on the one hand and the useful conceptual tools by which we may actually understand and live that experience on the other. The better the metapsychology, the more difficult to separate these factors from each other; such a theory appears to be an intuitively natural way to think about the mind, its metaphorical nature not easily visible to us.

Loewald's metapsychology functions in just such a way. We may easily forget that Loewaldian internalization is a construct, a metaphor, because it rings true on so many different levels. The concept captures the essential momentum and vitality that energy supplied to Freud's theory, and despite its comparable ambiguity, resonates more authentically to a more modern mind. That is why so many of us react so deeply and personally to his work, why we become interactive with it, find that he resonates with our own personal and theoretical pasts and presents, and why reading and rereading him constitutes not only an act of understanding, but of integration. When we understand him, we find we also understand ourselves and our work in significant new ways. This authentic function of theory in psychoanalysis is synonymous with Freud's original meaning: that which deepens our understanding, raises it to a higher level.

Loewald's understanding that all metapsychology worth the name is and was metaphorically grounded in actual experience has helped him to imaginatively reconstruct, rediscover, and preserve some of the important real life that is mixed into the dead wood of our analytic past. Like good interpretations, these "ancient" truths are inescapably shaped or altered by new understandings and must be compatible with them. Loewald's boldly integrative approach helps us see things that Freud could not have imagined, let alone known; but Loewald also shows us that Freud may have known things we have forgotten, sometimes more than he himself could know he knew, and always more than we will think if we do not try to bridge the gap between Freud's conceptual language and the experiences and

contexts to which they refer. Loewald not only gives us new metapsychology, he also helps us regain our roots, our metapsychological heritage.

SUMMARY

Loewald believes that "words, including concepts used in science, are living and enlivening entities in their authentic function." Psychoanalytic concepts can be redefined and reinterpreted, seen anew in the face of new data and ways of seeing, thus becoming transformed and transformative. Although he anticipated much of what is new in psychoanalysis in the last thirty years, he also anticipated a more recent integrative trend and a return to classical theory—a return to Freud. Staying true to apparently divergent ideas, interests, and sensibilities in himself, he created an astonishingly cohesive, unifying theory, which integrates old and new, past and present. His theorizing parallels the process of eternal return of which he writes—a creative, transforming vision which expands and enriches, yet remains true to the classical theorist and practitioner at the core of his work.

In this appreciative overview, I have summarized his major papers, described the important principles and unifying trends which characterize them, depicted some personal qualities and philosophies that are inseparable from his writing and theorizing, demonstrated the light his work sheds on the purpose and usefulness of metapsychology, and shown how the experience—the act of reading Loewald—is inseparable from the act of understanding him.

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The Interpretations of Dreams in Clinical Work. Edited by Arnold Rothstein, M.D. Madison, CT: International Universities Press, Inc., 1987. 229 pp.

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BOOK REVIEWS

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THE INTERPRETATIONS OF DREAMS IN CLINICAL WORK. Edited by Arnold Rothstein, M.D. Madison, CT: International Universities Press, Inc., 1987. 229 pp.

An interpreted dream often marks a dramatic turning point in the progress of an analysis. Yet too much attention to dreams on the part of either patient or analyst will soon become an obstacle to analytic work. How does the analyst know when enough is too much?

This book, the third in the Workshop Series of the American Psychoanalytic Association (ably edited by Arnold Rothstein), addresses this issue and others related to it. The difficulty in finding a proper balance between the traditional view and more varied modern approaches is reflected in the title of the book. The unexpected linking of the definite article and the plural noun gives a hint of the deeper tensions this volume tries to resolve.

The workshop was held in both New York and San Francisco in November 1985 and March 1986 The book includes a historical review by Leo Rangell and ten valuable papers by eight of the participants in the workshop. Rothstein provides the introduction and conclusion. There are formal discussions of the papers by Edward Weinshel and Robert Gillman. Excerpts from the informal discussion are included in an appendix.

The papers are too varied and too rich in clinical insight to be reviewed here individually. I take the risk of doing the authors an injustice by concentrating on the larger issues raised by the papers as a group. My hope is that this approach will be in the collegial spirit of the workshop as a whole.

Rangell's fine introduction presents Freud's theory as it was developed in *The Interpretation of Dreams* and later. Among a list of problems left unresolved by Freud's work, Rangell mentions one which I believe sets the tone for much of the discussion that follows. Rangell writes:

> The author would similarly question Freud's rather categorical statements that calculations and creativity are outside of the dream work and cannot be performed by the ego in a dream. . . . Unconscious decision making based on integrative thinking occurs in a complete form in the unconscious ego, after which the results of this activity may be acquired by consciousness, and even

> distorted and rationalized by secondary revision on its way to consciousness (p. 13)

Rothstein listed the question of the integration of psychic trauma in dreams as a major topic for the workshop. The problem is how to integrate integrative activity into a dream theory inhospitable to it by nature. The participants divide on this issue. Some elucidate and illuminate the integrative aspects of dreaming as it is revealed in their clinical work. Others express their concern about the danger of neglecting the defensive functions of the dream in the search for the integrative.

In two papers by Jerome Oremland, the dreams of a number of patients movingly document the progress of analytic work. Many of the patients had begun treatment with severe ego deficits. Oremland is criticized by some for taking at face value the signs of greater ego strength and improved object relations in the manifest content of the later dreams of these patients. For the traditionalists, signs of integrative activity by the dream work must be approached first of all as a disguise for unacceptable wishes.

Innovative work on the integrative functions is reported by Scott Dowling and by Wayne Myers. Dowling shows how traumatic life situations of childhood can often be recovered in rich detail through the analysis of a patient's dreams. The complex interplay of forbidden wishes connected with the events recalled by a dream may be as important as the expression of the wishes individually. Myers presents an interesting paper on his own countertransference dreams, in which he shows how they helped him to resolve some difficult technical issues.

Most of the participants seem to believe that dream data *are* different but should *not* be treated differently. The more traditionally minded analysts, however, tend to formulate a strict ban on discriminating in favor of dream analysis. For them, any emphasis on dreams is likely to lessen the impact of transference analysis.

Although there is obviously a great deal of validity to this view, other participants take a more flexible position. They allow more direct attention to unusual aspects of dream data when it is presented spontaneously by the patient. However, no one at the workshop appears to believe that dreams should be solicited or singled out for attention that is not given to other data.

Those whose first concern is the defensive aspect of dreaming pay relatively little attention to the manifest dream. For them, the

manifest content is, first of all, a façade for unacceptable wishes. At worst, it is an obstacle to the analysis of latent meaning. Their argument on this point is often contaminated by the assumption that if the manifest dream were taken as important in its own right, the significance of the latent meaning would necessarily be diminished. This is not the case with the integrations represented in this book, though there is one notable exception.

Paul Ornstein links his views on the integrative function of dreaming with Kohut's concept of the *self-state dream*. The self-state dream is said to be, among other things, a dream whose understanding is not enhanced by the patient's associations. There is much criticism of the concept of the self-state dream, on both theoretical and practical grounds. Ornstein's clinical presentation fails to make the case that associations are unimportant for understanding the self-state dream, or even that the self-state dream is distinct from any other.

I would add that what is most in need of integrating is precisely the material edited out of the dream by the censorship and recovered in the associations. Ornstein's idea that the integrative function can be split off from the latent meaning of the dream seems to me both false and damaging to the integrationist viewpoint.

Despite the wariness about the manifest dream, however, Paul Bradlow's study of manifest dream content was highly valued by those who commented on it. Bradlow reviewed the first reported dreams of a random sample of patients in analysis. He found that dreams in which murder or incest appear in the manifest content are strongly prognostic of a poor outcome in analysis. Bradlow was among the first of many to say that such impersonal indicators must take second place to clinical judgment in the selection of a patient for analysis.

An important theoretical issue lies in the background of these clinical questions. How are dreams constructed? Is the Freudian model adequate to an expanded view of dreaming? Most of the participants would prefer to avoid the conclusion that if dreams play an integrative role in the mental life of the dreamer, Freud's theory of dream construction must be flawed. Perhaps the single most serious criticism of the traditional view is that it discourages research into the mechanisms of dreaming. Such research, often based on ideas from the sleep laboratory, tends to show that

dreaming is part of the integrative structure of the mental apparatus as a whole.

At the opposite extreme, the idea that defensive activity in dreaming is a mirage caused by unfamiliarity with the mechanisms of the dream work is even more unacceptable. This position is taken by a small and decreasing number of psychoanalysts, but is often seen as a serious threat by traditionalists.

Many of these issues can be resolved by a theory of dream construction that preserves the role of defenses while providing a place for the role of integrative functions. The theory would have to be compatible with both clinical and laboratory observations on dreams and dreaming. It would view the censorship mechanisms at work during dream construction as regulatory mechanisms within the integrative activity of the dream. The goal of this activity would be to assimilate the experiences of the present (e.g., transference), with the experiences of the past (e.g., childhood trauma) that form the infrastructure of memory and character. In this theory, repressed wishes would be represented in the dream because they create pressure for reorganization, not merely because they serve discharge. A particular repressed wish would appear because it has more relevance than other wishes in relation to the currently activated unconscious conflicts of the dreamer.

One possible reason for resistance to this idea is that it would make the process of dreaming an active component in the working through process, not simply a reflection of it. Martin Stein, like other traditional participants, seems intent on denying this role to dreaming, even when his clinical data seem to illustrate it perfectly. Stein appears to believe that to accord dreaming a more active role in the analytic process would threaten the principle that dream material should be treated like other data.

This fear would be groundless if the analyst were to remain clear about the distinction between the functions of dreaming in the mind of the patient and the role of dreams in the work of analysis. Stein's case report shows, with assurance and elegance, how the analyst can maintain this distinction in practice.

Of the contributors to *The Interpretations of Dreams in Clinical Work*, Rothstein and Ornstein stand out for their awareness of new theories and their curiosity about what they may have to offer. Psychoanalysis would benefit from discussions of dreaming that tackle

the problems of the traditional theory more openly than has been done in the past, especially the problems raised here by Rangell. Perhaps the success of this fine book in dealing with clinical issues will clear the way for a more probing search into deeper questions about the nature of dreaming.

STANLEY R. PALOMBO (WASHINGTON, DC)

LEARNING PROCESS IN PSYCHOANALYTIC SUPERVISION: COMPLEXITIES AND CHALLENGES. A CASE ILLUSTRATION. By Paul A. Dewald, M.D. Madison, CT: International Universities Press, Inc., 1987. 489 pp.

In his latest book, Dewald does indeed describe a process in the apprentice model of learning psychoanalysis through supervision. The treatise can be considered a sequel to his 1972 publication, *The Psychoanalytic Process*.[1] In this new volume, he gives us the primary data of eighteen recorded supervisory hours, spread out over a five-year analysis of a woman candidate's first case, that of a young woman also early in her professional career. Of the one hundred twenty-four supervisory hours, these sample eighteen are well chosen so as to given an overall feeling of the general flow of the material, and all but one are paired sequentially to show a continuity of more immediate reactions of the analyst's and supervisors interventions. After each transcription of a supervisory hour, Dewald discusses his views of the patient-analyst interaction and the rationale of his own interventions. He has his eye, of course, on the developing process in the supervision as well as in the analysis. It is fortunate that the student is articulate, self-observing, eager to learn, and not particularly defensive about exposing her inexperience. The patient is amenable to psychoanalysis. The latter's presenting symptoms were obesity and difficulty in maintaining a relationship with a man. The predominant conflicts were phallic and oedipal, with frequent regression shifts to pregenital configurations.

After Dewald's introductory review of the scant literature, his 1981 article, "Aspects of the Supervisory Process,"[2] is reprinted.

[1] Reviewed in this *Quarterly*, 1973, 42:625-626.

[2] Originally published in *Annual Psychoanal.*, 9:75-89.

Chapter 3 then gives background material about the patient and includes the reports of the clinic's social worker and evaluating psychoanalyst, the candidate's first six-month summary, and all of Dewald's semiannual reports to the Institute. In the text that follows, he fully develops and illustrates his *supervisory style*, which he had outlined in the aforementioned article. In doing so, he cannot help but reveal his own *analytic style* which, with a few crucial exceptions, carries over into his supervision. Of course, the transference is always the prime focus. For his candidate, her patient, and by obvious implication, his own patients, Dewald repeatedly demonstrates his respect for the state of the ego of each. The timing and dose of any intervention is dependent upon the readiness of the recipient to hear and deal with the potential diminution of a resistance or defense. This principle is old hat to any technician, but Dewald faithfully carries it out as he identifies with the patient, the student analyst as she is analyzing, and the student analyst as she is being supervised. The respect for the autonomy of each person involved requires that the analyst and supervisor not jump ahead with what an outsider can clearly see. To some readers, this may come across as a bit too gentle.

In his determination to convey to us the process qualities in both analysis and supervision, Dewald comments on the slowness of change and indicates that working through and integration apply to the analyst as well as to the patient. One is reminded of Greenson's description of the analyst's growing "working model" of the patient as the analyst empathizes with the analysand. The supervisor likewise must keep tabs on the evolving skills of the student as she works, Janus-like, with the patient and her supervisor. One skill that is emphasized is the follow-up of behavioral changes as confirmation of interpretations which might otherwise be compliantly intellectualized by the patient. It is these sorts of data that convince one that analytic and supervisory processes are taking place. Competent analysts may do all this automatically, but when they become supervisors, do they remember to teach it explicitly? We need to be reminded.

There are a number of other aspects of Dewald's supervisory style that command attention. Realizing the overdetermination of all behavior, he encourages his student to entertain many hypotheses without premature closures. He demonstrates a judicious mix-

ture of theoretical and clinical discussions. Furthermore, these discussions grow more frequent toward the latter part of supervision, after various patterns have emerged. I presume this is to avoid "priming" the student, allowing her to make her own discoveries, even at the price of some stumbling. This avoids compliance with the supervisor and emphasizes Dewald's priority of teaching over what might be of more immediate benefit to the patient. This is a nice subtlety. There are times when the supervisor demonstrates "thinking out loud" to show that an analyst in his free-floating attention can associate broadly and can sort out plausible connections. And when the occasion calls for it, Dewald is not ashamed of confessing what he considers a variance in his own style—such as when he was overly active while preoccupied with a site visit. This serves as a model for the analyst. An unplanned departure from an otherwise good analytic stance is not the end of the world and can usually be corrected.

There are many other gems to be gleaned from a thorough reading of this lengthy study. There is the attractive concept of "a central organizing core conflict and fantasy, with a subsequent coherent defensive style." Dewald shows how to follow the changing qualities of derivatives of a given instinctual orientation, such as the fate of the patient's phallic strivings. This kind of teaching is more apt to occur if we ourselves are imbued with the aspect of process in our work. There is a restrained use of genetic reconstructions. He teaches how childhood fantasies have an evolutionary development; he does not "go after" a static event as an end in itself, and he begins with evidence in the transference. The alleged urethral stricture, the subsequent withholding-flooding of material in the analysis, masturbatory fears and fantasies of the little girl-now patient, were not frozen into such a static picture. The student got the feel of the therapeutic process in the winding and intermittent thread of developmental crises, life events, childhood fantasies, and eventual derivatives in the adult. And all of this is tracked in the transference.

This brings us to a parting of the parallel of analyzing and supervising, a view of Dewald's work in regard to the teach/treat dilemma. It is abundantly clear that he has a firm boundary of nonintrusion into the personal problems of the student analyst. He may well note to himself various anxieties, symptomatic acts, omis-

sions, and countertransferences. He carefully deals with what I would label "countertransference signal affects" as they are *volunteered* by the student explicitly, or sometimes reported in an implied but obvious manner. Only after this *invitation*, as it were, does he get near this boundary of intrusion. (This may not be the case if an egregious error is involved.) The phenomenon of the "parallel process" comes under this rubric; he does not make a big deal of it, but points out that one part of the parallel process can be a clue to the presence of the other. Dewald makes a point of gradually shifting the supervisory relationship more toward a peer relationship. He encourages more independence on the part of the student, eventual free-ranging discussions in place of note-bound reporting, and when indicated, he notes interesting features of the case that could be the topic of a paper.

I do have two minor criticisms of Dewald's "Supervisor's Comments." The primary attention is, as it should be, on the supervisory process. However, a reader cannot help getting caught in the "case as a case." It is not always consistently reported what transpired in the analysis in the intervals between the transcribed supervisory hours. In addition, since the growing therapeutic alliance and analytic process of the patient, and the corresponding supervisory alliance and supervisory process with the analyst, were all well documented, it would seem unnecessary for Dewald to remind us of that so often in each of his "Supervisor's Comments."

This book may serve a number of purposes. It is hoped that others will be encouraged to do similar longitudinal studies on supervision. Individual chapters may be useful as a springboard for discussion groups. If so, it would be wise to bear in mind that the group should focus on general principles of supervision and not get distracted by the inevitable temptation to second-guess the formulations about the case. It would have been an incredible task (and an unwieldy document) to report all the supervisory hours. Hence, a reader cannot know whether the issues in his or her own critique have been considered adequately elsewhere.

Nonetheless, I will cite an example of my own second-guessing that haunted me: it involves the role and fate of overstimulation. Both the analyst and the supervisor commented periodically on the possibility of a seduction. But they did not, in this document, add up all the many data reported from early on, such as the gross act

of the father's furnishing the patient's brother with a double bed for his dates and then listening for the bed squeaks. He frequently told the patient he preferred her to her mother, and when she left home, he called her almost daily and often stayed in her apartment. Both parents used her as a confidante about their sex life. This overstimulation may well account for the persistence into adolescence of oedipal fantasies, and may have played a role in her difficulty in controlling her strong affects, with a subsequent propensity for acting out.

The penultimate chapter, "Contribution," is by Mary Dick, the student analyst. She is forthright and courageous in her self-observations and personal revelations. Though she says it is "personal and idiosyncratic," I am sure others have had similar experiences, and many may realize they have not grappled with the problems as well as she has. She makes more of the "parallel process" than does Dewald, and gives a number of illuminating examples. The chapter is filled with many clues to her development of her own "analyzing instrument," an integration of multidimensional determinants; the chapter is so condensed, it is well worth rereading. As Dick has spoken to the reader throughout the book, I am inclined to agree with Herbert Schlesinger's comment on the jacket: he calls her a "co-author."

We are indebted to both Dewald and Dick for pioneering in this venture with such a generous sample of primary data and subsequent reflection. It should be obvious in the foregoing discussion that this book is recommended for all supervisors of all levels of experience. Dewald's style is a model whose virtues I have already listed. His first priority is the non-intrusive, non-threatening, patient facilitation of a supervisory alliance; what follows naturally is the subsequent learning and growth of the student. Dick's experience is likewise a model for identification; a supervisee should be encouraged to be less defensive about personal reactions to the patient and more willing to accept imperfections in technique. And one hopes that all supervisees meet with a benevolent and encouraging teacher who can empathize with someone with less experience.

PEYTON JACOB, JR. (BERKELEY, CA)

RICHARD STERBA. THE COLLECTED PAPERS. Edited by Herman Daldin, Ph.D. Croton-on-Hudson, NY: North River Press, Inc., 1987. 205 pp.

This book is a selection of twenty-eight of the more than sixty clinical and theoretical papers Richard Sterba wrote between 1928 and 1957. Sterba is known as one of the pioneers of psychoanalysis. During the 1920's he became interested in psychoanalysis while he was in medical training. He was one of the first students of the Vienna Psychoanalytic Institute. Later, he became part of Freud's inner circle. In 1938, after the *Anschluss*, although not Jewish, he and his family wisely decided to move abroad, eventually settling in Detroit.

The papers are a pleasure to read. As a good teacher, he explains his topics well. A number of them also have historical merit. The articles range from brief clinical observations to enlightening and insightful discourses on major theoretical or technical issues. They contain discussions of various aspects of transference and commentaries on various treatment techniques. I shall focus on just a few of them.

One of the more influential papers, "The Fate of the Ego in Analytic Therapy" (1934), expands on ideas published as early as 1929 on the formation of the therapeutic alliance. It explains how the analyst, via interpretation, brings about a "therapeutic dissociation" within the patient's ego, i.e., a conscious, reasonable ego which forms an alliance/identification with the analyst's insight-producing efforts, and which contemplates the experiencing ego as it deals with impulses and defenses. This paper, like others, is still refreshing to read as Sterba details the analytic technique in this process.

Not surprisingly, this paper is something of a classic, considering how Sterba's ideas are reflected in subsequent major works, e.g., those of Strachey and Fenichel. He describes, for example, how the prototype of this therapeutic dissociation of the ego is found in the process of superego formation, in which "by means of identification—of analysand and analyst—judgments and valuations from the outside world are admitted into the ego and become operative within it" (p. 66). We see how similar this is to Strachey's concept

that the "analyst owes his effectiveness . . . to his having stepped into the place of the patient's super-ego."[1]

Sterba's critique of Ferenczi's ill-fated efforts, via marked changes in his analytic posture toward patients in the hope of inducing a deep "neo-catharsis" which would both reveal and heal the "original traumas," puts in perspective the understandable regression of some, even brilliant, therapists who end up seeing the patient largely as an innocent victim of trauma and seduction. Conversely, in a couple of other papers, Sterba described Wilhelm Reich (who also sees the patient as primarily corrupted by reality), as using a more skeptical approach. Reich constantly suspected his patients of carrying deceptiveness over into their therapy via multiple layers of defense. His "character analysis" was preoccupied with systematically and rigorously tackling the defensive aspect of the patient's behavior, while ignoring, as Sterba aptly points out, its tripartite origins. While Reich made a major contribution to the understanding of defense analysis, particularly in the early stages of treatment, his aggressive attitude toward the ego as a tricky enemy of analysis went too far.

In light of the extreme views of these men, it is significant that issues of countertransference and object relations theory hardly come up at all. These concepts were not well elaborated until World War II. The book's last paper, "Oral Invasion and Self-Defense" (1957), is about the oral dynamics of negativism, which calls for a shift in theoretical understanding and different technical maneuvers. It illustrates Sterba's integration of object relations concepts with more traditional ego psychology, without actually calling it that. This paper, as do others, also demonstrates what a skillful analyst Sterba is in his clinical work. For that reason, we must be grateful to have this collection of his papers.

This book has a number of editorial shortcomings. The translation of some of the earlier papers is not good, and there are too many typographical errors. Footnote references are irregular and would have been improved had the updated *Standard Edition* of

[1] Strachey, J. (1934): The nature of the therapeutic action of psychoanalysis. *Int. J. Psycho-Anal.*, 15:134.

Freud's work been used. The bibliography of all of Sterba's works, which is promised in the Foreword, is, I am sad to say, missing.

HUGO J. ZEE (ATLANTA)

THE SELECTED WRITINGS OF SELMA FRAIBERG. Edited by Louis Fraiberg. Columbus: Ohio State University Press, 1987. 688 pp.

I first encountered the writing of Selma Fraiberg as a first-year resident in psychiatry. My son had just been born, and my daughter was two years old. I received, as a gift, a copy of *The Magic Years*. It was recommended reading for our course in child development. It turned out to be required reading for understanding and appreciating my children. I recommend it now for the beginning child psychiatry residents whose training I supervise, and it is still one of my favorite gifts for the young couple with a new child.

After I finished *The Magic Years*, I checked the bibliographies of my teachers for more Fraiberg. I next encountered the 1954 essay, "Tales of the Discovery of the Secret Treasure," in *The Psychoanalytic Study of the Child*. Reading *The Selected Writings of Selma Fraiberg*, edited by Louis Fraiberg, is like discovering one secret treasure after another. In fact, I believe the reader will find that her approach to a wide variety of subjects reflects a continual search for hidden treasures, for answers to questions of behavior, development, psychoanalysis, and social work. Louis Fraiberg states that he selected the papers in this volume to "show the quality of her best work in the clinic and at the typewriter," and to show the variety of her interests, from literature to social problems. He is eminently successful in this endeavor, and he has honored the memory of his wife.

The book is divided into five sections. In the first, titled "Developmental and Theoretical Considerations," there are seven essays. It begins with a paper I frequently recommend to people working with severely disturbed inpatients, "The Origin of Human Bonds." This essay uses research in ethology and psychoanalytic theory to explain the tragic lives of people with "the diseases of nonattach-

ment." It demonstrates that for the human child, infancy is a critical time for the establishment of human bonds and for the subsequent adaptive use of aggression. The next inclusion, "Libidinal Object Constancy and Mental Representation," is again an attempt to integrate two perspectives, the Piagetian and the psychoanalytic. Along with her search for hidden treasures, this kind of integration is characteristic of Fraiberg's theoretical writing. It is extremely useful for the student or teacher trying to develop a theoretical perspective. This second paper also contains the kind of anecdote that makes Fraiberg so readable. She describes the cognitive ability of her beagle, Brandy, demonstrating his lack of true evocative memory as compared to a human child in the second year of life.

The third paper in this first section is an essay about careful clinical research with blind babies, work which has dramatically expanded our knowledge of normal development. This is followed by several papers that demonstrate Fraiberg's willingness to follow her theoretical interest in severely disturbed children. It concludes with "Pathological Defenses in Infancy," which deals with a subject that Robert Emde, in his foreword to this book, calls a "hot topic" of current clinical research. He credits her with the first systematic description of pathological defensive patterns in the first three years of life, including avoidance, freezing, fighting, transformation of affects, and turning aggression against the self.

In the next section, "Clinical Findings," there are eight essays—most dealing with aspects of child analysis. I would have changed the order of these essays. "Enlightenment and Confusion," dealing with the sexual theories of children, would naturally precede "Tales of the Discovery of the Secret Treasure," which is a delightful and serious discussion of this same theme in literature and in the analytic office, where it is linked to the wish for an oedipal victory. The two papers on transference might also have been put together, since they demonstrate an evolution of thinking by Fraiberg. She began, in her 1951 essay, by describing "transference phenomena," but by 1966, a chance for further work with a previous child analytic patient had changed her mind, and she stated that there can be a transference neurosis that develops in the analysis of a latency child, albeit one that involves only a part of the child's neurosis.

"Social Work Education," the third section, begins with a won-

derfully clever spoof utilizing the tea party in *Alice in Wonderland* to demonstrate the extremes to which certain administrators and teachers in social work schools will go to avoid perceiving case work as therapy. I would recommend it to all beginning social work students. "Psychoanalysis and the Education of Caseworkers" made me long for a paper that would state with equal conviction the important role of psychoanalysis in medical student education, where it could be taught as a most useful way of understanding human development and psychosocial adaptation.

In the "Blindness in Childhood" section, Fraiberg's unique capacities as a researcher/clinician are emphasized. Demonstrating a vast knowledge of the work with blind children that had preceded her own work, she carefully observed and intervened, seeking always to understand and explain what she saw. She studied the differences in smiling, stranger reactions, mouth-hand relationship, object-concept development, and self-representation, comparing sighted and blind infants. She pointed out the importance of locomotion for the development of self-object differentiation, especially in blind infants.

The final section of the book rounds out the picture of Selma Fraiberg that Louis Fraiberg is trying to give us. In the first essay she condemns the mass media for its idealization of sadism. She uses her knowledge of self-esteem development to point out how this tendency in popular culture makes things harder for kids. Her conviction about the importance of relationships pervades her criticism of the American educational system and its approach to teaching reading. The essay, "Kafka and the Dream," is beautifully conceived and written, in the best Freudian tradition. In this essay we see Fraiberg in pursuit of a secret treasure, specifically an aspect of Kafka's life that will help her understand his dream and the story related to it. We share in her delight as she finds the information she needs located in the full text of his "Letter to My Father." Even though these are not free associations, and Fraiberg acknowledges this limitation, this essay can serve as a lesson in dream interpretation. It is also noteworthy for its commentary on the literary aspects of Kafka's work, his use of metaphor as reality, and his production of a feeling of uncanniness.

Selected Writings of Selma Fraiberg reveals Fraiberg to be a psychoanalytic author as well as a remarkable individual with a broad

range of interests. She was continually interested in development; she wanted to know how a person becomes an "I" and then relates to the object world. She shed a great deal of light on the inner world of blind infants. She loved stories, what was understandable about them in their author, and why they appeal to the reader. She was a true Freudian, using a similar technique of observation of popular culture to provoke her own thoughts and to help her understand her patients. She was always in search of secret treasure, but she was not after that treasure for herself, since she was incredibly generous in sharing her discoveries with all of us. Louis Fraiberg has edited a treasure chest.

MARTIN MILLER (BOSTON)

THE FREUDIAN METAPHOR. TOWARD PARADIGM CHANGE IN PSYCHOANALYSIS. By Donald P. Spence. New York/London: W. W. Norton & Co., Inc., 1987. 230 pp.

Donald Spence believes that reliance on metaphor to explicate psychoanalytic theory and practice is no longer useful, and that a change in the paradigm for psychoanalysis is indicated. He recognizes that all scientific theory is infiltrated with metaphor, but the validity of the theory depends on distinguishing metaphor from reality. In psychoanalysis, Spence claims, metaphor is confused with reality. Metaphor contributes to the establishment of scientific hypotheses. Metaphor helps to explicate and illustrate the assumptions on which theory and practice are based. The development of a science depends on the validation, by one means or another, of underlying assumptions. Unfortunately, the psychoanalytic metaphor has been reified and actualized. This precludes testing. When metaphors are treated as facts rather than as figures of speech, development of a field of inquiry ceases.

Spence illustrates the limitations of the Freudian metaphor by considering some basic psychoanalytic assumptions. Freud invoked the concept of the unconscious to account for lapses of memory and for apparently inexplicable behaviors. Freud distinguished between the descriptive and the substantive unconscious. The former refers to psychological processes operating outside awareness, the latter to complex phenomena, with specific characteristics postulated to explain parapraxes, dreams, symptoms, and other phenomena that are based on unconscious fantasies.

There is ample evidence for the descriptive unconscious. We are repeatedly reminded that psychological activity occurs without awareness. But Spence questions the assumptions and conclusions that are based on the presumed existence of a substantive unconscious. He is particularly critical of the tendency to view the unconscious as the repository for fantasies which are available for the explanation of thought and behavior. This results, he asserts, in interventions by analysts that are stereotyped and inappropriate. He illustrates the arbitrariness of some interpretations by referring to the published accounts of therapeutic approaches and by offering interpretations which differ from those of the authors. The uncritical acceptance of assumptions about the nature of the unconscious, he asserts, results in reductionistic and simplistic views of psychic activity that ignore the role of irony and ambiguity.

Since, according to Freud, the unconscious is timeless, exempt from contradictions, characterized by primary process, and subject to psychic rather than external reality, verification that relies on secondary process and reality testing is difficult. The concept is retained in spite of attendant doubts, because it serves the important function of explaining behavior which appears meaningless. Otherwise inexplicable behavior and thought can be understood by postulating processes motivated by unconscious needs and wishes. Order supersedes chaos. To preserve this apparent order, ideas of questionable validity are maintained. Observations which contradict the explanations are either modified or ignored. Questions are stilled, and the impetus for investigation dissipates.

Spence believes that the idea held since the early days of psychoanalysis, that the analyst listens with evenly hovering attention, unfettered by ideas relevant to the patient's problems, is invalid. No listener, analyst or otherwise, is innocent of ideas about the issue to which he or she is listening. Listening is colored by views and experiences of the listener, which are projected onto the speaker. We often hear what we are primed, by our wishes and fears, to hear. Analysts' failure to recognize their part in what they hear interferes with therapy. The ubiquitous tendency to project cannot be entirely overcome, so it behooves us to be aware of it. Projection both hinders and enhances therapy. It hinders when interventions are based on analysts' personal reactions. It enhances when it enables analysts to understand the patient via the projection of their own similar experiences. Attention to the differences between the reac-

tions of the analyst and the analysand can yield clues about the nature of the analysand's problems.

The identity of psychoanalysis has been questioned since its inception. Is it a branch of science or of the humanities, or is it an amalgam of both? To qualify as a science, a field of study should be based on observations that are elaborated into a theory. The theory is modified when subsequent observations do not support it. Spence questions the assumption that the patient's life history is a reliable source of data that can explicate his or her current distress. The association between past events and current distress is not easily established. Psychic events and their consequences are multidetermined. The meaning and nature of an event depends on the context in which it is remembered and recounted. Events do not occur in isolation. Surrounding events and conditions impinge upon them. The analytic question is not what happened but how was it experienced. Complete reconstruction is impossible, but meaning, implications, and continued effect of events can be elicited. Analysis does not yield unquestionable historical truth, but analyst and analysand can construct a narrative that significantly enhances understanding.

The narrative of the patient's life history is a compromise between speculation and observation. It is likened by Spence to narratives which Sherlock Holmes constructed as he solved mysteries. Just as Sherlock Holmes organized clues into patterns which led to the discovery of the criminal, so Freud found patterns which could be arranged from the patient's productions. The solution to the patient's difficulty could be found in the arrangement. Freud often offered a single certain solution, which Spence believes was based largely on Freud's authority. Spence points to the limitation of this approach, which is appealing because of its simplicity and directness, but which can be misleading. The creation of a narrative involves omissions and modifications in order to highlight broad patterns. Attention to broad patterns is essential, but lack of attention to detail and ambiguity can lead to stereotypy and premature closure. Reliance on Freud's formulations has stultified the development of psychoanalysis, according to Spence. The formulation is accepted as a factual solution to psychic distress, and investigation ceases. The goal of psychoanalysis is not to arrive at a solution, as if

completing a jigsaw puzzle or solving a rebus, but to become aware of connections and meanings of the material and the variety of ways in which it can be arranged.

To encourage diversity, originality, and the establishment of truth in psychoanalysis, Spence suggests that the Freudian metaphor be replaced by the metaphor of law. Law and psychoanalysis have much in common. They are both guided by rules, but are not bound by them. The law is more accepting of the inevitability of change than is psychoanalysis. Change is stimulated by the encouragement of open debate of many diverse issues and by maintaining public records of the proceedings involving challenges to the law. Psychoanalysts are reluctant to expose their data. Spence urges the accumulation of more and more detailed data from the psychoanalytic process to serve as the basis for the validation of psychoanalytic propositions.

Psychoanalysis developed when belief in the orderliness of the universe prevailed. Beneath apparent disorder, order existed. Many psychoanalytic principles are directed to the elucidation of this order. Recently, the issue of orderliness has been challenged by the randomness which has been observed in many aspects of human and non-human phenomena. Paradoxically, order has been noted in chaos. Patterns occur in apparently chaotic situations. These patterns differ from those previously identified. Dissatisfaction with current theory is, in part, related to the persistence of questionable assumptions about the role of determinism in psychic functioning. Additional observations and reconsideration of such fundamental concepts as the unconscious and free association indicate that they are not entirely determined. Accommodating this and other new perspectives necessitates the re-examination of Freudian theory. Freely accessible data available to skeptical analysts, unfettered by prejudiced adherence to current theory, is essential to establish the validity of theory.

By directing attention to the limitation of psychoanalytic theory and practice, Spence challenges psychoanalysts to be more precise and to document their findings. While these are noteworthy goals, Spence tends to minimize the contributions of psychoanalysis and to offer models like the law and the narrative whose applicability to psychoanalysis is marginal. The search for validation and modifica-

tion of analytic principles has been going on since its inception. Donald Spence's book is a spur to that endeavor.

REBECCA Z. SOLOMON (HARTFORD, CT)

PSYCHOSOMATIC MEDICINE AND CONTEMPORARY PSYCHOANALYSIS. By Graeme J. Taylor. Madison, CT: International Universities Press, Inc., 1987. 391 pp.

Psychoanalysts who work in the area of psychosomatic medicine and its cousin, the study of the psychological components of physical illness, seem to me to be unusually courageous, if not somewhat foolhardy investigators. The field does not offer the infinite richness of experience one finds when one immerses oneself in the complexity, variability, and exciting uncertainty of the behavior we associate with psychopathology. Nor does it offer the comforting certainty of intellectual explanations built around the operation of loosely coupled variables and linear causality we associate with the study of the pathophysiology underlying physical disease. Psychosomatic medicine confronts the scholarly researcher-clinician—and Taylor is clearly in the first rank of such workers—with all the burdens of two incompatible orientations and few of the occasional gratifications that occur with either orientation. This dilemma, arising from two *fundamentally different approaches to the study of the same complex, overdetermined phenomena*, has accounted for many of the inappropriate, simple-minded efforts to apply psychoanalytic conceptualizations in the past. Psychosomatic theoreticians of the past, who believed themselves to have been informed by psychoanalytic thinking, have often sought refuge in the solution of the blind wise men of Hindustani who, when confronted by the elephant, opted for a series of single factor explanations based upon utterly incompatible but "certain" descriptions.

Taylor has written an excellent historical review and analytic inquiry into efforts to utilize psychoanalytic concepts to understand the origin, mechanisms, and control processes involved in the classic psychosomatic illnesses. My only significant criticism relates to his hedging on the clinical therapeutic implications of the impressive "deregulation-miscommunication" model which he constructs to explain the unique origin and nature of psychosomatic illnesses.

In his first one hundred pages, Taylor sketches the historical

background and contributions of the major researchers who worked from the early 1930's through the 1970's. It is a useful summary of the ideas of Flanders Dunbar (personality specificity), Franz Alexander and the Chicago School (conflict specificity), Peter Wolff (response specificity), and Sydney Margolin and the ego regression theorists. A few of the early theorists struggled with the explanatory role of symbolization occurring before the age of oedipal development, but their lack of adequate infant observational data, as well as limited theories of pregenital development, led to constricted, inapplicable theoretical models. The persistence of the influence of Freud's fundamental instinct psychology, especially the transcendental explanatory role assigned to the drive-defense-conflict model and all of its consequences, served as a particularly crippling limitation.

The early stress studies stimulated by Hans Selye's work helped open the door to the role of life events in influencing a predisposition to a general physiological breakdown which was frequently involved in the onset of psychosomatic illnesses. This in turn helped intensify psychosomatic researchers' further speculations about the mechanisms by which life experiences become transformed into psychic structure, pathological or normal. By the 1970's the role of psychoactive neurotransmitters and enzymes in instigating, signaling, and controlling changes on a cellular and subcellular basis provided a more sophisticated biological background for rethinking the entire question of the relationship of psychological processing and psychosomatic illness. In addition, immune system studies, the dramatic increase in early infant observational research, and material on childhood separation and abandonment provided further impetus for renewed theoretical expansion.

With the description of alexithymia, Taylor sets the stage for a discussion of the half dozen constructs which are basic to his new thinking. In the early 1970's, John Nemiah and Peter Sifneos described (and, independently, Pierre Marty and Michel de M'Uzan studied) a group of classic psychosomatic patients characterized by "a marked difficulty in verbally expressing or describing their feelings and an absence or striking diminution of fantasy" (p. 75). The impoverishment of both affective and symbolizing functions influenced not only how these patients communicated about themselves, but how they (mis)processed the data of ordinary expe-

rience—especially experience with their own bodies. Ominously, this defect ultimately expressed itself in a disordered ability to regulate inner tension states of various sorts.

Taylor now sketches his basic thesis: Many psychosomatic illnesses are the result of selective disorders of development in regard to processing specific aspects of experience. The result is a failure to internalize adequate tension-regulating mechanisms which can function independently and reliably. Even more serious, the organism is unable to signal the world "normally" of the state of distress in regulation. Instead, a form of primitively structured communication to the mother (= holding environment, self-object, etc.) may be adopted, out of desperation. Thus the psychosomatic illness is born of deregulation and miscommunication activities by the organism.

In the remainder of the book, Taylor describes a half dozen basic ideas from current clinical or laboratory research and explains how each of these constitutes a crucial building block for either the genetic or the dynamic part of his thesis.

The first construct is the early mother-infant dyad, conceived as an interactional system that organizes and regulates the infant's behavior from birth. Through a reciprocating systems-like set of interactions, the infant's responses signal, modulate, and stabilize the mother's mothering function. The mother's input serves to model, mold, regulate, and pattern the infant's biological or constitutionally determined developmental timetable.

His second concept, borrowed from the object relations school (especially Winnicott), is that of the transitional object. This is an object chosen or created by the infant from within its own world which it endows with certain regulatory meanings useful for the maintenance of optimal stability and tension regulation during periods of the mother's absence, i.e., a quasi-autonomous regulatory function of the infant's own. He relates this to the concept of the precursor object (Renata Gaddini), that is, an object provided by the mother, having a certain tactile soothing function largely learned from the mother. He then elaborates Kohut's ideas on the selfobject and its role in the gradual internalization of functions learned via optimal frustration through the relationship with an idealized parental caretaker. What all of these somewhat different constructs have in common is the sharing of processes involved in

the development of tension regulation capacity: the mother's soothing efforts; the child's creative use of experience with objects; the crucial efforts of the child to signal the mother; and finally, "internalization."

His next major concept arises from the dramatically different direction of neurophysiology. He begins with a discussion of the triune brain, with particular emphasis on recent research on the limbic system, the "seat" of management, if not origin, of our emotions. He describes such things as recent neurophysiological research on the cortical hemispheres; the concept of horizontal specialization; the complementary relationship of functions between the two hemispheres; failures of interhemispheric communication as a promising theory for explaining alexithymia, etc. In this section he comes close to falling victim to an old neurophysiological fallacy: location equals explanation. Part of the problem here is that with neurophysiological findings coming in thick and fast these days, a sophisticated psychoanalytic thinker is beset by narrow-minded researchers' blindness to "systems" concepts to explain their findings, leading them to assume the absolute legitimacy of isomorphism—with the primacy always being assigned to anatomy.

His next idea arises from a discussion of the regulatory roles of dreams, fantasies, and daydreams. He reviews some of the problems in current dream research, noting particularly the isomorphism argument which "explains" dreams as a kind of peripheral consequence of the random noise generated by certain brainstem nuclei. He clearly suggests that the better current dream research indicates that dreaming, as well as fantasying, has an array of adaptational functions such as the processing of current experience, the "solving" of problems, the testing or sampling of one's body-self state, and efforts to transform recent experience first into recent memory and then into long-term memory.

Having built a reasonably sound foundation in research-based concepts, Taylor polishes his earlier description of his model, emphasizing the role of object relations as the vehicle through which the environment works in shaping the individual child. His focus once again is on the interactional, mutual, and reciprocal structural patterning. He commits himself to Kohut's concept of the selfobject relationship as the best overall model for understanding the

interactional processing between mother and child. He places great emphasis on the development of a cohesive self, the point at which the prerequisites for psychosomatic breakdown will either have been built into the personality or else the cohesive self will have been integrated enough to that such breakdown is extremely unlikely to occur. He thinks that this crucial developmental step in addition represents the point of departure for a great deal of predisposition toward various forms of neurotic breakdown and character distortion, as well as predisposition toward all kinds of ordinary physical and psychosomatic diseases.

In the final section he restates his basic theory of "plastic" interactional regulation as against rigid linear regulation, noting the normalcy of alternations between states of regulation and deregulation and the inevitable danger of disruptive crises in development. He suggests that such crises, if severe and repetitive, and accompanied by failed communication and worsening infant distress, will inevitably pattern the organism at a neurochemical, cellular level. This, he thinks, is the origin of so-called "pseudo-constitutional" built-in basis for later psychosomatic breakdown under the stress of too much stimulation or the loss of external regulators.

I do not know of a better book in this area. In sticking to central issues, Taylor is not willing to become wildly speculative and to go beyond current cutting-edge psychoanalytic clinical research or current neurophysiological or biochemical research. Nonetheless, I hope that eventually he will consider tackling questions such as how the signaling occurs on a cellular, subcellular level; and how environmental experience "twists molecules," as well as how twisted molecules "twist behavior."

There is one, perhaps the only, significant criticism: It is inevitable that the psychoanalytic psychotherapeutic treatment of psychosomatic illnesses must be informed by the current concepts dealing with the developmental processes of infants at presymbolic levels (i.e., before eighteen to twenty months). The work of John Gedo as well as that of Heinz Kohut's subsequent followers (Arnold Goldberg, Michael Basch, Paul Tolpin, etc.) is crucial to an understanding of the level of defect in the personality structure and how it must be approached if the psychosomatic patient is going to be reached through depth psychology for anything more

than a stress-avoidance, symptom/ego-management level of treatment. Granted that Taylor's book is not focused on treatment per se, and that the research on comparative treatment outcomes is a swamp that has swallowed up more than one good researcher, I wish Taylor had attempted even a cursory survey of current psychoanalytic models for the in-depth psychological treatment of such patients.

Taylor's bibliography is truly awesome. It contains something approaching one thousand references, all of them apparently relevant. His book is relatively free of jargon, the concepts are clearly stated, sentence structure is neither convoluted nor translated Germanisms, and consequently is eminently readable. I can heartily recommend it for anyone who is a serious student or clinical worker in the area of psychosomatic illnesses, and especially to those teaching this subject to medical students or residents.

MEYER S. GUNTHER (CHICAGO)

PSYCHOTHERAPEUTIC STRATEGIES IN THE LATENCY YEARS. By Charles A. Sarnoff, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1987. 374 pp.

In 1976, Charles Sarnoff wrote an exhaustive volume on latency, in which he discussed latency from multiple points of view. He ultimately defined his own viewpoint, namely, that latency is a stage in life between ages six and twelve when the healthy Western child achieves a "state of latency." That is to say, the child achieves a state of relative calm, pliability, and educability. Sarnoff indicated that this state is made possible by what he called the "structure of latency." This is an ego mode that allows the defensive use of fantasy, which permits thinking to become a substitution for action. The Freudian notion that latency is ushered in by the resolution of the oedipus complex and the formation of the superego, leading to repression of sexuality, is seen as old-fashioned and largely out of date in our society today. In this sense, latency is seen primarily as a product of the culture in which the child grows. Certainly, there is little attempt today to separate the sexes during the school years or to support repression of sexuality. As Sarnoff points out, those children who do not achieve this "state of latency" have difficulties in school, behaviorally and academically. They fail to achieve the

diversion of their impulse life into fantasy, so that there is inadequate reorganization of the defensive structure of the ego.

The volume under review is an attempt to provide the developmental markers of latency, using the model of the earlier volume. This is done in order to create a base of normality from which one can then judge pathology, so that specific, tailor-made therapeutic interventions can be formulated.

The book is divided into four parts. The first is titled "Understanding Latency." In it, the author focuses on psychosexual development, ego structure, current concepts of latency as compared with Freud's initial observations, cognitive development, superego development, and the psychopathologies of this period.

The second section, "Psychotherapy," is devoted to pinpointing the diagnostic problem and providing for a therapeutic solution. For example, consideration is given to the diagnosis and treatment of a child whose cognitive skills are undeveloped, which interferes with the development of the "state of latency." Psychoanalysis as a therapy is not mentioned here as one of the therapeutic choices.

The third section is "Psychotherapeutic Strategies in Specific Contexts." It deals with psychotherapeutic interventions for particular disorders, such as phobias, depression, and aggressive and sexual behavior problems.

The fourth section, "Latency Experience and Later Life," is devoted to the role of parents, character development, superego formation, and personality change. Such questions as whether change occurs because of therapy or because of maturation are addressed.

Sarnoff is, as always, encyclopedic. He ranges from providing detailed explanations which a first-year medical student could understand to making big theoretical leaps without elaboration. He can be very lucid in his explanations, but at other times he resorts to a private language and to mechanistic ways of looking at clinical data. He can talk about such things as zones of assessment, "psychoanalytic" symbols, mechanisms of restraint, structure of latency, state of latency, zones of pathology, etc. He is very fond of his own terminology and uses it repeatedly. Sometimes it is clarifying; at other times it sounds as if he were trying to develop his own psychology. Although he relies heavily on psychoanalytic thinking, it is often interlaced with Kleinian, Piagetian, and other points of

view. Mostly, he seems to stress the importance of cognitive abilities as the key to development. Little is said about conflict psychology or object relations issues as central to the therapeutic enterprise.

Sarnoff invariably speaks in an authoritative voice. He is declarative and never seems to have any doubts or to consider that there might be other points of view. For example, he says, "The latency-age child is totally dependent on his parents. Nowhere is he fully autonomous. In psychotherapeutic clinical situations he is mostly a reluctant participant" (p. 98). These statements, all in one paragraph, can certainly be questioned. The child is not *totally* dependent; only the infant is likely to be. A child is likely to have some areas of autonomy. No human being is fully autonomous. And I have found that early latency children are ideal analytic patients. These are the children Anna Freud was talking about in discussing child analysis. There is increasing resistance in late latency, although generally not about coming to appointment as much as about revealing fantasy life.

From a simple step-by-step approach, Sarnoff can suddenly become almost Kleinian as he talks about phobias. He maintains that children have to experience introjection of lost objects and that phobia formation is the result of projection of these introjects, at least in part. He goes on to say declaratively that the absence of night fears in latency could suggest childhood schizophrenia.

In fact, he follows Klein remarkably. She "believed that in children a severe inhibition in the capacity to form and use symbols, and so to develop fantasy life, is a sign of serious disturbance. Such inhibitions and the resulting disturbance in relation to the external world and to reality are characteristic of schizophrenia."[1] Sarnoff also stresses the importance of the development of symbols so that fantasy can be used. His therapeutic approach, however, is quite different from Klein's. Her prescription was psychoanalysis. His seems to be a blended psychotherapy, partly dynamically based, partly supportive, and partly designed to promote the development of the cognitive skills that will allow latency to develop.

[1] See, Alexander, F., Eisenstein, S. & Grotjahn, M., Editors (1966): *Psychoanalytic Pioneers.* New York: Basic Books, p. 364

Although Sarnoff rails against therapists who follow a set theory of technique, he himself spells out everything in great detail. Almost everything is stated, explained, and prescribed. There are no hesitations, no doubts. He seems to have the answer to every conceivable problem of latency. Since we generally struggle with endless uncertainty about diagnosis and treatment (a major reason for such a proliferation of theories), as well as with life, as we try to help our patients to better tolerate life's ambiguities, Sarnoff's positive and certain approach in one sense can be welcome, but in another sense it is unrealistic. To a large degree, therapy goes on within the nuances of the therapeutic interaction, in what is largely unconscious and preconscious; and it is that unknown aspect of the therapeutic action that leads to the excitement that derives from each patient's being unique. It is to French psychoanalysis that we are indebted for appreciating the (empty) space, for what is not said. We tend to be more comfortable with the known than with the unknown, and we therefore tend to say too much and to try too much to bring closure.

It is unfortunate that Sarnoff has not addressed himself more to psychoanalysis as a therapy. Indeed, he is not alone today in neglecting the role of psychoanalysis in the psychotherapeutic enterprise.

In conclusion, this is scholarly work, encyclopedic in breadth and scope, which can be simplistic at times and overwhelming at other times. It aims to be the last word on the subject. It probably is not.

SAMUEL WEISS (CHICAGO)

PSYCHOTHERAPEUTIC STRATEGIES IN LATE LATENCY THROUGH EARLY ADOLESCENCE By Charles A. Sarnoff, M.D. Northvale NJ/London: Jason Aronson, Inc., 1987. 275 pp.

This volume is a continuation of Sarnoff's earlier books on the latency period. He stresses the importance of late latency-early adolescence as a transitional phase of development, and discusses its consequences for the conducting of therapy with this age group. He states: "The transition to early adolescence is accompanied by the following maturational and developmental changes: (1) cognitive (i.e., evocative to communicate symbols and speech), (2) physiological (i.e., the development of orgastic potential), and (3) psy-

chological (i.e., ludic demise, the loss of the power of play symbols to discharge drives)" (p. xvi.). He has written the book in textbook style and format, emphasizing his points with enumerations, frequent bold print headings, and summaries. The three sections and eleven chapters are summarized in his introduction.

Sarnoff's wide range of interests is reflected in his use of various approaches: cognition, symbolization, surrealism, social interplay, physiology, and anthropology in addition to psychoanalysis. His clinical vignettes indicate his skill and empathy as a therapist.

In using Piaget's concept of ludic symbols (symbols used in play), Sarnoff arrives at the concept of "ludic demise." He states: "Ludic symbols, however, are lost when adolescence begins; communicative reality symbols replace evocative (play) ludic symbols in adolescence" (p. 59). If he is addressing behavior which is manifested in therapy, namely, a turning away from play in the session to use of dreams and greater free associations, he might have a valid point. Even this shift is not necessarily definite, however, since many latency children prefer the use of verbalization to play, and some adolescents make use of a wide range of play symbols. The continued use of play symbols throughout the life span, as evidenced by various games and play (with chess pieces, golf balls, tennis rackets, etc.) and the intense identification of spectators with their sports teams (often while wearing team symbols), indicate that these symbols hardly meet a "demise." Their ubiquitous presence in the unconscious of patients and their function as compromise formations call attention to the importance of analysis of these symbols in the adolescent and adult, as well as in preadolescent patients. Judging from Sarnoff's experience as an analyst, it could be assumed that he would be in agreement with this analytic point of view. Difficulties of this kind are encountered when attempting to explain various clinical phenomena with different theories, or when not clearly differentiating behavioral phenomena from psychic content in the therapeutic setting.

While the central orientation of the book is not psychoanalytic, certain aspects of the book indicate the importance Sarnoff gives to psychoanalytic theory and technique. His discussion of adolescent narcissism and omnipotence addresses the defensive aspects. He groups anorexia nervosa with asceticism and withdrawal as alternative ego defenses in dealing with sexuality. His concept of "re-

moval transference" is an important distinction of one use adolescents make of transference by conceptualizing the analyst as an intermediary object, while removing themselves from their infantile objects en route to mature love relationships. The concepts of conflict, defense, and compromise formation are implicit throughout the book. Psychoanalytic terms are clarified and defined.

Although the title of the book emphasizes psychotherapeutic strategies, the greater part of the volume is devoted to developmental issues, which are used as the basis for the strategies. In this sense the book is much broader in scope than the title suggests. Sarnoff's clarification of the significance of the late latency-early adolescent period and its role in psychic development is an important contribution.

CARL P. ADATTO (NEW ORLEANS)

THE "SISSY BOY SYNDROME" AND THE DEVELOPMENT OF HOMOSEXUALITY. By Richard Green, M.D. New Haven/London: Yale University Press, 1987. 416 pp.

Richard Green, a psychiatrist, is a serious and dedicated researcher. He has been studying and writing about "feminine" boys since the late 1950's when he was a medical student at Johns Hopkins. In this book he reports on the findings of a fifteen-year prospective study of sixty-six pervasively "feminine" boys contrasted with a matched group of conventionally "masculine" boys as each group matured into adolescence and young adulthood. The ages of the "feminine" boys at the time of initial evaluation ranged from four to twelve years. The term "feminine" refers to a constellation of behaviors, such as cross-dressing, the wish to be a girl, doll play, interest in women's clothing, and a disinclination to participate in rough-and-tumble play or to grow up to be like father.

This is an important study—the first of its kind. The major questions asked in the study involve: (1) the sexual orientation of the boys at the time of the follow-up study; (2) the features that distinguish which "feminine" boys became homosexually oriented; and (3) the correlation of the boys' "feminine" and "masculine" development with features of the parents. Ideas about these ques-

tions, which were examined and tested in the study, are based on the literature and on the author's previous work. The ideas were built into the method. The "feminine" boys were initially evaluated in interviews; by examining playroom toy preferences, doll-play fantasy, and physical behavior; and by psychological tests. The parents initially, and both the parents and the boys at the time of the follow-up, were evaluated by means of questionnaires and semistructured interviews which were tape-recorded, transcribed, rated, and analyzed statistically.

Two-thirds of the sixty-six males in the original "feminine" boy group were interviewed in adolescence or young adulthood. Three-fourths of them were homosexual or bisexual. One of the males in the group of conventional "masculine" boys (with a comparable drop-out rate) was bisexual. The judgment about sexual orientation was based on sexual (masturbatory) fantasy and sexual behavior. Ratings were made according to Kinsey's seven-point scale (0-1, heterosexual; 2-4, bisexual; and 5-6, homosexual).

Only one specific cross-gender behavior distinguished which "feminine" boys became homosexually oriented. Female-type ("dress-up") doll play in "feminine" boys was strongly related statistically to later homosexual fantasy.

A number of variables in the mothers and fathers were related to the "feminine" boy group. Contrary to expectation, the mothers of "feminine" boys spent less time with them than did the mothers of "masculine" boys. They also spent no more time with their "feminine" son than they did with his "masculine" brothers (only one son in a family was "feminine"). Both parents of the "feminine" boys wished for a girl during the pregnancy, and both saw the son as a "beautiful" and "feminine" infant, but not as a more cuddly infant. The fathers of the "feminine" boys spent less time with their sons than with their daughters. The "feminine" boys tended to be ill more often and to require more frequent hospitalizations in their first two years of life. Mothers'—and to a lesser extent, fathers'—acceptance and encouragement of cross-gender behavior was highly correlated with the extent of the boys' "femininity" and with later homosexuality or bisexuality. The fathers of the "feminine" boys had been less conventionally masculine in their boyhoods, and the mothers had had less premarital sexual experience.

From the boy's point of view, the preference for the mother or for the father was highly correlated with the extent of his "femi-

ninity." The more "feminine" boys preferred their mothers, showing a particular interest in their application of cosmetics, in contrast, for example, to watching their fathers shave. These statistical findings are illustrated with representative question-and-answer interview data.

In order to "flesh out the skeleton of statistical analysis with human experiences," over one-half of the book contains extensive transcripts of the interviews with thirteen boys. Two of the transcripts involve boys who had treatment and one involved identical twins. These transcripts provide descriptive pictures of early boyhood "femininity," the variety of different early life developments associated with "femininity," and many details of later life experiences. They reveal, for example, how early "femininity" begins (two to four years), how often the wish to be a girl is accompanied by the wish to have a vagina instead of a penis, how this changes over time (only one of the homosexual males was transsexual; none were transvestic), and how sexual arousal in puberty is often evoked by both sexes. Some of the "feminine" boys went on to behave heterosexually in adolescence and homosexually in adulthood. With others, it was the other way around.

Twelve of the "feminine" boys were seen in behavior, family, and/or group therapy, usually once a week. Nine of these boys became homosexual, the same percentage as in the larger sample. Although therapy influenced gender-role behavior, it did not affect sexual preference. Green writes, "As long as the boy's behavior is cross-gendered early in life, homosexual arousal will emerge years later, irrespective of the pattern of gender role behaviors during the intervening years" (p. 388).

The transcripts of the identical twins—Paul, the "feminine" boy, and Frank, the "masculine" boy—are particularly interesting. Although the boys are genetically the same, their gender behavior and preferences differ, fluctuate, and express themselves in different ways at different ages, as is the case with many of the other subjects.

In a concluding chapter, Green builds two models, one a clinical developmental synthesis of the findings of the study derived from clinical impressions, and the other a statistical developmental syn-

thesis based on statistical correlations. In doing so, he is careful to emphasize that no consistent etiological pattern exists for extensive boyhood "femininity" or for later homosexuality or bisexuality; that a model will not be an exact likeness of the history of any one boy or his family but will be a synthesis for a large number of boys and their families; and, that it is not possible to predict in a particular family which parental influences reliably lead to the development of femininity or which "feminine" boys will become homosexual. Nevertheless, Green demonstrates, more clearly than has been demonstrated previously, some influences of parents that initiate and perpetuate their son's "femininity" and how tightly linked early cross-gender behavior is with later homosexual arousal.

Green suggests that the power of the clinical and statistical developmental syntheses arrived at in this study can be tested by the study of another group of "feminine" and "masculine" boys and an analysis of the same variables. The variables that were tested in this study were taken from the literature and were built into the semi-structured interviews and the methods of data analysis. A closer look at "feminine" boys in analytic treatment suggests additional variables: for example, the mother's encouragement of "femininity" for reasons other than the wish for a girl; the important role of hostility in both the mother and the boy; and the role of compromise formation in the form of identification with the "phallic" mother as an intervening variable contributing to the persistence of "femininity" in the form of homosexuality.

Unfortunately, variables that stem from a closer look at the mother-child interaction and at the resolution of intrapsychic conflict cannot readily be built into the kind of study Green did or the kind that he proposes. By combining the important findings of Green's study, however, with findings from the psychoanalysis of "feminine" boys, particularly when there is an opportunity to follow them up into adolescence and early adulthood, we should be able to understand more thoroughly and in more detail both the early influences that determine "feminine" behavior and those intrapsychic factors which lead three-quarters of these boys to become homosexual in later life.

JOHN B. MC DEVITT (NEW YORK)

THE PSYCHOLOGY OF SEPARATION AND LOSS. Perspectives on Development, Life Transitions, and Clinical Practice. By Jonathan Bloom-Feshbach, Sally Bloom-Feshbach, et al. San Francisco/London: Jossey-Bass, Inc., 1987. 587 pp.

This book is divided into three parts, the first of which focuses on the impact of physical loss and psychological separateness during the developmental years. The second discusses the effects of crucial life situations, such as the dissolution of a marriage or removal to a new culture, these being experienced as losses. The concluding section deals with psychopathology arising from loss and separation, along with suggestions for treatment. Psychologists, psychiatrists, and psychoanalysts whose interests range from primate studies to family medicine have contributed to this volume.

A lengthy introductory chapter by the editors is the bedrock of the book. In it, they attempt to interweave findings from contemporary research on infancy with those from clinical psychoanalysis, Bowlby's attachment theory, and the formulations on cognition by Joseph Lichtenberg, who, in an earlier publication,[1] examined psychoanalysis from the viewpoint of contemporary infant research. In the Foreword, he supports the value of bringing a diversity of special interests into the exploration of the subjects at hand. He holds that the acknowledgment of such diversity and the willingness to deal with controversy paradoxically prevent those major splits and "excommunications" that marked the early days of psychoanalysis. Accordingly, the editors of this book, Jonathan and Sally Bloom-Feshbach, grapple with such issues as the validity of certain psychoanalytic formulations, the benefits and limitations of empiricism, and conflicts among various psychoanalytic theories. They believe that what they call *representation* or *psychological representation* "emerges as a cross-cutting concept, holding promise for unifying the disparate clinical, research, and theoretical approaches to the study of separation phenomena" (pp. 3-4). Representation is described as involving mental models or schematic constructions of individual experience. The Bloom-Feshbachs state that research psychologists emphasize the cognitive components of representation and those related to external events, whereas psy-

[1] Lichtenberg, J. D. (1983): *Psychoanalysis and Infant Research.* Hillsdale, NJ: Analytic Press.

choanalysts focus on issues of the interpersonal, emotional, and fantasy life. Unfortunately, the authors' concept of representation remains vague as they try to equate it with "the internal working model, schema, script, of self and object world" (p. 3).

In reviewing findings from psychological research, they hold that in earlier times behavioral science depended exclusively on behavioristic theories of human functioning and stood apart from psychoanalysis, which emphasized mental representation, but that this situation is changing. They point to a recent "explosion" in cognitive psychology and note that computer-oriented information science "has brought the return of 'psyche' to psychology" (p. 25).

They give a good and moderate review of Margaret Mahler's concepts, criticizing them in a mature way. Daniel Stern's model of infancy, they feel, cannot be an altogether appropriate alternative to Mahler's, since he omits a crucial dimension of psychological development central to the psychology of separation, and I agree.

Locating a crucial juncture at which psychoanalysis, infant research, attachment theory, and cognitive theory meet is an admirable but perhaps unattainable goal. Although in certain areas findings from one frame of reference do inform and complement issues from another, it is unwise to equate apples and oranges lest conceptualization of one or the other be flawed. Fine points of differentiation are missing in this book.

The editors acknowledge the difficulty of following diverse roads toward a common center, but want to demonstrate that in the end they do converge. We know that biologically prepared motivational structures appear in infancy and are exercised within the early relationship of children to their caregivers, and that these lead to the more complex motivational structure of later life.[2] Psychoanalysis should stay abreast of the findings from research on infancy and make modifications as needed. Some roads leading to the same target, however, do not cross, since they are not fitted with the same language and symbols, and any effort to find a juncture can only lead to confusion.

Research on infant behavior and on that of animal primates does not take the dynamic unconscious into account, although the "re-

[2] Emde, R. N. (1988): Development terminable or interminable. I: Innate and motivational factors from infancy. *Int. J. Psychoanal.*, 69:23-42.

construction" of the infant's mind by extrapolation from clinical work with adults does. Therefore, when we try to modify psychoanalytic findings according to data from infant research, work with nonhuman primates, or computer-oriented sciences, we must use great care about the value and limitations—even the danger—of such an attempt. Apprey[3] notes the absence of synchrony between routine research findings and clinical findings, claiming that there is no persuasive meeting of proactive observations from neonatal research and the retrospective observations from clinical constructions. He reminds us that in clinical work separation is often perceived as aggressive, perhaps being represented in the patient's unconscious as a bloody tearing away from the object. Observation of the very young is unlikely to disclose any such unconscious representation of a threatened or realized separation. Nor will observation of the infant's biopsychological potentials reveal such phenomena as: projected aggression in the mother-child dyad; the mother's unconscious fantasies about her child and the child's corresponding ones; or a mother's conveying to her child the mental representation of a third party, such as that of a sibling whose death predated the birth of the child at hand.[4]

Two excellent reviews of the psychoanalytic literature on preadolescent separation, one by Sally Provence and one by Eugene Kaplan, are included in the book. These are followed by a review, from another frame of reference, of separation issues occurring in the second half of life. Their juxtaposition makes the reader change gears.

The second and third parts of the book have very little connection to the introduction, in which much attention was given to theoretical issues, the links among different approaches, and the re-evaluation and reconceptualization of separation and loss. The contributions of the second and third parts of the books are unexciting—although not necessarily poor—dealing as they do with reactions to external losses involved in real-life changes, and in such treatment issues as the loss implied in the termination of treatment. A few papers, notably one by Alan Sugarman and Lee Jaffe,

[3] Apprey, M. (1984): Review of *Psychoanalysis and Infant Research* by J. D. Lichtenberg. *Rev. Psychoanal. Books*, 3:451-457.

[4] Volkan, V. D. (1987): *Six Steps in the Treatment of Borderline Personality Organization*. Northvale, NJ: Aronson.

deal with intrapsychic aspects of separation. Many case vignettes are discussed from the viewpoint of the writer's orientation. Most, like the vignettes about Barbara and Dave in Michael Bloom's chapter, exemplify the phenomenological approach, include little about unconscious processes, and do not meet the editors' stated goal. Little attention is given to the relation of creativity to loss and separation or to the necessity and importance of externalization and projection in mourning.[5]

Although students of family systems, proponents of attachment theory, followers of Kohut or Freud or of the conceptualizations of Mahler, Bowlby, or Ainsworth, and those interested in contemporary research on human infancy or primate development, computer-oriented information, or cognitive theory will no doubt find something useful in this book, I suspect that none will be satisfied. Nonetheless, I can recommend it as a source for anyone seeking an overview of separation and loss. The editors' purpose is admirable, and I hope that in the future we can read—perhaps in some other form than that of a collection—contributions from them that more directly implement their desire to have "a more differentiated, integrated perspective of separation" (p. 558).

VAMIK D. VOLKAN (CHARLOTTESVILLE, VA)

D'OEDIPE À FAUST. LE DÉSIR ET LE TEMPS. (From Oedipus to Faust. Desire and Time.) By Henri Bianchi. Paris: Aubier, 1987. 163 pp.

This book deals with the vicissitudes of desire (the word French analysts use instead of Strachey's "wish") in various cultures, religions, and philosophies.

It begins with an old Celtic myth about an island whose visitors enjoy indescribable bliss and avoid old age and death. It is a *regresso ad uterum*. Those who get homesick and return to the mainland immediately change into dust, because several centuries have gone by without their being aware of it. This myth, according to the author, describes the two main paths of desire: one is a blissful

[5] Volkan. V. D. (1981): *Linking Objects and Linking Phenomena. A Study of the Forms, Symptoms, Metapsychology, and Therapy of Complicated Mourning.* New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1983, 52:616-620.

withdrawal from time and the other involves entry into time and into affective bonds.

Following this introduction is the main body of the book. Oedipus, in the author's view, has no guilt. Oedipus' desire is limited only by external forces and not by internal conflict. Incest is merely a different conception of time. In the city-state, the main threat was aggression, and the author postulates that in *Oedipus at Colonus*, the last words of Oedipus to Theseus, words which the latter is supposed to tell only to his successor, and only when Theseus is about to die, are: "You were right in not killing me. Now do as I did so that your successor is also patient."

The author then addresses himself to Seneca and Stoicism, a philosophy which prepares rulers to undertake their tasks. Its essence is that there must be a judgment that an act is reasonable between desire and action, this judgment being the criterion of virtue. The author believes that reason is an inadequate brake because it lacks affect.

He then quotes Freud's 1933 comment that the superego is "the vehicle of tradition and of all time-resisting values." Every culture involves what the author calls an "amplification" of the superego beyond the prohibition of incest.

According to the "Buddhist superego," the world is not bad, as it is for the Christian, but painful and illusory. The superego requires the utmost detachment from the world, which is a depressive attitude. The Buddhist decathects the sensory end of the psychic apparatus and tries to return to the antenatal state, i.e., a fantasy of return to the maternal womb. He cathects an abstract ideal such as Nirvana.

Next comes another Stoic (according to the author, the last), the Emperor Marcus Aurelius, whose reason leads him to accept death as a Law of the Universe. This is a work of mourning, but it can influence only a small elite.

Bianchi then states that the reasons why each culture mobilizes some infantile experiences more than others are unknown to us. These experiences are the paranoid-schizoid, the depressive, and the oedipal. It would be futile to claim that every culture goes through these three phases in the above-mentioned sequence. Nevertheless, the author sees in early migrations and in fears of invasion and of cruel gods a situation which facilitates paranoid-

schizoid feelings. The universal theme of some catastrophe, such as the flood, reflects the feeling of loss associated with a Mother Nature who has suddenly become hostile, and leads to depressive feelings. The collective amplification of oedipal guilt emphasizes the relationship of the individual to his social group. This happened when Christianity was introduced into Rome. The introduction of guilt differentiates this attitude from that of the Stoics, for whom there is no sin, only mistakes. Guilt implies giving up projection.

Taoism views transformation and continuity as the supreme laws of the universe. The Taoists postulate a superior way of being, in which there is no desire. The Tao contains no specific experiences, and because it is a void, it can produce anything. The first castration is the separation of the child from the mother's body. Desire in Taoism is solidly anchored to the body of a good mother. The author attributes this doctrine to the political stability of China after the third century B.C. and to the wealth of its resources.

Goethe's Faust represents desire which can only be perceived as transgression (of Christianity). Faust invented the displacement of desire onto matter. He is the prototype of modern man, whether the latter realizes it or not. The two pillars of Faust's morality are desire and effort, and its most perfect expression is Science, the "duty to know" which is a derivative of the desire for incest.

In the last chapter, the author states that every culture has unconscious attitudes which represent poorly integrated infantile experiences needing to be taken up again at a collective level. Pythagoras, the first Western philosopher, gave philosophy the task of seeking wisdom and truth. Science leaves it to us to draw wisdom out of truth. Philosophy deals with the relationship of the part to the whole, while science deals with the relationship of one part to another. The realm of the psychic is that of psychoanalysis, which is neither a science nor a philosophy but alone understands this realm to which both science and philosophy return without acknowledging it.

The author concludes by saying that we all have two complementary identifications, each of which makes the other possible. The first is with the body in space-time, in conflict, and pursuing its individual destiny. The second is with the state which preceded birth and differentiation, is outside space and time, precedes sepa-

ration from the mother, and reflects a desire for permanence. This second desire sheds a new light on the death instinct by viewing it as a return to the origins of life. The author links the first to the secondary process and to the relationship of the ego to the world, and the second to the primary process and to fantasy.

My own comments address several points. The view that the evolution of cultures parallels that of individuals is similar to the thesis Spengler maintains in his *Decline of the West* (without including a psychoanalytic dimension). Bianchi's theoretical position seems to be Kleinian for preoedipal development and classically Freudian for the oedipal phase. However, when he discusses Buddhism, for instance, his views seem closer to those of Mahler. His view that Oedipus has no guilt is contradicted several times in Sophocles' *Oedipus Rex* (F. Storr's translation, Harvard University Press).

Line 1374 reads, "I sinned, a sin no gallow could atone." We find "and I so vile" in line 1433 and "the parricide, the scoundrel, I am he" in line 1441. I think that Bianchi has changed the facts in order to accommodate his theory that Oedipus must fit into the paranoid-schizoid model. The statement that Stoicism died with Marcus Aurelius is correct in a narrow sense. But the Stoics influenced, among others, Spinoza and Kant, and I believe they would have approved of "where id was, there ego shall be." Attributing Taoism to the political stability of China after the third century B.C. (the Han dynasty) seems questionable, since, according to the standard *History of Chinese Philosophy* by Fung Yu-Lang (Princeton University Press), Taoism originated in an earlier period, that of the Warring States. The view that modern man is Faustian is shared by Spengler. The statement that Pythagoras was the first Western philosopher disagrees with Aristotle, who thought the honor belonged to Thales of Miletos (*Oxford History of the Classical World*). Bianchi's comment that incest is merely a different conception of time is probably a way of saying that it transgresses intergenerational boundaries. I find it difficult to accept that the fantasy of escaping from space and time has anything to do with the death instinct as described by Freud.

I think that the author emphasizes differences and minimizes similarities. For instance, Conze (an author to whom Bianchi refers) gives the following English translation of five precepts of

Buddhism: "I undertake to observe the rule to abstain from taking life; to abstain from what is not given; to abstain from sensuous misconduct; to abstain from false speech; to abstain from intoxicants as tending to obscure the mind." I think that the first four come very close to some of the Ten Commandments.

On the whole, however, the book is instructive and stimulating.

JAMES NAIMAN (MONTREAL)

A HISTORY OF PSYCHOANALYSIS IN CANADA. By Alan Parkin, M.D. Toronto: The Toronto Psychoanalytic Society, 1987. 129 pp.

Alan Parkin is well qualified to write about the historical development of psychoanalytic thought and organized psychoanalysis in Canada. A Torontonian, Parkin did his psychoanalytic training in London and returned to Canada in time to participate in and influence the early years of these developments. This is not the history of the Canadian Psychoanalytic Society per se but a historical account of the evolution of the movement in the country and the portrayal of the people central to this long evolution. Some Canadian readers of Parkin's manuscript have pointed out that it is history as observed from Toronto. I believe this comment applies only in the sense that the very early course of the movement, which took place in Toronto, is possibly given a disproportionally large space in this slim volume. It may be argued, however, that the record of these early events is of great value to the understanding of the national scene and will therefore be indispensable to subsequent historians of psychoanalysis.

In 1894, a full fifteen years before the arrival of Ernest Jones in Toronto in 1909, Donald Campbell Meyers, a Toronto neurologist who had studied with Charcot in Europe, established a private neurological hospital in the heart of the city. A brochure (dated 1908) "makes the historic statement," Parkin writes, "that the hospital applied 'psychoanalytical and clinical methods of examination, observation and treatment' under the personal care of Meyers" (p. 4). Following his appointment to the staff of the Toronto General Hospital, Meyers opened his famous "nervous wards" in 1906, an inpatient unit of sixteen beds, "as an alternative to the care (of psychiatric patients) in asylum, in isolation from the

rest of medicine." This extraordinarily enlightened step provoked the antagonism of the medical community.

The long debate between Meyers and the eminent alienist, C. K. Clarke, is of particular interest to the psychoanalytic reader, since it was Clarke who, during his trip to Kraepelin's clinic in Munich to learn of alternatives to the asylum, hired Jones in 1909. Jones worked first as a pathologist at the Toronto Asylum and then as the director of the newly opened outpatient psychiatric clinical established by Clarke, who had become Director of Psychiatry at the Toronto General Hospital. The opening of a psychiatric ward *and* of an outpatient clinic in a general hospital at the turn of the century was indeed a revolutionary move at the time. Jones became entangled in the dispute between Clarke and Meyers, although his particular pursuits during his two years as the head of the psychiatric clinic were rather removed from the concerns of Clarke and Meyers, two colonial functionaries in Jones's eyes.

The first chapter of the book, "The Early Years," makes fascinating reading, not only as the account of lost opportunities to explore these bold beginnings in the treatment of psychiatric patients in general hospitals, a step taken up again only several decades later in Canada, but mostly as a record of Jones's early activities, his ambition, his foresight, and his ruthless determination in the pursuit of his goals.

In the second chapter, "The Fallow Years," Parkin traces the career of a number of Canadians who, trained outside the country, subsequently became influential in the development of psychoanalysis abroad. In the following chapter he documents developments on Canadian soil, which, to a considerable measure, prepared the ground for the decisive events of the 1940's and 1950's.

With the arrival at McGill University in 1939 of Miguel Prados, a refugee from Franco's Spain, the scene shifted to Montreal. Prados organized the Montreal Psychoanalytic Club, gathering psychiatric residents around him to discuss cases. Soon the club membership burgeoned, and, significantly, European analysts, members of the International Psychoanalytical Association, found their way to Montreal. Eric Wittkower was the first analyst to be appointed, in 1950, to the academic staff of a Canadian university. D. E. Cameron, the McGill Chairman of the Department of Psychiatry, aware of the need to establish psychoanalytic training in Montreal

to stem the exodus of young psychiatrists in search of analytic training elsewhere, was instrumental in the recruitment of well-trained analysts from Europe (C. M. Scott, G. Zavitzianos, H. and G. Aufreiter, A. McLeod, etc.)

Two chapters of historical importance in this early period are carefully documented by Parkin. The first is the long struggle to obtain recognition as an IPA component society and to avoid becoming an affiliate of the American Psychoanalytic Association, which Ives Hendrick, the latter's president, incorrectly interpreting the IPA/APA agreement regarding the development of psychoanalytic groups on American soil, had forcefully argued for. Under the sponsorship of the British Society and with the personal intervention of Anna Freud, the Canadian Society was unanimously elected as a component society at the Paris Congress in 1957. The second critical development was the establishment of analytic training under the aegis of the Society, independent of the control of D. E. Cameron and the McGill training program. The Canadian Psychoanalytic Institute was incorporated in 1961, Parkin himself being one of the nine founding members.

In the last chapter, appropriately titled "The Prolific Years," the author describes the internal ferment, shifts, and turmoil as the Society expanded across the country. Throughout the years of growth, guiding the continuous process of amending the bylaws was the principle of "maintaining organizational unity while taking into account the functional needs of autonomy from a geographic and cultural point of view" (Council meeting, 1966). Reflecting the Canadian political reality, the Society and Institute, as they evolved, permitted considerable autonomy to their branches (seven branches of the Society, four branches of the Institute). This accommodated linguistic and geographic diversities, but there was strong adherence to the basic IPA requirements on training and organizational principles.

Parkin has written a well-researched, factual, objective, and lively book on the promising early years, the slow, arid middle period, and the recent fast growth of psychoanalysis in Canada. He is fair in his judgments and succeeds in portraying the psychoanalytic movement in Canada quite accurately. Others may have further highlighted certain regional developments that Parkin has merely outlined. To his credit, he has overlooked none of the crucial mo-

ments in our history and has written a book of great value to Canadian psychoanalysts and to all students of the history of psychoanalysis.

EVA P. LESTER (MONTREAL)

A GODLESS JEW. FREUD, ATHEISM, AND THE MAKING OF PSYCHOANALYSIS. By Peter Gay. New Haven/London: Yale University Press, 1987. 182 pp.

This book is the transcript of the Gustave A. and Mamie W. Efroymson Memorial Lectures that Peter Gay delivered at Hebrew Union College in Cincinnati in 1986. Gay takes ironic pleasure in "reflecting at a theological seminary on Freud's atheism" (p. xi). He has a single argument to make: to *demonstrate* that if Freud had been a religious believer he would not have developed psychoanalysis. Gay follows Freud's own defiant rhetorical question to Oskar Pfister: "Why did none of the devout create psychoanalysis? Why did one have to wait for a completely godless Jew?" (p. 37).

In his well-known scholarly manner, Gay provides abundant and original documentation about Freud as an atheist in the context of the controversies of his time. For Freud, the controversy was a *war* between religion and science—all religions and one science. He appointed himself a chief leader in the war against those who got drunk on the wine of religion. "Freud," Gay points out, "could hardly contain his disdain for such weak heads" (p. 12). Gay portrays Freud's exuberant, militant, well-advertised, most satisfying atheism with unusual clarity. Freud appears as the creator of a new science eager to join Science in its efforts to submit all human knowledge to the power of reason. Religion, Freud argued, is *the* enemy, capable of harming humanity and Freud's cause. He had always needed a friend and an enemy. The fields were defined, the battle was on: religion became the principal enemy, science the friend he would fight for with fierce, relentless determination. He saw no truce or negotiation as the end of the combat. The enemy had to die, and science would live forever, free to lead humankind to sober detachment in knowing itself.

Freud was a man of his time, and Gay locates him in the middle of the European controversy between the two major religions, Christianity and Judaism, and the scientists of the day, who wanted absolute freedom for their disciplines. They also wanted exclusive

rights to the truth, because they believed there was only one truth. Freud did acknowledge that "we have not got hold of more than a little fragment of the truth" (p. 65), but he was certain that his "scientific truth" was the Truth and that religion was nothing but an illusion for weak heads. Gay discusses Freud as one among many scientists and philosophers of his day who fully shared the progressive and Hegelian conviction that science should and would replace obsolete religion. The reading is instructive and helps us to understand Freud's adamant stance and his pleasure in being in the conquistador's forefront of the best minds of his time.

Freud concluded that for the individual, religion is nothing but an expression of the need for parental protection fixated on the godlike, exalted figure of the father: for society, religion is a collective obsessive neurosis. Individuals and society alike, Freud insisted, must surrender their childish hope for illusory help and face human suffering with honest realism. Science can provide all that reason is able to know about the riddles of life. That is the best we can do.

Gay proves his point well: only an iconoclast, immersed in the pleasure of downing gods in order to install "our god logos" on the human mind's altar, could have the courage of David to knock down the religious Goliath with a single psychoanalytic stone. Gay joins Freud in the attempt to demonstrate that there is no possible alliance, collaboration, or dialogue between religion and psychoanalysis. After a brief but thoughtful review of prominent scholars and analysts, from William James and Oskar Pfister to William W. Meissner, Gay concludes that "efforts that had begun in 1908 with Pfister, have proved to be protracted negotiations that led nowhere, ending only in declaration of failure. . . . The most ingenious scholarship or most embracing pacifism could not, and *should not*, erase the enmity between science and theology, psychoanalysis and religion" (p. 112, italics added). What holds true for the disciplines also holds for the individual scientific analyst. Gay quotes Freud: "Every scientific investigation of a religious belief has unbelief as its presupposition" (p. 112). In Gay's book the case is closed.

His main task completed, Gay attends to the nagging suggestion that psychoanalysis is a "Jewish science," i.e., not universal. The dilemma ranges from the assertion of William McDougall, the social scientist who called psychoanalysis a discipline from Jews and

for Jews, to Anna Freud, who declared it to be a badge of honor to call psychoanalysis a "Jewish science."

Gay deals with the problem at two levels. He masterfully demonstrates Freud's unswerving insistence that he was a Jew, even if "an infidel Jew" who had nonetheless remained "in the Jewish confession" and maintained full solidarity with his people. He presents Freud as a religiously uneducated and inexperienced man who was assimilated into the prevailing German culture. The family did not celebrate the Jewish holidays, but had domestic rituals for the children at Easter and Christmas. Freud, the Jew, appears as a man "wholly estranged from the religion of his fathers—as from every other" (p. 126). However, his Jewishness seemed to have awakened "strange, secret longings . . . perhaps from the heritage of my ancestors" (p. 134). He treated his feeling of Jewish identity, Gay concludes, as akin to Romain Rolland's oceanic feeling, a phenomenon still beyond science.

Freud, the social man, had no choice but to be with his fellow Jews as the result of the Viennese segregation of ethnic groups. As an intellectual he used his freedom to the utmost, drawing his inspiration and pleasure from the greatest minds: Goethe, Shakespeare, Darwin, Anatole France, Mark Twain, and, in the field of medicine, from his teacher Brücke.

For Freud, the scientist, there was no Jew or gentile. He courted the gentiles, Jung, Pfister, Jones, and others, in his militant hope to make psychoanalysis palatable to all. He did not see himself as a Jewish scientist but simply as a scientist. Science was first. What he felt he had to say about Jewish history he did say. He was uncompromising in facing the distress of his people: "I have filled my whole life with standing up for what I consider to be the scientific truth, even when it was uncomfortable and disagreeable to my fellow men. I cannot close with an act of disavowal" (p. 152).

Professor Gay joins Freud in telling the "truth" about the absolute enmity between religion and psychoanalysis. The book is as militant as the man it portrays. It deserves to be read because of its fascinating scholarship and its defiant challenge. It poses the old dilemma: those who are for religion are against psychoanalysis, and one must choose one or the other or acknowledge being a sloppy scientist.

I find the dilemma amusing. It is a fact of life that many analysts believe and practice their religions. Patients do exactly the same. It is an academic fact that the proponents of the psychology of religion as a discipline are increasingly interested in psychoanalysis. Almost all pastoral programs include analytically derived insights in their teachings and suggested practices. To make them renounce these insights or require that they give up their beliefs seems to me a task beyond human power. The enemies have gotten together without Freud's permission. This is the pragmatic factual reality as we encounter it.

I find the dilemma paradoxical because the same psychoanalysis that rejects religion on scientific grounds is always struggling to prove itself as a science. Psychoanalysis fails to provide the type of evidence demanded by the hard sciences.

Beyond amusement and paradox lies a more serious responsibility: to explore today's intellectual, scientific, philosophical, and theological conceptual framework and to decide in what ways psychoanalysis and religion are incompatible. In this respect two classics have been omitted: Roland Dalbiez' *Le méthode psychanalytique et la doctrine freudienne* (1936, Paris: Desclée de Brouver) and Paul Ricoeur's *Freud and Philosophy: an Essay on Interpretation* (1970, New Haven and London: Yale University Press). Dalbiez makes clear distinctions between psychoanalysis as method, as psychology, and as philosophy or world view. It is only as a world view that psychoanalysis is incompatible with religion, not because it is psychoanalysis but because it adheres to a monistic conception of the truth. Ricoeur, in turn, has called for hermeneutic and dialectic distinctions that highlight what psychoanalysis can and cannot say about religion. Psychoanalysis contributes to the understanding of the genesis of religious beliefs in the individual and in society, but it is limited by its premises in judging the full scope of human religious dimensions.

As a historian, Gay has presented the analytic community with a much needed survey of Freud's relation to religion and to his Jewishness. As Freud's partisan and fellow believer in the war between psychoanalysis and religion, he offers a challenge to those who do not agree with him. They will have to come up with fine and well-articulated arguments to show how, in the vast universe of knowl-

edge and in the *hearts* of some analysts, patients, and theologians, the so-called enemies can live together at relative peace.

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IMAGES IN OUR SOULS. CAVELL, PSYCHOANALYSIS, AND CINEMA. Psychiatry and the Humanities, Vol. 10. Edited by Joseph H. Smith, M.D. and William Kerrigan, Ph.D. Baltimore/London: The Johns Hopkins University Press, 1987. 207 pp.

Stanley G. Cavell, Walter M. Cabot Professor of Aesthetics and the General Theory of Value at Harvard, is a distinguished American philosopher who is also well known among psychoanalytically informed film scholars for his interest in screwball comedies from the 1930's and 1940's. In his most respected work, *Pursuits of Happiness*,[1] he focuses on the remarriage comedy as a specific genre. Encompassing such popular American films as *The Philadelphia Story*, *It Happened One Night*, *Bringing Up Baby*, and *Adam's Rib*, the remarriage comedy is characterized by the transformation of a relationship based on brother-sister intimacy into an erotic bond. Examples of this plot development include Katherine Hepburn and Spencer Tracey in *Adam's Rib* and Katherine Hepburn and Cary Grant in *The Philadelphia Story*. Cavell links the process of the lovers' refinding one another in these films to Kierkegaard's notion of repetition, Nietzsche's concept of eternal recurrence (the symbol of which is the wedding ring), and Freud's repetition compulsion. Indeed, an attempt to forge a grand synthesis of psychoanalysis, philosophy, and film is the trademark of Cavell.

In the volume under review here, Cavell contributes only the first of ten chapters. In his opening essay, he attempts to extend his previous work by defining a new genre—the melodrama of the unknown woman. Derived from the Max Ophuls film, *Letter from an Unknown Woman*, this genre is related to remarriage comedy but differs from it in that "the themes and structure of the comedy are modified or negated in such a way as to reveal systematically the threats (of misunderstanding, of violence) that in each of the remarriage comedies dog its happiness" (p. 14). After proposing this new genre, Cavell takes the reader on a long, discursive tangent

[1] Cavell, S. (1981): *Pursuits of Happiness: The Hollywood Comedy of Remarriage*. Cambridge: Harvard Univ. Press.

that explores the interrelationship between philosophy and psychoanalysis. He takes Freud to task for his lifelong tendency to divorce psychoanalysis from philosophy. After a cursory tour through the work of Wittgenstein, Kant, and other assorted Western philosophers, in which he advocates a reassociation of philosophy and psychoanalysis, Cavell returns to the melodrama of the unknown woman. He links film and psychoanalysis by noting that they both originated in a shared emphasis on the suffering of women and that both have historically been more interested in the study of individual women than of individual men. Filmmakers and psychoanalysts are further linked by the fact that these disciplines are essentially male pursuits and are therefore influenced by the philosophical position of skepticism. This position, he asserts, is steeped in the doubts and mystery associated with the male gender. Does one ever really know whether he has fathered his own children? Can a man ever really understand and empathize with the female psyche? Does man ever know, as Freud asked, what women want?

Cavell's essay is intellectually challenging, but tangential and unconvincing. For one who focuses on the language of the "ordinary," he writes with a prose style that seems deliberately obfuscating. For example:

> But *The Claim of Reason*, for all its length, does not say, any more than Austin and Wittgenstein do very much say, what the ordinary is, why natural language is ordinary, beyond saying that ordinary or everyday language is exactly not a special philosophical language and that any special philosophical language is answerable to the ordinary, and beyond suggesting that the ordinary is precisely what it is as skepticism attacks—as if the ordinary is best to be discovered, or say that in philosophy it is only discovered, in its loss (p. 21).

Beyond issues of style, the content also lends itself to more than a touch of skepticism, if you will. On what basis, for example, does Cavell make the assumption that the inner world of women is more often emphasized in film than that of men? This sweeping generalization is certainly not intuitively obvious to the typical cinemaphile. In fact, it is perhaps counterintuitive, in that the general impression of most film scholars is quite the opposite. Mulvey[2] has persuasively argued that women are traditionally portrayed as little more than exhibitionistic objects of desire displayed for the

[2] Mulvey, L. (1977): Visual pleasure and narrative cinema. In *Women and the Cinema*, ed. K. Kay & G. Peary. New York: Dutton.

voyeuristic gaze of the male audience. One could argue that when the inner dimensions of character are explored in the cinema, that character has traditionally been male. This concern leads to another disconcerting aspect of Cavell's thinking, namely, his splendid isolation. There are numerous parallels between his writing and that of Lacanian feminist school typified by Mulvey, Doane,[3] and Silverman,[4] but Cavell is either unaware of or not interested in their contributions.

Fortunately, the other chapters in the volume provide some superb examples of first-rate psychoanalytic film criticism. Although Cavell's name is in the title of the book, the subsequent chapters are highly variable in the degree to which they are influenced by Cavellian thinking. It is ironic that the contributions that are least influenced by Cavell are among the most eloquent and readable. Bruce Sklarew's penetrating analysis of Bergman's *Cries and Whispers* demonstrates how a film can capture a certain developmental phase and portray the vicissitudes of the object relations associated with that phase. He compellingly argues that the female characters in the film represent various preoedipal struggles between mothers and daughters. In a well-researched and carefully reasoned essay, Irving Schneider suggests that our cause-effect linkage between cinematic or television violence and real life violence is perhaps too facile. He stresses that violent films succeed because violence is so much a part of human nature. He further cites the universal experience of humiliation and the wish for revenge as central factors in the appeal of many popular genres, such as the action movie and the horror movie.

In Micheline Klagsbrun Frank's analysis of *Kiss of the Spider Woman*, she argues that the cinema derives its power from its connection with early infantile experience. Specifically, she compares the infant's feeding experience to the "taking in" of the cinematic experience. She draws on Stoller's[5] work to examine the themes of gender ambiguity and the phallic mother in the film. She brilliantly

[3] Doane, M. A. (1987): *The Desire To Desire: The Woman's Film of the 1940's*. Bloomington: Indiana Univ. Press.

[4] Silverman, K. (1988): *The Acoustic Mirror: The Female Voice in Psychoanalysis and Cinema*. Bloomington: Indiana Univ. Press.

[5] Stoller, R. J. (1976): Primary femininity. *J. Amer. Psychoanal, Assn.*, Suppl., 24:59-78.

ties this discussion to Cavell's ideas about skepticism. Finally, Stanley Palombo's exploration of the dream function in Hitchcock's *Vertigo* is a clearly written exegesis of the concept of montage and its relationship to dreaming.

As with many edited volumes, *Images in our Souls* is an uneven collection of loosely related individual contributions. Psychoanalysts who are also film buffs will find the chapters I have singled out both rewarding and stimulating. The extension of Cavell's thinking will probably be of more interest to philosophers and film scholars.

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ABSTRACTS

Bulletin of the Menninger Clinic. LI, 1987

Abstracted by Sheila Hafter Gray.

U.S. Army Psychiatry in Vietnam: Preliminary Findings of a Survey. I. Background and Method. II. Results and Discussion. Col. Norman M. Camp and Caren M. Carney. Pp. 6-37.

These two papers report on an extensive retrospective survey of psychiatrists who served in Vietnam between 1963 and 1972. This study was the first occasion on which most of these physicians had been able to discuss and assess their wartime performance in a systematic, professional fashion. Unlike the situation in other wars, the largest part of the psychiatrists' case load was not disorders caused by combat stress but rather those associated with large numbers of soldiers living in confined and isolated groups far from home. Those psychiatrists whose assignments permitted them to provide primary preventive interventions tended to report positive memories of their experience. Others reported inadequate preparation and support not only for clinical practice but also for the specific military psychiatric task of maintaining morale and combat effectiveness. These findings indicate areas where a psychodynamic approach made or could have made a significant impact on the eventual mental health of combatants.

Unmasking the Illusions of Safety: Psychic Trauma in War. Col. John A. Shaw. P. 49-63.

The author examines psychic trauma that occurs as the consequence of the overwhelming external stress of combat. Applying psychoanalytic theory to the study of 150 cases of combat stress, he finds that three intrapsychic processes are involved in the response to such trauma: narcissistic defenses, denial, and the illusion of safety. The myth of personal invulnerability, the illusion of safety in which narcissistic omnipotent defenses figure prominently, is a striking feature of the mental life of soldiers. The mechanism of denial is combined with a sense of group cohesiveness to support this illusion. The experience of actual warfare attacks this illusion, and at a certain traumatic moment the defense fails. This challenges the whole intrapsychic system that had helped the subject believe in his eventual survival. This is a developmental crisis from which the individual may remobilize his defenses and integrate a realistic, combat-effective outlook in which mature superego functions figure prominently. If, however, the defenses continue to fail, a full traumatic stress disorder ensues. The author explores the implications of these findings for both military and civilian psychiatry.

The Survivor Syndrome: Massive Psychic Trauma and Post-Traumatic Stress Disorder. Bruce I. Goderez. Pp. 96-113.

Many Vietnam veterans who suffer from post-traumatic stress disorder exhibit severe symptoms related to feelings of guilt, which appear similar to those presented by survivors of the Holocaust and other catastrophes. The author believes

that this disorder in combat veterans has a specific origin in military training, when the recruit's adolescent personality is transformed into a "warrior personality" which is often in conflict with the individual's prior standards and values but is adaptive for survival in combat. Upon return to civilian life, the veteran may find that this warrior stance is both ego-dystonic and part of the self; this gives rise to a clinical situation in which the individual contains two warring part-personalities. This syndrome is structurally similar to a multiple personality disorder. The author cautions, however, against a therapeutic stance in which the veteran is allowed to condemn his killer part-personality. The psychiatrist ought, rather, to treat it as an effective and valued aspect of the patient's self which arose at a critical time of life and will remain with him always.

Psychotherapy of Borderline Patients in Light of Long-Term Follow-Up. Michael H. Stone. Pp. 231-247.

The author was able to trace and re-evaluate 254 of 299 borderline patients who had been treated at a long-term psychotherapy unit at the New York Psychiatric Institute ten or more years earlier. He found that the female patients who in retrospect had met the DSM-III criteria for diagnosis of borderline personality disorder seemed, generally, to have had the best recovery rate. Patients who were functioning at a borderline level but who manifested eating disorders, substance abuse, severe phobias, or a concurrent affective disorder were relatively responsive to a psychoanalytically oriented psychotherapy but had significantly poorer outcomes than those with pure borderline pathology. For example, the former group had a 12.6% suicide rate, as compared with a 3.0% rate in the latter. High function at follow-up did not, however, always correlate with efficacy of an exploratory psychotherapy; some patients recovered and continued to do well after minimal treatment or as a result of other treatments. Exploratory psychotherapy seemed to benefit only a third of this study population.

Indications for Group Psychotherapy with Borderline and Narcissistic Patients. Leonard Horwitz. Pp. 248-260.

Many individuals who suffer from narcissistic and borderline personality disorders respond particularly well to group psychotherapy. This cluster includes many who do not function well in individual psychotherapy, those who show intolerance for the closeness of the therapeutic dyad, who experience uncontrolled transference regressions, or who have nonspecific ego weakness or poor affective contact. On the other hand, group psychotherapy is thought to be contraindicated for patients whose lack of personal accomplishment may stand in marked contrast to that of other group members, or who suffer from overwhelming affect and anxiety, paranoid tendencies or extreme narcissism. Therapists are often confronted with a paradox, in that the character pathology that may make patients difficult to treat in a group is the very same as that for which group psychotherapy is the treatment of choice. Demandingness is often managed better in a group than in a dyadic relationship. Egocentrism is readily confronted in a group, and the patient has opportunities to interact helpfully with others. Social isolation and withdrawal

and socially deviant behavior may also be mitigated as the patient is able to identify with other group members.

Pharmacological Treatment for Borderline Personality Disorder. Philip A. Berger. Pp. 277-284.

Many patients who suffer from borderline personality disorder seem to respond well to various classes of psychopharmacologic agents, and almost two-thirds of outpatients with this diagnosis receive some sort of medication. The tendency of these patients to idealize one form of treatment and denigrate all others at a given time creates difficulties for a multidisciplinary approach to their cases. It is therefore essential to explain clearly to borderline patients that their condition has both psychological and biological sources. There is as yet no systematic way of determining which medication will be helpful to a particular patient; this must still be ascertained by trial and error. Berger summarizes the facts that have been gathered to date on both the frequently employed and the experimental agents, and makes some suggestions which may prove useful to the clinician who is relatively inexperienced in this area of psychiatry. The list of references is brief, but they are well selected and comprehensive.

Stages in the Treatment of Narcissistic Children and Adolescents. Efrain Bleiberg. Pp. 296-313.

The author presents a detailed report of the dynamic psychotherapy of a boy who suffered from severe pathological narcissism. He then offers a set of precepts to guide the clinician in the psychotherapy of narcissistic children and adolescents. They are characterized by the therapist's respectful attention to the patient's exquisite narcissistic vulnerability. Since these young patients tend to insist upon full control over their sessions, the therapist begins by being an admiring spectator, refraining from early interpretation of any warded-off feelings of envy or vulnerability. The first therapeutic task will be to establish an area of mutual interest in which therapist and patient may relate safely. In the middle phase, the therapist may encourage the child to consider expanding the range of sharable experiences; this will call to the young patient's attention that the major portion of his or her life has been denied and never shared. This opens the door to systematic exploration of the child's defenses against feelings of narcissistic vulnerability. In the final phase, the child will have an opportunity to test his or her readiness to relinquish these defenses, particularly omnipotence. If all goes well, the child will then deal with the sadness and loss associated with termination.

Work and Success Inhibitions in Women: Family Systems Level Interventions in Psychodynamic Treatment. Harriet Holdhor Lerner. Pp. 338-360.

This is a detailed case report of a thirty-year-old married woman who came for treatment because of depression that began with the birth of her only child, a daughter, two years earlier. She wished to pursue graduate studies, but could not execute her plan. Her ineffectiveness was in large part a consequence of her fear that her self-actualization would damage her marriage. The therapist, using a systemic framework, helped the patient discover the roots of her attitude in her actual

experiences not only with her husband, who appeared at first inimical to her plan, but also with other family members. The case is presented in a way that demonstrates the author's position that dealing with these matters in the context of actual family relationships is superior to an unmodified psychoanalytic approach of dealing solely with the internalized representations of important persons and events. Thus, the patient was encouraged to master her complex feelings about intellectual accomplishment by coming to know her parents as people. This led to therapeutic progress. The article includes a helpful selected bibliography on work inhibition in women.

A Comparison of Methods of Inquiry: Testing and Interviewing Contributions to the Diagnostic Process. Susan B. Miller. Pp. 505-518.

Psychological testing requires that patients actively display their ego capacities to function efficiently, accurately, and in relation to reality. The different tests are designed to elicit particular ego functions in a standard situation. Thus, for example, the Rorschach test requires the patient to operate under pressures to integrate imagination and perception, while the Wechsler Adult Intelligence Scale (WAIS) requires that the patient exclude personalized associations and attend to consensually held values and concepts. The unvarying nature of the tasks and the uniformity of the test situation make it possible to establish norms against which a particular patient's behavior may be judged. The psychologist is therefore proficient in the diagnosis of subtle as well as of overt thought disorders. In the clinical interview, patients tell their own stories. This elicits individuals' consciously held views of themselves and their worlds. There is a large area in which either diagnostic method will be effective. The interview seems more useful than psychological testing for assessing superego functions and the patient's attitudes toward illness and treatment.

Interrater Reliability in the Use of the Brief Psychiatric Rating Scale. Glen O. Gabbard, et al. Pp. 519-531.

The eight authors of this article developed descriptive anchor points for each of the eighteen symptom scales of the Brief Psychiatric Rating Scale (BPRS) of J. Overall and D. Gorham in an effort to improve interrater reliability of this popular research instrument. They were careful to adhere closely to the original published descriptions of these scales. Accordingly, they believe, the Scale's validity remains intact. Their preliminary studies indicate that they have facilitated the quantitative assessment of the degree of severity of a particular symptom construct. This modification has enhanced interrater agreement, and thus the Scale's reliability. The authors present a table that contains definitions of all the descriptive anchor points. They also offer suggestions for the application of this version of the BPRS in clinical research.

A System for Differentiating Therapist Interpretations from Other Interventions. William E. Piper, et al. Pp. 532-550.

Research studies of psychoanalytic psychotherapy have suffered from the absence of an operational definition of interpretation. The authors note that this term is

used to describe a variety of therapeutic behaviors. It may describe interventions to make unconscious mental processes conscious, or to enhance ego mastery of id, superego, and external reality. Some psychoanalysts differentiate interpretation from interventions such as clarification, translation, construction, and reconstruction; others use the term more globally to refer to all their interventions. The authors devised the Therapist Intervention Rating System (TIRS) to classify objectively the conduct of the psychotherapist. They propose ten general descriptive categories of intervention. These groupings seem adequate for classifying the different ways interpretations are made by psychotherapists who hold different theoretical positions. The TIRS does not, however, include criteria for rating the appropriateness of the content or the timing of the interventions.

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

Abstracted by Lee Grossman.

Forced Terminations. Robert A. Glick. Pp. 449-463.

The author catalogues some of the meanings of terminations "forced" by either patient or therapist or by external events. Forced terminations serve conflict resolution, resistance, and adaptive functions. They may catalyze working through of conflicts around separation, but may also obscure resolution of certain issues. Particular attention must be paid to countertransference enactment of sadism, masochism, and attempts at reparation.

The "Real" Relationship and Analytic Neutrality. Althea J. Horner. Pp. 491-501.

Positing a view of the psychoanalytic process as one in which the analyst "stand(s) as a new object" to the patient, the author distinguishes between the "real" relationship and the transference relationship. She believes that the resolution of the latter depends on the acknowledgment and development of the former. Her examples include making emotional contact with a "schizoid personality with a grandiose self-defensive structure" by moving next to him and patting him on the shoulder. Emphasizing the mutative role of identification with the therapist, she raises the question, even with respect to "the more structurally evolved patient," as to how much the real relationship provides the context within which identifications take place. She distinguishes the "real" relationship from the therapeutic alliance or the "non-objectionable transference"; in her view, it must be cultivated, and it need not be analyzed.

Journal of the American Academy of Psychoanalysis. XVI, 1988.

Abstracted by Lee Grossman.

Paranoia and the Ego-Ideal: Death of a Salesman's Son. David A. S. Garfield. Pp. 29-46.

Garfield suggests that paranoia be understood in terms of "ego-ideal pathology." The ego-ideal is established in its final form with the resolution of the negative

oedipus complex; traumatic disturbances in this process may lead to idealization of the parent of the same sex. The individual, thus bound to the parent, is especially vulnerable to further "betrayal" by him or her, as the "representative of the ego-ideal." Garfield uses a case to illustrate how such a "betrayal" sets in motion self-critical forces resulting in paranoia. The treatment of the acute state requires, in his view, the utmost sensitivity to the patient's vulnerability to shame, given the "super-ego forces left unbalanced by the loss of the ego-ideal." This means "sharing the responsibility" for treatment interactions, and refraining from challenging the patient's projections (apparently this means those directed at persons other than the therapist) to allow for the gradual idealization of the therapist. Once the acute paranoid state has diminished, the task of analyzing the negative oedipus complex becomes central.

Time, Reconstruction, and Psychic Reality. Henry F. Smith. Pp. 71-81.

Smith extends Arlow's metaphor of psychic reality as a screen on which external events and fantasy life are simultaneously projected. He reconsiders the concept of reconstruction in two clinical vignettes: in one, the patient's discovery of her creative role in "constructing" the past, proves liberating; in the other, interpretation of the patient's disavowal of her knowledge of the facts of her past experience makes her past accessible to her. Smith emphasizes the complexity of psychic reality, and the need to consider the contributions of external reality, fantasy, and developmental revision to reconstruction in the clinical setting.

Boundaries, Autonomy, and Aggression: An Exploration of Women's Difficulty with Logical, Abstract Thinking. Ricki Levenson, Pp. 189-208.

Levenson observes a pervasive difficulty with logical, abstract thinking in her women patients, and among women in general, which she attributes to the phenomenon of "genderization which must be recognized as an irreducible category of psychoanalytic observation and theorizing." For many women, logical, abstract thinking is compromised because it is "built on inadequate and guilt-ridden separation and individuation with consequent unresolved early identification with mother and guilty, gender-incongruent identification with father." Data from parent-infant observation is used to support the thesis that girls are discouraged from learning certain cognitive skills that are rewarded in boys, including autonomy, aggression, and differentiation from the mother.

The Psychoanalytic Review. LXXIV, 1987.

Abstracted by Louise Dierker.

The Psychopathology of Nostalgia. Harvey A. Kaplan. Pp. 465-486.

Nostalgia is defined as "a popular term which refers to warm feelings about the past, a past that is imbued with happy memories, pleasures and joys." The author reviews nostalgia as discussed in the psychoanalytic literature; a literature which

emphasizes the depressive qualities of remembering past losses as well as joys. Kaplan then describes "pathological nostalgia"—nostalgia as a defense and a resistance to maturation. Kaplan writes in some detail, relating pathological nostalgia to the formation of ego ideals, family romance themes, and screen functions. Two cases are presented as evidence of pathological nostalgia in the clinical situation.

A Challenge to Psychoanalysis: A Review of the Negative Therapeutic Reaction. Janet Shumacher Finell. Pp. 487-515.

The article begins with a definition of the negative therapeutic reaction as "paradoxical worsening following correct analytic work or improvement, while in the broader sense it is limited to resistance to recovery, interminable analysis, and iatrogenically produced treatment impasses." Beginning with a review of Freud's work on the negative therapeutic reaction, Finell considers other literature which contributes to the understanding of it from both interpersonal and intrapsychic approaches. Her case report vividly elaborates the difficulties in analyzing a patient who exhibits a negative therapeutic reaction. Finell's openness in discussing failure in therapy and her extensive bibliography can be helpful to the clinician dealing with problem cases.

American Imago. XLIV, 1987.

Abstracted by Anita G. Schmukler.

Hysteria. Harry Polkinhorn. Pp. 1-11.

Polkinhorn traces the evolution of Freud's study of hysteria, both technically and conceptually. He also makes observations on Freud's modes of expression ("his reliance upon figures of speech and qualifiers") and on his wish to find meaning in everything, even the "unthinkable." Freud's addressing his audience as "gentlemen" is noted, although Freud's searching for the presence of Lou Andreas-Salomé in meetings is well known. Hysteria is viewed as a "period disease of reminiscences," a concept which departs from nineteenth century philosophy and "hard sciences" to another plane of discourse.

Moses and Monotheism Revisited—Freud's "Personal Myth"? Michael P. Carroll. Pp. 15-33.

The author takes the position that the propositions both in *Moses and Monotheism* and in those papers which explore it are "misdirected." His notion is that since there is neither direct evidence that Moses lived during the supposed historical period nor evidence of his ethnic background, one may entirely ignore the perspective of historical context and study instead the attraction of the Moses legend in particular cultures. Freud's effort to establish that Moses was an Egyptian involved the Egyptian etymology of the name, Moses (a fact recognized by classical scholars), and the story of Moses' birth. This story is somewhat exceptional: in many "birth of the hero" tales, the hero is born into an aristocratic family and adopted into a humble one. Freud stated that since the Moses story presented a reversal of this situation, some information about Moses may have "forced a modification of the usual pat-

tern." Further evidence cited by Freud for Moses' being an Egyptian was his portrayal as "adopted by the Pharaoh's daughter (or wife)." Carroll suggests that this fact (adoption by the daughter) "establishes Pharaoh as Moses' foster father, and so implies that Moses becomes a potential heir to Pharaoh's throne." Thus, the Moses story is one of a son who is able to successfully usurp his father's authority. Moses' wish to supplant his father is explored, as is his wish for parricide. The incest theme emerges in the marriage of Moses' father, Amram, to Jochebed, Amram's paternal aunt. In the author's view, themes of incest and parricide better enable the Moses legend to be understood on psychological grounds than does the historical hypothesis which Freud offered. The author presents his concept that Freud's "personal myth" provides an explanation of his emphasis on Moses as the "murdered father," to the exclusion of his simultaneous role as the "murdering son."

Shakespeare's Antony and Cleopatra: Power and Submission. Roberta M. Hooks. Pp. 37-48.

Observing that scholars and critics have generally shown no appreciation for the psychological depth portrayed in *Antony and Cleopatra*, the author cites the dilemma of the boundaries in the mother-child relationship as a particular focus for studying the play. Antony's posture of infantile omnipotence, dependency, and rage strain the boundaries between self and other. His intellectual defenses are certainly penetrable by Cleopatra's manipulations, which permit Antony his "illusion of dominance." Hooks explores the vicissitudes of union and separation in the context of Antony's conflicts and developmental pathology. On the level of unconscious forces, Antony and Cleopatra display profound similarities, although Cleopatra is "distinguished" by her "enactment of what the unconscious perceives as a devouring, all-engulfing figure. . . ." Cleopatra is viewed as both the wished-for and feared oedipal mother and the dreaded preoedipal mother. While Octavius can view himself in a "spacious mirror," Antony's myopic, distorted self-image has a pathological effect upon his relation to objects, both internal and external. The deaths of Antony and Cleopatra are viewed as essentially rooted in preoedipal pathology.

Huysmans' "À rebours": the Psychodynamics of Regression. Laurence M. Porter. Pp. 51-64.

Huysmans' 1884 novel, *À rebours* (Against the Grain), "marked the onset and the high point of the international Decadent movement in literature." His hero displayed clear psychopathology, and he attempted, through free association, "to understand his own psychosomatic symptoms." Porter observes that previous commentators have directed attention to oedipal aspects of the story, ignoring preoedipal factors. He addresses the struggle between intrapsychic forces, which results ultimately in compromise. The repressed ideation of characters in the novel is presented in the form of dreams and fantasies. To a strictly oedipal viewpoint, Porter adds an additional contributing element in the "schizoid fear of dismemberment." Various aspects of compromise solutions are traced, and an effort to preserve object relations is central. The link between Huysmans' symptoms and those of the novel's hero is made explicit.

The Circle: Symbol of Holistic Awareness? Peter Butcher. Pp. 67-83.

This is a sequel to the author's 1983 paper, in which he described "spontaneous, positive, expanded states of consciousness." In the present work, Butcher demonstrates how resolution of internal conflict produced changes in his artwork. The author kept a diary of his dreams, expressed them in nonverbal, artistic ways, and, in this context, explored the symbolic meaning of the circle—completeness and wholeness.

Macbeth: A Dream of Love. Kay Stockholder. Pp. 85-104.

It has been suggested that the conflict inherent in a great work of art is demonstrated, in part, by a struggle between the moral and the aesthetic (amoral) perspectives. This affects both the structure and the content of the work. Stockholder views *Macbeth* as "one of the most morally straightforward" works of art because of its "unambivalent" condemnation of "the evils of regicide and untoward ambition." Macbeth and Lady Macbeth are mutually involved in perverse love; their intimacy exudes violent destructiveness. The emphasis upon destruction and dissolution, rather than union, creativity, and procreation is expressed in terms of barrenness: barren heath, Lady Macbeth's sterility, Macbeth's leaving no heirs, and bearded, post-reproductive witches. The absence of generative sexuality is also viewed in the contexts of time and negation. Macbeth refers to the past and future, while avoiding the living, breathing present moment. And the intoning of "nothing is but what is not" is a substrate of denial and negativity. Shadows, images of death, hallucinations and preternatural creatures are the compromise formations of the dramatic characters whose perverse preoccupation with omnipotence and denial of vulnerability lead them to images of infanticide, and complete repression of any glimmer of generative impulses. Macbeth and Lacy Macbeth are clearly intimates, but demonstrate no capacity to admit the presence of another.

Flaubert's Emma Bovary: Narcissism and Suicide. Giles Mitchell. Pp. 107-126.

Mitchell explores the pathological narcissism that led to the suicide of Emma Bovary, who could neither satisfy the requirements of her extraordinarily demanding ego ideal, nor find an object who would prove omnipotent. Emma's narcissistic defenses are characterized by multiple layers of fantasies, which the author focuses upon in order to demonstrate the gradual deterioration of those defenses. She worships images (of herself and others), realizes their emptiness, and moves progressively toward self-destruction. Her apathy is examined from the perspective of an effort to avoid feelings of annihilation (Greenson), and her suicide is related to the loss of authority of her ego ideal and her revenge on the world which has "rejected" her by failing to mirror her "ideal images." To avoid envy, the pathologically narcissistic Emma has a powerful impulse to devaluate "even the most desirable objects." The author explains Emma's serenity following ingestion of poison as the result of her having "destroyed her enemy and laid down her life for her ego-ideal." The symbolic meaning of the blind beggar is understood as a representation of Emma's psychological "blindness" as well as her poverty, with respect to her sense of self.

Whitman's Language of the Self. Mark Bauerlein. Pp. 129-147.

Whitman's difficulties in expressing the deepest layers of his personality can be viewed from a variety of perspectives. The author addresses the question of whether something in written language itself inhibited or frustrated Whitman's sometimes desperate efforts to describe himself as completely as he wished. In support of his viewpoint, Bauerlein quotes William Carlos William's statement, "Now I am not what I was when the word was forming to say what I am." Whitman attempted to delineate his identity by self-glorification which sometimes toppled into self-attack. He alternately identified with all mankind and assumed the posture of a variety of individual characters. In Bauerlein's view, an essential character of Whitman's *self* remains inaccessible to the reader.

Conflations in Whitman's "Out of the Cradle." Stanley T. Gutman. Pp. 149-157.

"Out of the Cradle Endlessly Rocking" is Whitman's account of his earliest affective responses to maternal loss, his pubertal conflicts, and his feelings, as an adult, about the death of his father. Each phase resonates with the others, and Gutman underscores the mutual influence of past and current conflicts in the mind's perception of each. Whitman chose the written word to "conquer" his conflicts (confusion) over intense affective experiences primarily with respect to loss and sexuality. At times the "conqueror" fails, and the poet responds with denial, a "fetishistic repetition" of the word "death," or simply by deleting particular passages from later editions. Gutman observes the sexual sublimation in Whitman's poetry and thus identifies the reader as the poet's "secret lover." This raises the question of the relation between Whitman's exhibitionism and the voyeurism of his readers.

Carl Jung and Lord Montagu Norman. A Failed Consultation. Arnold T. Mirwis. Pp. 159-169.

Lord Montagu Norman, who became Governor of The Bank of England in 1920, consulted Jung in 1913. While the initial symptoms may have been characteristic of manic-depressive illness, Jung's response was a suspicion that Norman harbored general paresis. Jung recommended a period of complete rest and then additional consultation. Lord Norman suffered significant distress following Jung's pronouncement and consulted other physicians, who offered general emotional support. The patient apparently functioned well, in responsible positions, for a number of years following that. Mirwis suggests that Jung's apparently incorrect diagnosis may have been related to Jung's personal distress over his break with Freud.

Journal of Psychiatry and Law. XV, 1987.

The following abstracts from the Journal of Psychiatry and Law are published with the permission of the journal.

The Psychotherapist's Third-Party Liability for Sexual Assaults Committed by His Patients. John T. Melella; Sheldon Travin; Ken Cullen. Pp. 83-116.

Since the landmark Tarasoff decision, courts have expanded third-party liability to psychotherapists for the harm done to others by patients in their care. While this

is an issue which affects all psychotherapists, it has particular importance for those treating sexual offenders. Recent advances in assessment techniques provide the psychotherapist with a more accurate profile of the patient and his potential victim(s). While this improvement in diagnostic accuracy affords greater potential for more focused treatment, it may also increase the psychotherapist's risk for incurring liability should the patient recidivate during treatment. This article examines some of the possible legal implications relevant to treating the sexual offender.

Deinstitutionalization and Increased Arrest Rates among the Mentally Disordered. Mark R. Pogrebin and Eric D. Poole. Pp. 117-127.

Policies of deinstitutionalization, together with a general tightening of civil commitment laws and inadequate funding for community-based programs, have resulted in an increase of mentally ill people on the streets. Growing numbers of former mental patients and individuals whose bizarre behavior might have landed them in a state hospital bed a few years ago are now being arrested and ending up in jail. Four key areas—deinstitutionalization, police decision making, decline of mental health programs, and criminal histories of mental patients—are examined with respect to the shifting of mentally disordered persons from the mental health system to the criminal justice system.

Custodial Fathers, Custodial Mothers and Their Former Spouses in Protracted Custody Disputes: Clinical Opinions and Data. Elisabeth B. Saunders and Catherine Melville. Pp. 555-570.

National statistics in the United States and Canada indicate that following marital separation, the majority of parents settle for sole custody, with the mother as custodian. Also, in the approximately 15% of separations in which custody is disputed, a majority of mothers are awarded sole custody. A review of different views of the reasons for protracted custody disputes shows few authors systematically using data to support their views. A systematic comparison of custodial and noncustodial parents of both sexes showed no difference in their psychiatric histories, marital status and alleged reasons for marital separation. However, clinical recommendations referred more often to unusual circumstances when it was proposed that sole custody go to fathers rather than to mothers.

Journal of Psychiatry and Law. XVI, 1988.

Blacks and Violent Crime: A Psychoanalytically Oriented Analysis. C. G. Schoenfeld. Pp. 269-301.

This article offers a psychoanalytic explanation of why Blacks commit a disproportionate number—half—of violent crimes in the United States. Slavery and its crippling psychological effect are discussed, as are the devastating psychological consequences of the hundred years of discrimination, segregation, and anti-Black terror that followed. The conclusion reached is that black aggression was stimulated inordinately by all this, while the black superego was decisively weakened and rendered incomplete and conflicted. These psychological difficulties have persisted

and have become endemic among the poor, uneducated, lower-class Blacks who populate the rotting core of many American cities. The solutions suggested include the elimination of social policies that stimulate the aggression of Blacks by threatening their sense of self-worth, and the promotion of social policies that help to strengthen their superegos. Ways of using the criminal law to reinforce the Black superego are also considered.

Journal of the History of Behavioral Sciences. XXIII, 1987.

The following abstracts from the Journal of the History of Behavioral Sciences are reprinted with the permission of the publisher.

German Psychological Journals under National Socialism: A History of Contrasting Paths. Joachim F. Wohlwill. Pp. 169-185.

Five major German psychological journals are examined to determine the changes they manifested upon the advent of National Socialism, and the manner in which they responded to the challenges posed by the new regime's ideology and policies. Two of the journals remained largely unchanged in their content, scientific orientation, and overall tone, revealing predominantly minor forms of accommodation. Two other journals showed a pronounced change in their content, publishing a considerable amount of material of an ideological, racist, or propagandistic nature during the decade starting in 1933. The fifth journal proved an exceptional case. These differences appear to reflect the orientation and values of the editors of the respective journals. Where the editors provided the requisite leadership, scientific publication was maintained essentially free from political interference even under the difficult conditions presented by the fascist state. The article concludes with an examination of the response by postwar German psychology to this period of its history, revealing a disinclination to confront the subject; this was so until very recently. Possible bases for this response are also considered.

Henri Hubert, Racial Science and Political Myth. Ivan Strenski. Pp. 353-367.

Henri Hubert developed early Durkheimian critiques of racial sciences such as anthroposociology, which was fundamentally *fin-de-siècle* sociobiology in social Darwinist get-up, from his perspective as archaeologist, historian, and ethnographer of primitive European religions. His major works on the "primitive" Celts and Germans continued these critiques of racism. But Hubert also engaged in the political mythologizing of French national identity by trading on the republican myth of "celtisme."

Journal of the History of the Behavioral Sciences. XXIV, 1988.

Education, Evangelism, and the Origins of Clinical Psychology: The Child-Study Legacy. By Leila Zenderland. Pp. 152-165.

Both contemporary psychologists and historians of the discipline have disparaged the quality of research generated by the nineteenth century Child-Study movement. The real significance of this movement, however, lay not in its scientific findings but in its institutional innovations. Its most important legacy was the structuring of a

new working relationship between psychologists and schoolteachers. This mutually beneficial collaboration subtly altered the shape of professional psychology by reorienting research toward practical classroom concerns. In the midst of controversies surrounding the social role and scientific potential of Child-Study, a new clinical psychology began to emerge.

Psychohistory before Hitler: Early Military Analyses of German National Psychology. Joseph W. Bendersky. Pp. 166-182.

As part of a grandiose post-World War I psychological project to predict the behavior of nations, the U.S. Military Intelligence Division (MID) utilized racial and social psychological theories to explain an alleged problematic German national character. Though unsuccessful, this project has major significance in the history of psychohistory. For the newly discovered MID files reveal that ideas, attitudes, and biases many psychohistorians subsequently identified as manifestations of a peculiar German national character had previously been held by American officers and reputable psychologists. What American analysts would, in 1940, view as symptoms of a maladjusted German mind, their predecessors had, in 1920, considered valid scientific concepts.

The Reception of Freud by the British Press: General Interest and Literary Magazines, 1920-1925. Dean Rapp. Pp. 191-201.

A survey of forty-three general interest magazines shows that popularizing materials about psychoanalysis greatly increased in 1920, peaked in 1921, and declined thereafter. The press was more favorable to Freud than has been assumed, for a number of writers accepted his theory of the unconscious and readily acknowledged the curative powers of psychoanalysis. But there was also much hostility to Freud, particularly to his sexual theories. The press was therefore more favorable to Jung and Adler, but especially to the British depth psychologists, who de-emphasized sexuality while accepting the theory of a dynamic unconscious.

The Utopia of Human Relations: The Conflict-Free Family in American Social Thought, 1930-1960. Fred Matthews. Pp. 343-362.

The American family literature from the late 1920's through the 1950's is surveyed in the context of the broader history of Western thought and popular attitudes. The writings of human-relations experts represent a late flowering of the Enlightenment's dream of an end of history, achieved through the scientific reconstruction of institutions and personalities to eliminate the tensions that caused conflict. Early in the period, the most influential work was that of Watsonian behaviorism, a direct expression of scientific utopianism. The traumas of the 1930's and 1940's—depression, war, persecutions—encouraged a turn to a richer theoretical mix, based on the merger of neo-Freudianism with cultural anthropology allied with empirical social science. This literature used the frustration-aggression cycles as master key to public therapy; its most popular expression came later in the manuals of Dr. Benjamin Spock.

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Meetings of the New York Psychoanalytic Society

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 22, 1987. NOTES ON THE UNKNOWABLE: ANALYTIC SECRETS AND THE TRANSFERENCE NEUROSIS. Theodore J. Jacobs, M.D.

Dr. Jacobs focused on an aspect of the transference neurosis that is often overlooked because it is concealed beneath the surface material. This covert dimension of analysis is related to secrets that have played important roles in the lives of both patient and analyst. Dr. Jacobs presented clinical examples to illustrate the way in which the analytic secret functions in the clinical situation. One patient carried on private investigations of his analyst's status at the institute. Although he never mentioned this behavior, it became clear that he had an overriding interest in knowing whether or not his analyst was a training analyst. This intense curiosity was related to a family secret—something that had occurred during the patient's adolescence: his father had failed to win a key promotion and was forced into retirement. This crushing blow to the patient and his family was handled by denial and avoidance. Behind this secret lay the patient's childhood relationship with his father, which contained much disappointed love as well as rivalry. These oedipal conflicts could not surface and be analyzed until the analytic secret had come into the open. The analyst's need to avoid the distressing affects brought up by his own frustrating situation at his institute, as well as his earlier experiences involving conflict with his father, had led him to collude in the patient's avoidance of exposing the secret being played out covertly in the transference.

Another case involved a patient's need to exploit one secret to avoid a more distressing one. The first secret involved his reactions to the analyst's missing a session. The patient said little about it, but in subsequent sessions hinted that he had more feelings about the event than he had revealed. He threw out such clues to divert the analyst from investigating another incident, one in which the patient had spotted the analyst at a restaurant while he was supervising a female resident. This scene reverberated with a childhood experience in which the patient had witnessed his mother being physically involved with a teacher at the local school. This experience became a burdensome and frightening secret that was eventually repressed and then acted out in the analysis. The analyst's own discomfort with this material, which related to particular conflicts in his childhood, prevented investigation of the patient's behavior. Behind the patient's acting out lay important aspects of his childhood oedipal yearnings. When the patient subsequently observed the analyst with his wife at the same restaurant, the situation could be explored because on this occasion the analyst experienced no guilt at being seen. The exploration of the patient's acting out led to recovery of the childhood secret and made possible the working through of the centrally important conflicts within it.

After presenting one other case example, Dr. Jacobs concluded with a comment on the frequency with which collusions between patient and analyst occur in the

analytic situation. Such collusions, which reflect the need on the part of both participants to guard secrets of their own, may result in the failure to explore an important aspect of the transference neurosis.

December 8, 1987. PSYCHOANALYTIC OBSERVATION. James H. Spencer, Jr., M.D. and Leon Balter, M.D.

The recent focus on empathy as the essential activity in psychoanalytic data-gathering has led to an underemphasis on the complexity of psychoanalytic observation. Such a focus results in a failure to assess what makes psychoanalysis truly unique among modes of psychological investigation. In gathering the data needed for clinical practice and for theory-building, psychoanalysts make use of two distinctly different kinds of observation: introspection-empathy and behavioral observation. With the first mode, analysts put themselves mentally in the position of the patients in order to understand, through their own introspection, what the patient is thinking and feeling. The analyst understands the patient as the patient understands himself or herself. With the latter mode, analysts objectively observe patients' behavior, particularly verbal behavior, without reference to whatever meaning or motive the patients may attribute to it. This objectively observed behavior may be understood in terms of hypothetical constructs, internal psychological processes such as unconscious fantasies, and defense mechanisms.

Freud's instructions to patients for free association require that patients observe and report the conscious contents of their minds as a behaviorist would. The patient's adherence to the fundamental rule results in a state of mind characterized by a regression of ego functions. A similar result occurs in analysts when they listen with evenly hovering attention. These regressed states of mind are functionally related: they form what Isakower called the analyzing instrument, a unique investigative tool which gives both patient and analyst access to an observed field which is more directly and visibly influenced by the patient's unconscious mental life. The process of observation in the psychoanalytic situation is complex. It makes use of both empathy and behavioral observation, guided by psychoanalytic constructs. It also makes use of the analyzing instrument. It is the *integration* of these different approaches that makes psychoanalysis a unique tool for the study of human mental processes. If introspection and empathy are used to the exclusion of behavioral observation, our understanding of patients will tend to be limited to what is already familiar to the patients. If behavioral observation and psychoanalytic constructs are used exclusively, our understanding will tend to be too far from the patient's conscious understanding, with interpretations too deep or speculative.

Introspection and empathy are not the only essential constituents of psychoanalytic observation, as Kohut contended. If they are overemphasized at the expense of free association and the analyzing instrument, clinical practice and theory will become dependent on a body of observations which consist of or are derived from states of consciousness rather than from clues to unconscious functioning.

DISCUSSION: Dr. Theodore Shapiro stated that the undeclared war between insight and empathy has led to a polarization of views within psychoanalysis. Drs.

Balter and Spencer sought to rectify this in their attempt to understand the analyzing instrument as a composite of empathic *and* observational stances. Dr. Shapiro suggested, however, that the authors' viewpoint undervalues certain aspects of technical training that determine how we think. For example, a cognitive concept such as vagina dentata in case material is part of our lore and training. It would be hard not to think of it, upon hearing certain data; that is because of our training. However, timing and parameters needed to assure patient conviction are areas of skill that require experience. Dr. Shapiro further felt that in the presentation of Drs. Spencer and Balter, the importance of language to our work was somehow underemphasized as a unifying force between patient and analyst. The analytic situation is an unusual one. It interrupts the usual dialogic rules and places new constraints on patients and analysts that permit new discoveries.

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

June 1, 1987. SCREEN LANGUAGE AND DEVELOPMENTAL METAPHOR. Henry F. Smith, M.D.

Dr. Smith described Freud's use of the concept of screening to refer to specific phenomena such as screen memories, as well as to a general principle of mental organization. Dr. Smith then elaborated the use of the term to include "screen language." He offered a clinical example in which a patient used an exclamatory phrase to conceal an earlier version of the same phrase. Dr. Smith stated that the patient's occasional use of the expression, "ai-yi-yi," initially went unnoticed by both patient and analyst. Once the expression captured the analyst's attention, a mutual exploration of its origins and functions gradually facilitated the reconstruction process. The phrase, which the patient and her sister had used during latency, screened earlier memories, vocalizations, and feelings and then helped to reveal them. She had, in fact, used and reused the phrase in various circumstances and during different developmental periods. In the course of her analysis, the multiple meanings and representations became clearer. In a transformative sense, "ai-yi-yi" became "I-I-I," paralleling the patient's early development as well as her course within the analysis. Dr. Smith suggested that his concept of "screen language" as a developmental metaphor might be linked with the findings of Dr. Daniel Stern in infant research and with the concept of the infantile precursors of a sense of psychic reality described by Dr. Jacob Arlow.

DISCUSSION: Dr. Alexandra Rolde emphasized the close connection between unarticulated exclamations uttered by the patient and early "maternal language." Dr. Sheldon Roth spoke of vocalization as creating a visceral psychosomatic bond between infant and mother, and between patient and analyst. Dr. Evelyne Schwaber added that there are certain ubiquitous sounds shared by infants and mothers which form a proto-language and which contain powerful affectual experiences. She noted that Dr. Smith's sensitive attunement to his patient's exclamations led to a

collaborative inquiry. She wondered how many times analysts overlook similar phenomena or simply do not inquire further. Dr. Smith's attunement in this area led to a particular transference-countertransference configuration. Other analysts might engage the patient in a different way, perhaps being sensitive to the patient's gestures, imagery, posture, etc. Would the resulting configuration lead to similar reconstructions? Dr. Arthur Valenstein spoke of the exclamation both as a carrier of important affect and as a condensation, like an element in a dream. Patient and analyst sorted out what was contained in this condensation and explored its developmental meanings. Dr. James Barron expanded upon the similarities between the manifest content of the dream and the patient's "screen language." Both can lead to an associative linguistic network which can be followed up to a point—the "navel" of the dream or the preverbal meaning of the patient's exclamations. Dr. Martin Miller commented on the resistive aspects of the exclamatory phrase. The use of the phrase initially concealed important ideation-affect clusters. When the analyst began to sense the resistive function, he helped the patient return to the phrase and explore it, which led to important discoveries. Dr. Sheldon Roth questioned whether the term "screen language" is necessary or whether a term such as "manifest language"—language which gains in depth as analyst and patient learn more—might be more appropriate. Dr. Robert Pyles suggested that "screen language" does not have the same degree of secondary process as an elaborated screen memory. Dr. Axel Hoffer wondered if the specificity of meaning of the original concept of screen memory was being diluted. On a conceptual level, how would one differentiate screen language, screen gestures, screen vocalizations, etc.? Dr. Robert Gardner commented on the transformation of "ai-yi-yi." As the phrase was analyzed, it became not only less frequent but newly represented. Originally an involuntary speech fragment, its hidden meanings were elucidated and integrated by patient and analyst. Dr. Gardner also noted the way in which the patient's early vocalizations were associated with synesthetic experiences, e.g., sounds fused with certain images remarkably well suited to convey multiple meanings and affects. Dr. Smith noted Daniel Stern's description of the early perceptual apparatus as predisposing the infant to synesthetic experiences. He emphasized that the mutual inquiry regarding his patient's exclamations was only one part of the lengthy and complex analysis. The exclamations contained both regressive and progressive elements, and the exploration of their multiple meanings deepened and enriched the analysis.

JAMES W. BARRON

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 13-17, 1989, at the Waldorf-Astoria Hotel, New York City.

THE COUNCIL OF PSYCHOANALYTIC SOCIETIES OF THE METROPOLITAN NY-NJ REGION, including the Philadelphia Association for Psychoanalysis and the Western New England Psychoanalytic Society, in collaboration with the New School for Social Research, will sponsor an all-day Symposium titled "The Legacy of Sigmund

Freud." The Symposium, to be held Saturday, September 16, 1989, at the New School, commemorates the 50th anniversary of Freud's death (September 21, 1939). For further information, contact: Arnold Richards, M.D., Chairperson, Organizing Committee, 200 East 89th St., New York, NY 10128.

THE PITTSBURGH PSYCHOANALYTIC INSTITUTE announces The Charlotte Babcock Symposium, titled "Love and Commitment in Life and Psychoanalysis," to be held September 15-16, 1989, in Pittsburgh, PA. The Symposium will also celebrate the 25th anniversary of the Pittsburgh Institute as an accredited teaching body of The American Psychoanalytic Association. For further information, contact: Linda Mitzel, Pittsburgh Psychoanalytic Institute, 401 Shady Ave., Suite B-204, Pittsburgh, PA 15206; phone (421) 661-4224.