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ON TRANSFERRED PERMISSIVE OR APPROVING SUPEREGO FUNCTIONS: THE ANALYSIS OF THE EGO'S SUPEREGO ACTIVITIES, PART II

BY PAUL GRAY, M.D.

The author explores another major anxiety-relieving resistance, namely, the re-externalized and transferred fantasy of authority figures offering affectionate approval, with implicit permission for openness and disclosure. The conditions the patient experiences as safe for exposure of conflictual material are based on fantasy, not on a realistic sense of permission from analysis of resistance. Wider-scope therapeutic attention appears to create natural obstacles to an interest in the analysis of the ego's superego activities from which less vulnerable patients could benefit. The author presents clinical examples of the analysis of this second type of transference of defense and discusses the implications for unifying diverse theories.

INTRODUCTION

Analysts widely and wisely hold the view that to be most effective, psychoanalytic work should result in structural alterations in those psychological functions that are commonly referred to as the superego. In my prior paper on this subject (Gray, 1987) I maintained that analysis becomes more effective if, during the analytic process, the analyst approaches the defensive uses of

This paper, following Part I (Gray, 1987), is a divided and expanded version of a paper presented to the Annual Scientific Meeting of the New Orleans Psychoanalytic Society, April 7, 1989, to the Milwaukee Psychoanalytic Society, June 3, 1989, and to the Tri-City Psychoanalytic Congress, Washington, D.C., October 14, 1989. Part III will be published in a forthcoming issue of this *Quarterly*.

the “conscience,” just as one approaches any other of the ego’s functions that are mobilized in the service of resistance; the more extensive the ego analysis—in the context of intrapsychic conflict resolution—the more thorough will be the analysis of the ego’s superego activities. I stressed that it is essential to recognize the patient’s use, in the analytic situation, of the re-externalization—a transference manifestation—of the images of authority he or she used as a prelatency child in their *external* version, for relief from painful instinctual conflict. Whenever an individual faces the task of psychoanalysis, such transferences of authority typically occur promptly. In my 1987 paper I encouraged recognizing their influence on conflict manifestation in the verbal flow from the earliest moments in the analysis. Not only is this a part of the analysis of resistance, but it also progressively engages the patient’s capacity for observing otherwise unconscious defensive activities. By contrast, I showed how technique in the early decades of psychoanalytic practice—and often continuing today—compromised precise conflict analysis by *using* the transferred superego authoritarian power in order to crucially *persuade* the patient to respond to interpretation. I dealt then with those transferred images of authority concerned with *censoring* and *restraining* the child from discharge of instinctual drives.¹

In this paper I shall cover the following. First, I shall explore

¹ In that introductory paper I might well have included reference to Sandler’s (1960) suggestion that under continued theoretical scrutiny “much of what might be called superego territory has been yielded up to the ego” (p. 143). “In a sense the superego has thus lost some of its theoretical identity . . .” (p. 144). He suggested further that clinical analysis itself also reflects such a “*conceptual dissolution*,” as the “object relationships and conflicts which entered into superego formation have unfolded themselves onto the person of the analyst . . . and . . . the . . . processes which have contributed so much to superego genesis *have been seen as defensive or adaptive ego mechanisms* which were called into play during critical phases of oedipal and preoedipal development” (p. 144, italics added). Following a presentation of my 1987 paper, my attention was called to Esman’s (1972) contribution on values and adolescence, in which he was “inclined to the view that the superego is best understood as a specialized group of identifications within the ego itself . . .” and, further, he regarded the “*executive* functions—self-criticism, self-punishment, etc.— . . . as residing within the ego” (p. 90).

another kind of transferential re-externalization of images of authority the ego uses to protect against anxiety, this time by providing a defensive illusion of safety through *fantasies of affectionate approval*. I shall then examine how important theoreticians and practitioners of wider-scope analytic methods, rather than regarding it as a resistance, have made therapeutic use of this second form of transference, often enhancing its influence by fulfilling certain of the patients' infantile needs for safety. I shall explore the argument that these trends, although sometimes clinically necessary with certain patients, both reflect and support professional inhibitions against improving our methodology for *essential* structural psychoanalysis. I shall offer some clinical examples of how to avoid using the nonanalytic influence of this particular transference for purposes of resistance. In conclusion, I predict that improved conceptualization of the methods of analyzing the ego's superego activities will help to unify now divergent theories.

I

TRANSFERENTIAL FANTASY OF AFFECTIONATE
APPROVAL AS RESISTANCE

I examined previously (Gray, 1987) how childhood perceptions of authority figures as *inhibitors* are, in the analysis, re-externalized and transferred to the analyst for purposes of resistance. In prelatency childhood they were first used defensively in their external form and then internalized as the ego's superego solution to conflict. A second category of re-externalized images of authority confronts us with a more troublesome conceptual and a more demanding technical task in superego analysis than the previous one. In contrast to the transferences of the restraining, inhibiting images of the authorities of childhood, these are the transferences used to resist conflict-anxiety through a fantasy of the analyst as an *affectionate, approving, and protective authority*. These repetitions bring about relief from conflict by providing

a fantasy of safety from criticism, punishment, and loss of love, not because *as analysands* the patients are entitled to an uncriticizing professional, but because they feel as though they are in the presence of an affectionate parental attitude.

These images—like the images of critical authority—are selectively available for transference in the service of defense and resistance against the conflict-anxiety mobilized by attempting free association. By avoiding anxiety (via the transference fantasy of affectionate approval) over the exposure of certain instinctual derivatives, patients effectively bypass their egos' unconscious threat of censorship. This false sense of safety provides effective "resistance to uncovering resistance" by blocking other, "normal," manifestations of resistance that would otherwise occur through the effects of the *inhibiting, censoring images of authority* that have been replaced by the affectionate one.

The greater difficulty in analyzing transferences of affectionate safety lies especially in the degree to which they blend in with the analyst's wish to be regarded as noncritical. One is often reluctant to recognize that the analysand's ability to acquire a viable sense of *objective safety* in allowing inner spontaneity and its disclosure is an incremental process through analysis of the inhibiting fantasies of danger. It takes a long time for most patients to risk emotionally (and often intellectually) accepting the analyst as *analyst* and as actually working with a *morally neutral* attitude. It is often safer for the patient to choose between the fantasy of a critically restraining image or an affectionately forgiving one.

We are naturally reluctant to examine the supportive elements of transference. Beyond their virtually ubiquitous use for psychotherapeutic relief of human suffering, these aspects of transference contribute to the matrix of congenial relatedness among people generally. As *transference fantasy*, their presence is often difficult to demonstrate even in a consistently neutral analytic situation, virtually impossible in a non-neutral one. *Acts of kindness, of humaneness, and the provision of empathic com-*

munication or consolations about life outside the analytic situation may render the experience too similar to the fantasy to demonstrate transference convincingly.

The advantages of analyzing ostensibly benign, supportive elements rather than using them for purposes of "alliance" in the analytic situation are stressed in the work of Curtis (1979) and Stein (1981). Brenner (1979) captured the essence of the matter: "It is as important to understand why a patient is closely 'allied' with his analyst in the analytic work as it is to understand why there seems to be no 'alliance' at all" (p. 150). The structural theory and the revision of the problem of anxiety have not only made it possible to analyze these elements but have shown the analytic necessity for doing so. It remains, however, an idea whose wide acceptance in practice is lagging.

The history of Freud's reluctance to abandon parts of his pre-1926 theory and practice is particularly clear in this area of technique. Let us review some of it. Freud's (1913) need for suggestive influence was clear: "It remains the first aim of the treatment to attach [effective transference] to it and to the person of the doctor. . . . [to] link up the doctor with one of the imagos of the people by whom he was accustomed to be treated with *affection*" (p. 139-140, italics added). Further (1914), "If the patient starts his treatment under the auspices of a mild and unpronounced positive transference it makes it possible at first for him to unearth his memories *just as he would under hypnosis* . . ." (p. 151, italics added).

Although Freud's (1926) revision of the theory of anxiety would render obsolete—in theory—the necessity for technical *dependence* on transference influence to overcome resistance, his own technical discussions led analysts for decades to continue it in practice; the most explicit evidence is found in the concept of the not-to-be-disturbed "unobjectionable" (Freud, 1912, p. 105) part of the transference. Freud credited Ferenczi (1909) with the discovery that there are two kinds of hypnotism: ". . . one *coaxing and soothing* . . . modelled on the mother, and another

threatening, which is derived from the father (Freud, 1921, p. 127, italics added). Near the end of his life, Freud (1940) was still encouraging suggestion, now in structural terms: "... transference brings with it ... advantages. If the patient puts the analyst in the place of the father (or mother), he is also *giving him the power which his super-ego exercises over his ego, since his parents were, as we know, the origin of his super-ego*" (p. 175, italics added). Harkening back to Ferenczi, Freud said more about the "advantage": "With the mention of resistance we have reached the ... more important part of our task. ... we desire ... that the ego ... shall dare to take the offensive in order to reconquer what has been lost. ... The ego draws back in alarm from such undertakings, which seem dangerous and threaten unpleasure; *it must be constantly encouraged and soothed* if it is not to fail us" (p. 178, italics added). Here Freud clearly illustrated exploiting the *use* of transference re-externalization rather than analyzing it.

The influential transference images, although they may free the patient from some anxiety and resistances, are nevertheless clearly incompatible with an analytically earned, rational view of the analyst as neutral. *Whenever these transference images are allowed to remain influential, an important part of the patient's ego's superego activity and potential for neurosis remains unanalyzed.*

Stein (1981, p. 881), questioning the unobjectionable part of the transference, drew upon Lewin's (1955) comparison of the speaking analyst to one who awakens a dreamer, and observed, "Inevitably [the analyst] becomes the transference representative of ... the conscience." Stein continued: "I would venture that the loving, conscious, unobjectionable part of the transference is directed toward the analyst as the one who *soothes*, who induces sleep and *allows the patient to feel less frightened*" (italics added).²

From the above, it should be apparent that the "coaxing and soothing" images (often of the non-disciplining parent or some-

² See also Schafer's (1960) germane contribution on the "loving and beloved" superego.

times only another view of the same parent) are mobilized to create an illusion not unlike that of an all-accepting mother or of an especially benevolent, forgiving father-confessor. The patient is (transferentially) convinced that: "My listener has such positive, personal feelings for me that it is *safe* to reveal a *certain number* of secret things about myself." As I have described, this contrasts with the use of transferred images of a stern authority to provoke inhibiting defenses, experienced as: "My listener is a potentially wrathful one, so I will try even harder to remain good and not think of or speak of forbidden things."

Transferentially encouraging, anxiety-relieving images are, of course, capable of enormous influence. They, alternatively with the inhibiting images, are the essential backbone of the vast majority of psychotherapies. Fundamentalist religious ideologies are an example, par excellence, of the ubiquitous phenomenon of projecting early loving parental images *in the service of reducing anxiety and guilt*. The portrayal of a loving, forgiving "savior" can frequently produce tranquillity and compliance in an ego plagued by conflict anxiety. Obviously the fundamentalist example contains, alternatively, a re-externalized threat of punishment.

Although we have been considering anxiety-relieving transferences that may, during the analysis, exert their significant influence rather subtly, there are clinical moments that draw our attention more conspicuously to the existence of an influencing authority who is an *uninhibiting* figure in the transference. This occurs when the affectionate, approving, indulging image becomes exaggeratedly encouraging, as in the case of transference of the image of a parent who has vicariously acted out by chronically (compared to acutely traumatic) and seductively promoting the child's sexual or aggressive development. In the analysis the result may initially be a lowering of resistance to emerging instinctual elements, but such conditions may rapidly become too stimulating, too permissive, and the resulting conflict may lead the patient to reach for a different transference image, one of an inhibiting authority. Here, the patient

may be caught between two equally disturbing alternatives and will have to avoid the analyst out of fear of either overstimulation or excessive harshness. At such times it becomes clear that his or her belief in the possibility of a neutral, objective listener is indeed remote, and the analysis of the resistance is indeed challenging. In such cases, unless the analyst can demonstrate the re-creation of these erstwhile internalized superego influences of the ego and how they work in their transferential versions, the patient may perceive no recourse but to try new adjustments with some fresh influences of a newly internalized illusion of authority. The patient may “insist” on *converting* to a safer equilibrium.

II

TRANSFERENCE OF AFFECTIONATELY PERMISSIVE AUTHORITY, AND WIDER-SCOPE ANALYSIS

I shall briefly examine some of the implications and inadvertent effects the treatment of wider-scope patients has had on progress in the area of analyzing how patients use transference and re-externalization of affectionate authority for purposes of resistance.

Recent access to letters of Freud and Ferenczi provide us with more than data for gossip. I am grateful to Ilse Grubrich-Simitis (1986) for her elaboration on six previously unavailable letters of Freud and Ferenczi. Her inclusions from the Ferenczi-Rank literature are also relevant to my topic and may help us to avoid repeating what we do not remember. She reminds us that Ferenczi was, without doubt, “the first systematic investigator of severe ego-pathologies and their treatment . . .” (p. 276). His clinical encounters and personal skills in his work with the wider scope of patients convinced him of a need for stressing flexibility in the analyst’s responsiveness, and he illustrated this well in his writings. Certain ad hominem anecdotes concerning Ferenczi’s deviations or innovations have only obscured our recog-

dition that in our field, trends toward nurturance and care-taking are inevitable; although they may well be emphasized because of individual needs of some therapists, they need not depend on personal idiosyncracies.

Analysts, at times, take a variety of necessary, parent-like, authoritative roles in their analytic work with children, often with adolescents, and sometimes with those adults whom Freud (1940) characterized as having "remained so infantile that in analysis too they can only be treated as children" (p. 175). In simple terms, these authoritative roles include selective disciplinary and certain permissive attitudes, often confined to the treatment setting. What these therapeutic positions have in common is that they provide auxiliary superego roles, on the therapist's assumption that ego immaturity or distortion exists to such a degree that the patient would be harmed or unable to mobilize any therapeutic momentum without such supports. In a limited way, we can usefully characterize as *paternalistic* and/or *maternalistic* those early and persisting forms of analytic technique that use transferentially influencing auxiliary measures. In the probably more familiar and time-honored transference images of paternalistic forms, the patient, pressed by a "fundamental rule," is subservient to a feared authority whose presence, *inner* and *outer*, stimulates superego forces to overcome, not analyze, resistance.

The attitudes of analysts dealing with wider-scope patients are central to our *second* kind of transferential non-analytic influence on resistance; they are predominantly *maternalistic* in nature. The transference images involved are likely to be affectionately tender and caring, tolerant, permissive and/or soothing of fears (distinct from but not exclusive of libidinally gratifying elements). Ferenczi (1931) spoke of a need for technique "in peculiarly difficult cases" (p. 128) "rather like that of an affectionate mother . . ." (p. 137); elsewhere (1929) he said, "What such neurotics need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery" (p. 124). Rank eventually carried his interests in providing patients with

infant-like conditions for his “analytic” explorations to the point of a planned, limited, nine-month (i.e., gestational) period for the treatment.

As the data are reviewed, it becomes apparent that Ferenczi, in collaboration with Rank (1924), stressed interpersonal techniques (intended for real and/or ostensibly primitive needs) that considerably *excluded* mature ego participation by the patient. A methodological trend of psychoanalytic practice evolved rapidly and regressively, and was made explicit and embraced. Ferenczi and Rank declared, “This possibility of *reviving hypnosis*, or other suggestive techniques, in analytic therapy would then perhaps represent the *culmination of a development which inclines—in our view correctly—towards a simplification of analytic technique*” (p. 62, italics added). Concerning training, they wrote: “Reducing the method to more simple elements . . . would have, in time, inestimable practical consequences; on the one hand the acquisition of psychoanalytic knowledge by doctors in general (and not just by psychotherapists) would be much easier and on the other, the nature and length of treatment would undergo an essential simplification. Given this level of practical accomplishment, the splendid isolation which was indispensable for the creation and elaboration of psychoanalysis, would no longer need to be maintained so strictly” (p. 63). So much for training standards.

Grubrich-Simitis (1986) reminds us that “it was Michael Balint alone who, *expressis verbis*, carried on his teacher’s legacy, citing [Ferenczi’s] concepts over and over . . .” (p. 275). Balint repeatedly brought his ideas to groups of physicians in the United States.³

Some of the inheritors of Ferenczi’s and Balint’s creative interests in intensive applications of aspects of psychoanalytic thinking for the wider range of patients have at some point ac-

³ In response to Ferenczi and Rank’s book, Freud wrote to Ferenczi in 1924 of his impression “that the path opened up here could lead away from psychoanalysis, that it promises to become a path for travelling salesmen” (see Grubrich-Simitis, 1986, p. 267).

knowledge that what they are attempting would not be applicable to the traditional scope of analytic patients. These acknowledgments are often blurred by time and disciples. Yet, it is unrealistic to expect analytic innovators to be protective of existing areas of theory and practice; that is not part of creativity.

It should be obvious that many wider-scope patients are beset with deeper, often intractable resistance against developing a capacity for relative autonomy and acceptance of reality. The egos of such patients require protective measures *that preclude some of the aims of essential psychoanalytic methodology*. These aims include full consciousness of the detailed existence of and motivations for defensive contributions against instinctual derivatives, in particular the ego's superego activities. Of course, the resistances I speak of are, in varying degrees, ubiquitous. What follows from this is that whenever new analytical methods are developed for working with more vulnerable patients, analysts find such approaches often (secondarily) appealing for more general use. The practitioner is relieved of the significant challenge of having to analyze all the restraints of neurotic fear, or the anxiety-relieving, affectionately permissive maternal-like fantasies. Instead, by letting the patient retain important degrees of *unconscious* internalized superego defense, the analyst exposes the patient *and himself or herself* to fewer manifestations of live primitive impulses.

Schlesinger (1988), recognizing the influence of Ferenczi and Rank on psychoanalytic psychotherapy, notes the resulting shift of emphases in modes of theory and practice. He states: "For many theorists the affective aspects of the process came to be seen as having less to do with the energetic components of a repressed idea and more to do with the affective climate in which the treatment takes place. The therapeutic relationship began to be seen as the 'message' as well as the 'medium.' The empathic bond was seen as equally important to the effectiveness of interpretation as the ideational content. In this way, 'suggestion,' implying the power of the relationship, which officially had been excluded from among the therapeutic factors relied

upon by psychoanalysis, returned and was reembraced, though under a series of different names" (p. 16). Schlesinger refers to this "reembraced" suggestion as a "bonding" (*ibid.*) and suggests that the new forms of the "unobjectionable positive transference" include Alexander and French's (1946) "corrective emotional experience" and Weiss and Sampson's (1986) "passing the patient's test." Schlesinger appears uneasy about separating the therapeutic actions of psychoanalytic psychotherapy from those of psychoanalysis proper. He regards "analyzing . . . any suggestive element in the treatment situation, including the transference" (1988, p. 13), as—contrary to my own view—a "fastidious goal" (*ibid.*).

The supportive, therapeutic *uses* of transference, widely true for object-relations practitioners, draw especially on preoedipal elements of maternal relatedness. Modell exemplifies this in his recent continued elaboration of Winnicott's (1965) "holding environment." Here, Modell (1988) includes a dedication to Balint (p. 590). He recognizes his affinity with Schlesinger's characterizations of the "medium" as the "message" (p. 584). He intends for the patient to experience what he describes as a "dependent/containing transference" as part of the "psychoanalytic setting" (p. 577), an unanalyzed aspect of the "medium." In Modell's opinion, this transference safety net *needs* to remain in place for those patients whose vulnerability is characterized by "*any threat to the integrity of the self*" (p. 591).

If Modell were to confine his theory and methodological recommendations to the clinical area of narcissistic pathology which he is primarily addressing, I believe his characterization of the *dependent/containing transference* might contribute to a unifying spectrum of analytic theory and practice; it could provide a better theoretical avenue for clarifying choices of analytic technique based on clinical differences in patients. The familiar and inevitable problem arising from most wider-scope schools is illustrated when Modell states that "we . . . learn that . . . *this* fear regarding the integrity of the self may be *universal*"; he believes "that *all* patients seek to establish certain conditions of safety in order to *protect the self*" (p. 592, italics added).

To the extent that wider-scope theorists successfully teach analysts that there is a ubiquitous clinical *need to preserve* safety-seeking aspects of transferences of defense, they inadvertently detract from the possibility of effective analysis of the ego and superego activities for many patients who demonstrably do not need such limitations.

If, and whenever, Modell's description of self-vulnerability portrays accurately the psychopathology of the patients primarily in question, I suggest that it occurs in individuals with egos trying to cope with very primitive aggressive potential by means of very primitive internalized fantasies of authority. Such archaic presuperego intrapsychic components may defy conflict analysis and only "modify" through auxilliary internalization. Such patients cannot risk trusting the analyst, *unless* they can project protective pregenital maternal fantasies, dynamically quite akin to religious faith, for which "dependent/containing" is a reasonable label. Patients who do not need such supportive maintenance of certain defense transferences have an ego maturation that transfers images of less primitive parental caretakers, and does so to secure safety against anxiety related to the more familiar dangers, not to prevent loss of integrity of the self.

In both instances a major therapeutic aim and action will be progressive *modification* of the form and intensity of the superego activities. In the case of therapeutic actions dependent on an "object-relations" approach, change would depend on fresh reinternalizations of a fantasy of relatedness to authority, still unconscious but more benign than the primitive pathological versions—which, as in any analysis, will continue to exist in the patient as a *potential* regression. The effectiveness of the new internalization will depend on the *continued existence* of a fantasy of object relatedness with the analyst. That bonding fantasy is involved in the various versions of the "unobjectionable transference," whatever it may be named.

For patients with less primitive superego pathology, it is possible to approach analytically the re-externalized transferential repetitions of protective fantasies, either the inhibiting, control-

ling images or the anxiety-relieving, affectionately permissive images we have been examining. Such analyzing brings into consciousness vital aspects of the ego's defensive patterns of superego activity that the analytic aims and tasks strongly mobilized as resistance from the beginning of the analysis.

Regarding the therapeutic claims of these two analytic methodologies, I think there is much to be said for each. With highly narcissistically vulnerable analysands, *as long as the continuing unanalyzed influence of an internalized bonding fantasy of the object-relations approach Modell recommends remains undisturbed*, I could envision general symptomatic relief comparable to a standard structural approach. On the other hand, what may be gained if such safety-seeking fantasies can be analyzed instead of used as a silent part of the therapeutic "medium" is achievement of a greater measure of capacity for exercising ego autonomy from unconsciously motivated superego activities. Though it may not be as important in many other aspects of life, this added measure of capacity for autonomy is essential for practicing analysts, for they must be able to achieve the degree of selected, transient, moral neutrality that is so advantageous in analyzing the superego activities of the egos of other individuals.

In summary: I am arguing that unless the point is made that methodologies dealing with wider-scope patients represent alternatives required only by analysands who are unanalyzable by more conventional conflict- and resistance-oriented analytic technique, their use may discourage or preclude a much wider potential for the analysis of the ego's superego functionings.

III

ON DIMINISHING THE UNANALYTIC EFFECTS OF SUPPORTIVE TRANSFERENCE

Having argued against relying on transference of superego elements for overcoming resistance in the analysis of those patients who are potentially able to gain more from essential psycho-

analysis, I shall consider some ways of minimizing such measures. Some inroads into this subject were part of my introductory paper (Gray, 1987). In the case of the second form of re-externalized affectionate, possibly more maternally based transferences, the task, for reasons I have touched on, is more challenging for the analyst, but rewarding for the patient.

First, let us consider some transference *messages* the *medium* might convey and how to substitute for them the messages the analyst relays: the ideas intended to further patients' conscious, rational, and usable insight into how their mind works, so that they may gain greater autonomous control over it (as contrasted with interpersonal fantasy). Kohut left us with a useful description of a part of the mother *as medium* that has a self-esteem building ("affirming") effect for the small child: "the gleam in the mother's eye." In a workshop at the International Congress in Vienna, I asked him how much "gleam" he felt should be conveyed in the analyst's comments to the patient. His quick reply was, "You cannot do analysis with a computer!" I believe that answer avoids the point. Actually, there is a considerable range of non-gleam, non-affirming attitudes the analyst can impart without beginning to resemble an impersonal computer.

What the analyst chooses to convey stems, optimally, from an ad hoc clinical decision. I am aware that the distortions of unanalyzed transference weigh heavily on what attitude the patient hears in any communication of the analyst. A professional man with considerable narcissistic character disturbance, with whom I chose to speak at one point in a particularly thoughtful, gentle voice, shook his head from side to side as though wishing to shut out my voice, and cried out, "Why are you shouting at me?" He was not being facetious; he heard it that way. Nevertheless, what the analyst manifestly conveys, the patient in most instances eventually perceives either as though the analyst is one who wishes to make an idea intellectually clear, or as though the analyst is willing, instead, to be supportive by being an "understanding" person.

It is dismaying the way many of the attitudinal components of

wider-scope methodologies have spilled over into analytic contexts where such attitudes are unnecessary and contraindicated. I have “sat in” at classes in “standard” technique where the instructor gave advice about the *manner of speaking* to analysands. One recommendation was that the analyst always “share empathy” by speaking movingly and sympathetically when referring to a patient’s painful affect. A different setting yielded a suggestion that the analyst speak softly and tenderly, as a lover might share an intimate thought. Another group was instructed that to “like” the patient would be an especially important factor in the success of an analysis—there seemed only a choice between liking and disliking, no mention of tactful objectivity. The therapeutic anxiety-relieving effects of emotionally charged comments, when well timed, can, of course, be profound. I would suggest, however, that the structure of the superego activities of the patient’s ego would be merely bypassed and would remain basically unchanged. My contention is that with patients not strikingly narcissistically vulnerable, one can, with tact and experience, verbally engage the patient’s observing capacities without inviting the transferential influence of an affectionate, sympathetic, re-externalized parental image.

The second approach to minimizing the anxiety-relieving uses of maternal-like transferences (I recognize that the transferred figure need not be a woman) is by *analyzing the way the patient uses such repetitions of resistance*. That such uses may secondarily also be gratifying is taken for granted, but in an essential analytic situation, there is technical advantage in giving priority to the defensive aspect.

The sound of the analyst’s voice might also be viewed as part of the setting, the medium; it is easily used by the analyst to convey a “gleam” or by the patient’s transference fantasy to imagine a “gleam.” Here is an example of not letting the patient settle for using the medium as the message, having to do with the analyst’s voice. A woman analysand had for some time gained the freedom to permit and describe the experience of allowing the sound of my voice—manifestly conversationally objective—to flow over her in a gratifying way, linked by associ-

ation to certain bathing experiences. Eventually, it became clearer that precisely at moments when I was conveying some insight about an inhibition of her own self-observing capacity, she would successfully avoid "grasping" the content of what I was saying. As we analyzed the danger of revealing her observing and intellectual skill in my presence, she eventually reached the freedom, as she put it, "to go either way; I can let it flow over me, or I can take the ideas and use them." As Schlesinger (1985) has pointed out, what remains inhibited is often the capacity for taking positive "action" with insights. I emphasize (and this may be Schlesinger's emphasis as well) that the neglected "action" is to exercise the capacity for furthering one's analytic progress in the analytic situation, and so to gain individual, as contrasted with primarily interpersonally dependent, self-observing, and self-analyzing ability.

Transferences as part of the "medium" are not essentially different from any other transferences. They involve fantasies based on previous experience that in the analytic situation attach themselves to the analyst or the analyst's environment, primarily to provide resistance against anxiety.

A woman musician, early in analysis, had overcome, *for a while*, her inhibition of using her talent. It became clear eventually that her "relief" while performing was connected with a transference fantasy of "finally" finding someone who listened with warmly approving pleasure when she spoke about her musical and sensual interests. In the often unappreciative atmosphere of her early childhood, only a governess had for several years warmly encouraged her early musical interests. Now, much later in the analysis, she was again, this time through insight, overcoming her inhibition. She spoke of how, after a recent, more confident performance, she had received two recalls to the stage for applause and had become aware of the exciting thought that "I finally even outdid my sister." She paused, and added, "If you had been there, you would have been proud of me." Shortly after the analyst noted this, she could see how she had just taken refuge in the familiar transferential relationship of a little girl with an affectionate, encouraging authority, in

order to deny having just confessed to pleasure in the competitive use of her adult skills. She then commented, "Actually, it now occurs to me if you'd been there, what you'd have felt would've probably been admiration . . . [a pause] or even envy that I'm that good." The evidence here of conflicted phallic-oedipal issues did not now "develop" in the analysis after a deficit had been filled; they were there all along, but she had resisted them with pregenital defenses.

A young man in his early twenties, with many adolescent qualities, had previously been in therapy, which he characterized as not helpful. Early in analysis—and for the first time in any treatment—he spoke rather freely of many personal experiences which obviously conflicted sharply with his current ideals. He indicated so often what a great relief it was to unburden himself of these things at last to someone he "knew" liked him that I eventually inquired tactfully about the nature of that view of me as "liking" him. With a sudden anxious insistence, he said, "Don't you *ever* question that feeling of mine . . . [pause, quieter] . . . at least for a couple of years." It is not surprising that his sense of time, which he needed in order to cling to such a defense transference fantasy, referred to his regressive infantile distortions of his ego needs, rather than to some actual ego deficit requiring replacement. He would begin to explore the anxiety-relieving fantasy long before his estimated time. As the fantasy of the affectionately permissive figure—in this instance a favorite uncle—became analyzed and was not protecting him any longer, he was gradually able to take on the experience and analysis of the anxiety he was resisting. The resistance use of the transference for purposes of safety was quite separate from the eventually accessible id transference of homosexual impulses.

DISCUSSION

By now it should be clear that I believe that analysis of the ego's superego activities is central to the analysis of resistance. The

extent to which superego analysis is possible or desirable can provide a very practical dividing line or zone, dividing those patients who are clinically suitable for essential psychoanalysis from those who are not, or are less so, and who instead need to be permitted transferentially supportive elements, a concession that *naturally compromises resistance analysis*.

In the realm of intensive exploratory therapies, we really cannot expect any general agreement about which “schools” are practicing *psychoanalysis* and which are practicing something else. The title has become so valued that it virtually sticks to any or all of the variations. Be that as it may, I argue that we need some kind of designation as to the kind of psychoanalysis being practiced, in order to keep alive the issue that qualitative differences are involved; a merely quantitative continuum obscures much that is clinically crucial.

I propose that *essential psychoanalysis* refer to an essentially uncompromised, resistance analysis and that *wider-scope psychoanalysis*, including “object relations” analysis, refer to methods that need to preserve certain transferences of defense in order to achieve their goals. Further, I feel that there is an important key to some unifying concepts between, on the one hand, methodologies with analytic theories based on object relations concepts and, on the other, those oriented toward the object aspects of Freudian structural theory (Lussier, 1988; Spruiell, 1988), emphasizing analysis of defense/resistance arising out of conflict. This key lies in better comprehension of the analysis of the ego's superego activities. By unifying, I do not mean seeing a continuum that minimizes differences, but instead a qualitative highlighting of the differences in methodology and clinical application within the framework of a single theory—the structural and instinctual drive theory.

CONCLUSION

I have described and explored the resistance aspects of the re-externalized and transferred images of authority—ordinarily

serving internally as part of the ego's superego activities—that offer a false, fantasied sense of safety. I have examined how some wider-scope analyses utilize this transference for support, and how generalizing the necessity for doing so hampers the development of the analysis of the ego's superego activities. I offered clinical examples of reducing the patient's use of this kind of transference for resistance. Finally, I suggested that some unification of our diverging theories can follow from clearer conceptualization of the analysis of the ego's superego activities.

REFERENCES

- ALEXANDER, F. & FRENCH, T. M. (1946). *Psychoanalytic Therapy. Principles and Applications*. New York: Ronald Press.
- ARLOW, J. A. & BRENNER, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. New York: Int. Univ. Press.
- BRENNER, C. (1979). Working alliance, therapeutic alliance, and transference. *J. Amer. Psychoanal. Assn., Suppl.*, 27:137-157.
- CURTIS, H. C. (1979). The concept of therapeutic alliance: implications for the "widening scope." *J. Amer. Psychoanal. Assn., Suppl.*, 27:159-192.
- ESMAN, A. H. (1972). Adolescence and the consolidation of values. In *Moral Values and the Superego Concept in Psychoanalysis*, ed. S. C. Post. New York: Int. Univ. Press, pp. 87-100.
- FERENCZI, S. (1909). Introjection and transference. In *First Contributions to Psycho-Analysis*. New York: Brunner/Mazel, 1980, pp. 35-93.
- (1929). The principle of relaxation and catharsis. In *Final Contributions to the Problems and Methods of Psycho-Analysis*. New York: Brunner/Mazel, 1980, pp. 108-125.
- (1931). Child analysis in the analysis of adults. In *Op. cit.*, pp. 126-142.
- & RANK, O. (1924). *The Development of Psychoanalysis*. New York/Washington DC: Nerv. & Ment. Dis. Publ., 1925.
- FREUD, S. (1912). The dynamics of transference. *S.E.*, 12.
- (1913). On beginning the treatment. (Further recommendations on the technique of psycho-analysis I.) *S.E.*, 12.
- (1914). Remembering, repeating and working-through. (Further recommendations on the technique of psycho-analysis II.) *S.E.*, 12.
- (1921). Group psychology and the analysis of the ego. *S.E.*, 18.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- (1940). An outline of psycho-analysis. *S.E.*, 23.
- GRAY, P. (1987). On the technique of analysis of the superego—an introduction. *Psychoanal. Q.*, 56:130-154.

- GRUBRICHI-SIMITIS, I. (1986). Six letters of Sigmund Freud and Sándor Ferenczi on the interrelationship of psychoanalytic theory and technique. *Int. Rev. Psychoanal.*, 13:259-277.
- LEWIN, B. D. (1955). Dream psychology and the analytic situation. *Psychoanal. Q.*, 24:169-199.
- LUSSIER, A. (1988). The limitations of the object relations model. *Psychoanal. Q.*, 57:528-546.
- MODELL, A. H. (1988). The centrality of the psychoanalytic setting and the changing aims of treatment. A perspective from a theory of object relations. *Psychoanal. Q.*, 57:577-596.
- SANDLER, J. (1960). On the concept of the superego. *Psychoanal. Study Child*, 15:128-162.
- SCHAFER, R. (1960). The loving and beloved superego in Freud's structural theory. *Psychoanal. Study Child*, 15:163-188.
- SCHLESINGER, H. J. (1985). Some "ingredients" of effective interpretation. Presented to the meeting of the American Psychoanalytic Association, December.
- (1988). Historical overview of the mode of therapeutic action of psychoanalytic psychotherapy. In *How Does Treatment Help? On the Modes of Therapeutic Action of Psychoanalytic Psychotherapy*, ed. A. Rothstein. Madison, CT: Int. Univ. Press, pp. 7-27.
- SPRUIELL, V. (1988). The indivisibility of Freudian object relations and drive theories. *Psychoanal. Q.*, 57:597-625.
- STEIN, M. H. (1981). The unobjectionable part of the transference. *J. Amer. Psychoanal. Assn.*, 29:869-892.
- WEISS, J. & SAMPSON, H. (1986). *The Psychoanalytic Process. Theory, Clinical Observations and Empirical Research*. New York: Guilford.
- WINNICOTT, D. W. (1965). *The Maturation Process and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: Int. Univ. Press.

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PAIN, AGGRESSION, FANTASY, AND CONCEPTS OF SADOMASOCHISM

BY WILLIAM I. GROSSMAN, M.D.

Traumatized infants and children may exhibit syndromes of aggressive, pain-seeking, and self-destructive behavior resembling the so-called sadomasochism seen in adults. Three hypotheses are offered to account for the repetition of sadomasochistic phenomena in childhood and later character disorders: 1) pain and painful affects are sources of aggression; 2) the need to control aggression plays an important role in the development of psychic structure; 3) child abuse and trauma impair the ability to use fantasy for the mastery of impulses. Difficulty in expression and control of aggression are central issues in character disorders.

. . . children have become the main subject of psychoanalytic research and have thus replaced in importance the neurotics on whom its studies began. Analysis has shown how the child lives on, almost unchanged, in the sick man as well as in the dreamer and the artist; it has thrown light on the motive forces and trends which set its characteristic stamp upon the childish nature. . . .

FREUD (1925, p. 273)

INTRODUCTION

There is a growing consensus among psychoanalysts that there are many combinations of pleasure and pain, or unpleasure, in

fantasy and behavior, which can be labeled "sadomasochism," and that there is a variety of developmental routes to these syndromes (Grossman, 1986b; Kernberg, 1988a; Maleson, 1984; Novick and Novick, 1987; Panel, 1988). Only the obligatory combination of something pleasurable with something unpleasant, particularly the seeking of sexual excitement and satisfaction in pain or humiliation, characterizes all the traits, symptoms, and behavior referred to as sadism and masochism. This wide spectrum of phenomena includes self-injury in infancy, perversions and perverse fantasies, and unconsciously motivated behavior that leads to apparently accidental suffering and "bad luck." It has become clear that there is no single, well-defined entity, syndrome, disease, or pathogenic agent that lies at the core of all the neurotic, characterologic, psychotic, and perverse behavior that we call "sadomasochistic."

One sense in which the meaning of the term sadomasochism seems to be specific is the simple descriptive sense of a conscious or unconscious fantasy that is similar to sadistic or masochistic perversions, which are the behavioral enactment of fantasies (Grossman, 1986b). The deliberate pursuit of manifestly aggressive, destructive and self-destructive behavior is also frequently called sadomasochism (regarding usage, see Maleson [1984]). This loosely descriptive, nontechnical usage of the term "sadomasochism" is followed in this paper, because the papers referred to here use the term with varying meanings.

It might be more correct to speak of "the sadomasochisms" in the same way that we speak of the depressions and Bleuler spoke of the schizophrenias. These terms imply some common surface characteristics, possibly with some interrelated etiological features. The idea of different interruptions of some common pathways to behavioral expression might also come to mind—the idea of sadomasochistic fantasies as a "final common path." However, sadomasochistic fantasies vary greatly in their content; the differences have been linked to different kinds of integration of ego and object relations (Kernberg, 1988a, 1988b).

Are there factors underlying sadomasochism(s) that might be thought to provide a foundation for the linkage of pleasure and pain throughout life? Freud's (1924) idea of "erotogenic masochism" suggests this possibility, as do formulations involving underlying physiological functions that join sexual pleasure and pain. There is evidence supporting the view that mechanisms leading to the association of pleasure with painful experience are present in everyone (Solomon, 1980), although organized and expressed differently in different people. In addition, the rapidly growing literature on the early and late sequelae of trauma and child abuse documents the accompanying disturbance of physiological, affective, cognitive, and memory functions relevant to an understanding of sadomasochism.

From our clinical, psychoanalytic perspective, an examination of the development of the drives, ego, and object relations provides a view of the way diverse kinds of experiences, affects, appetites, and satisfactions can be joined as a result of conflict resolution and patterned experiences with important figures in a person's life. The search for the sources and precursors of "sadomasochism" has brought to light important phenomena of infancy and childhood associated with childhood illness and child abuse. To be comprehensive, formulations of the origins of sadomasochism would have to account in some measure for the sadomasochistic phenomena occurring in the wake of trauma both in childhood and in adult life.

As data have accumulated from many sources, it has become clear that there is no satisfactory conceptualization that is general enough to unify the entire range of observations while retaining a psychodynamic orientation. At one extreme, there are data from child observations of the apparently preconflictual automatic repetitions of destructive and self-injurious behavior in infancy. Analogues of these phenomena occur in some of the symptoms of the post-traumatic disorders of adults. On the other hand, there are the clinical formulations concerning the self-destructiveness associated with unconscious guilt (Freud, 1924) and "entrenched suffering" (Schafer, 1984) in adults.

The purpose of this paper is to consider the range of so-called sadomasochistic phenomena, and to sketch a model that takes into account diverse observations from clinical psychoanalysis, infant observation, the study of abused children, and traumatic experiences of adults. Such an integrative formulation—to be something other than a reconstruction of early infantile fantasies—would have to begin to bridge the conceptual divide between the mental life of early childhood and the complex mental structures of neurotic adults and adults with perversions and severe character disorders. In addition, it would have to find a place for new discoveries about the physiological effects of trauma and their role in the mechanisms of repetition. However, as has always been the case in psychoanalysis, the aim is to find a psychological conceptualization that will lead to an understanding of the role of mental conflict in these problems. I shall offer formulations from the viewpoint of pain, aggression, the capacity for fantasy, and object relations.

THREE HYPOTHESES ON FANTASY, AGGRESSION, AND PAIN IN SADOMASOCHISM

For the beginning of a psychoanalytic framework for the exploration of what is loosely called sadomasochism, I suggest three basic hypotheses.

The first hypothesis is that mental organization (or structure) acquires some of its most important characteristics as the child learns to express and regulate aggression. As this occurs, the development of (unconscious) defenses against aggression contributes to both ego and superego formation. A corollary is that disturbances in the resolution of conflicts related to aggression may lead to distortions of ego and superego development and to stereotyped repetition of aggressive behavior.

The second hypothesis is that pain and painful affects are “sources” of aggression. This idea involves a number of complex theoretical questions, not the least of which are the reasons

for employing the idea of an aggressive drive and the relationship of drives and affects. Consideration of these issues would lead in other directions than those to be explored here. The essential point for this discussion is that bodily experiences are a "source" for an aggressive drive in the same way that libido has a "source" in bodily experiences. The word "source" in these instances refers to the somatic locus to which personal experience assigns the sensations associated with sexual and aggressive arousal. From this viewpoint, the aggressive and sexual drives are more similar than they are usually considered to be.

The third hypothesis is that the psychological effects of trauma, whether in infancy or adult life, are best understood in connection with the development and functioning of the capacity to fantasize. Fantasy formation is an important and complex function that both contributes to and is dependent on ego integration. I suggest that to the extent that fantasy formation is possible, some transformation and mastery of traumatic experience is possible. Severe trauma impairs the capacity for fantasy (Fish-Murray, et al., 1987), leading to a failure to transform the traumatic experience through mental activity. Instead, repetitive behavior and intrusive imagery that repeat or attempt to undo the traumatic experience are possible consequences. In addition, or alternatively, inhibitions, avoidances, and withdrawal may be attempts to avoid painful, repeated occurrences of a traumatic state. Repetitions in fantasy may contribute to the mastery of trauma, a function ascribed by Freud (1920) to the traumatic dream.¹

These formulations diminish our interest in questions about the "nature," "essence," and "origins" of sadomasochism. The problems of sadomasochism are more usefully conceptualized as the problems of the development and management of ag-

¹ These ideas on fantasy and its role in the mastery of trauma have been developed on the basis of psychoanalytic considerations. However, an excellent recent review by van der Kolk and van der Hart (1989) shows that the psychoanalytic viewpoint, based on Freud's and Piaget's ideas, owes a great deal to Janet's conceptualization of trauma, dissociation, and automatism.

gression in relation to psychosexual attachments and the development of psychic structure. If this is so, we need to consider, in terms that are also relevant to the formulation of later intrapsychic processes, the ways in which traumatic experiences contribute to the development of aggressive impulses and their transformations.

The development, expression, and regulation of affects are factors whose importance for understanding trauma and its effects have long been recognized by analysts (see Krystal, 1978). Because of this, I shall mention them only in passing. My purpose is not to minimize or neglect these important issues, but rather to contribute to a psychological conceptualization of the way such factors are expressed in the mental life as we study it clinically in psychoanalysis.

TWO SCHEMAS OF OBJECT RELATIONS AND SADOMASOCHISM IN INFANCY

The considerations outlined above were first presented in response to observations reported at meetings of the American Psychoanalytic Association in a Workshop on the Vulnerable Child in 1983 and in a Panel on Sadomasochism in Children (Panel, 1985; Grossman, 1986a).² Reports that contributed to these ideas included observations on premature infants who had been subjected to procedures that, although they were life-saving, were also painful; observations of family interactions between children and parents in which abusive parental behavior could be seen; observations of play by children whose histories were known to have involved abuse, sometimes of a sexual kind; therapy with children and families in which child abuse had occurred (Galenson, 1983, 1986, 1988; Glenn, 1978, 1984; Herzog, 1983, and in Panel, 1985; Panel, 1985; Rutenber, in Workshop, 1983). Some psychoanalytic data from child and adolescent analyses were reported as well.

² This paper is a considerably modified version of Grossman (1986a).

In all of these cases, the traumatized children had also become, in some fashion, provokers of attacks on themselves and attackers of others. Some longitudinal studies correlating trauma in childhood with aggressive behavior were also presented. The cases were dramatic and at times startling in their documentation of the fact that from early infancy on, there is a capacity to respond to traumatic treatment with destructive and self-destructive behavior.

The phase-specific conflicts occurring in connection with feeding, toileting, birth of siblings, and sexual activities have long been known as possible origins of common traumatic experiences. In addition, an overview of data on children severely traumatized in other ways suggests two broad developmental constellations, each having a different significance for the development of sadomasochistic syndromes. In one type, events external to the child's relations with its caretaker require management of a painful or traumatic situation by the caretaker, and psychological mastery of the experience by the child. In these cases, the pain or trauma organizes the object relations.

The second constellation consists of situations in which the object relations were the source of the pain, whether mental or somatic. While in the first constellation, the relations between parent and child are shaped by outside forces, in the second group, something in the relationship between the participants is the source of pain or painful affects—fear, disappointment, dejection, and so on—for the child.

The most dramatic example of the first constellation is the "neonatal pain syndrome" described by Herzog (1983), who has written extensively on the subject of abuse and trauma in infancy and childhood. The neonatal pain syndrome occurs in some premature infants who are subjected to painful procedures during the first months of life. A small number of these infants develop self-injurious behavior and provoke others to hurt them. Herzog describes two such infants. One child, Marta, was eight weeks premature. She was placed on a respirator, intravenously fed, had catheters in place, and was tied

down. Later, she was noted to be hyper-responsive to stimulation. At six weeks of age, she seemed irritable and appeared to be angry and to glare at the nurse and her mother. At follow-up over a period of months, she was reported to attack other children. She also tried to provoke others, including her parents, to hurt her, and when she could speak, she was explicit in her requests. Herzog explores the disturbed relationship between Marta's father and her depressed mother, from the time of the pregnancy until they separated when she was twenty-two months old. Reviewing the literature on the factors that may be assumed to bias neurophysiological development, Herzog discusses the possible interplay between these factors and the disturbed family interaction. Marta was still preoccupied with pain and with causing pain in her fantasies at twenty-eight months of age. However, her mother, who had formed a new relationship with a supportive man, did not comply with her requests to be hurt. In contrast, Herzog describes a similar child and her single mother whose relationship was organized around hurting one another.

Illness, medical treatment, and painful experiences of other kinds in infants and older children may make demands on the mother and other caretakers for some modification of the painful ordeal. The effects of these traumatic incidents can be greatly modified by sensitive care, even in the intensive care nursery (Gorski, 1983). The object relations are organized by the need to respond to these situations. It is of considerable interest that a relatively small proportion of children develop the markedly disturbed responses to the care in the premature nursery.

The various studies of children in this constellation show that the way the painful experience is elaborated in the mental life of the child and the way it functions in the child's relationships depends a great deal on the parental response. Parental guilt and depression, or angry responses to the child's provocative reactions to pain and discomfort, can stabilize self-destructive and provocative behavior in the child. For this reason, the rela-

tionship between early trauma and later psychological development is not a simple one.

Subsequent object relations and their attendant conflicts reflect the fantasies that evolve in the effort to deal with painful experience and the role of significant objects in it. This could be seen in the analysis, described by Glenn (1978), of a child with an anal fissure at the age of two years who later produced pain by withholding her stools.

In a general way, these childhood experiences organized around pain fit the classic model of trauma. The organizing situation, and presumably the experience, is one of being overwhelmed and helpless while being subjected to pain. In the traditional model, the response is an effort at mastery followed by the elaboration of fantasies serving libidinal gratification. The activities may involve direct sexual satisfaction and may be elaborated, in any case, as sexual fantasies.

The second constellation, in which the relationship with the parent or some other person is the source of pain is exemplified by the common forms of child abuse. For example, Herzog (Panel, 1985) described an extreme example of an infant boy whose mother forced him into painful sexual activities with her, activities which he tried to initiate later with both children and adults. Fraiberg (1982) has also described some dramatic instances of this type. She suggested that such behavior is the outcome of primitive modes of defensive adaptation. Defensive reactions, such as selective avoidance of the mother, may appear as early as three months of age. Before a year old, children may laugh giddily and kick in response to mother's aggression, as well as throw their toys provocatively. Fraiberg also discusses a "defense" she calls "transformation of affect." This is seen in the description of a mother feeding her nine-month-old son. As the baby sucks, the mother takes the bottle out of his mouth and holds it up, allowing the milk to fall into her own mouth. To the astonishment of the observers, the child laughs and kicks his feet excitedly. The author remarks: "This game is repeated six times in the course of the feeding. It is intolerable to watch" (p.

628). Other children showing a "defense" called "reversal" bump, fall, and bang their heads without apparent experience of pain. One child with this defense not only destroyed her toys but also tore her toenails until they bled. Her mother had been schizophrenic. At three, the child played with dolls, speaking in the voices of persecutors and persecuted.

Children whose usual relationship with some other person is the source of pain (physical or mental) are also familiar to us in the common pathogenic experiences of later childhood that we often hear about in analysis. For them, sadomasochistic fantasies are both the vehicle and the product of the resolution of conflicts generated in the object relations.

Describing these two constellations emphasizes only the initial organizing conditions, and certainly oversimplifies matters. However, this approach has the advantage of highlighting the range of parent-infant interactions, and the possible roles of parents as helpers or instigators in traumatic events of infancy. The trauma of painful experience in childhood includes some experience of the parent or caretaker. When the mother is the cause, or experienced as the cause, the hatred of the mother, a fantasy (or other representative of the experience), and aggression toward the mother are traumatic components of the painful experience. Isaacs (1929) emphasized the role of privation leading to frustration in the evocation of aggressive wishes and fantasies toward the mother, which in turn became projected and led to perceiving the mother as being sadistic.

These more dramatic examples may serve as models for thinking about the effects of less traumatic and more varied interactions. Complex variations occur in which some defect in the child—congenital or birth-related—may initially cause little discomfort to the child. For the mother, on the other hand, the damage to the child's appearance or function may be a severe narcissistic injury and may lead to depression or rejection of the child (Lax, 1972). The extent to which such reactions occur or are manageable may depend to a significant degree on the father's attitudes toward both mother and child. Therefore, we

can see that relationships between infants and their parents may be organized initially around factors beyond the ordinary, but that the significance of such events for later development depends on the evolving meanings of these factors to parents and child. These interactions are elaborated in the mental life of the child along "final common paths" of fantasy structures and behavior.

ON THE ORIGINS OF SADOMASOCHISM

The observations mentioned above involve infants and children who have been subjected to painful and aggressive treatment and who go on to provoke the repetition of similar experiences, as well as inflicting them on others. These children behave in ways that resemble some adult behavior that is called sadomasochistic. Are the phenomena of infancy and those of adult life simply analogous, or are they manifestations of some similar processes occurring at different stages of development? Is the source of the sadomasochism that is studied on the couch in psychoanalysis by and since Freud (1919, 1924) to be found in these florid cases of abuse in infancy, or do we need to look elsewhere to account for psychoanalytic clinical findings?

According to one line of thought, we may find the "origins" of later, so-called sadomasochism in infancy. For example, some of the infants described by Fraiberg and Herzog showed the evolution of sadomasochistic behavior after the period of trauma. It is also possible that the abuse of infants is responsible for severe and intractable forms of sadistic and masochistic behavior in later life.

Loewenstein (1938, 1957) described a far more benign version of an infant's teasing game which he named the "seduction of the aggressor." He had observed an eleven-month-old girl "being jokingly scolded by her grandmother for putting her thumb in her mouth. The baby would, with visible fright, observe the stern face of her grandmother; but as soon as she saw the grandmother smile, she would start to laugh and put her

thumb back into her mouth, with a naughty and provoking expression. . . . When the prohibition became serious, however, i.e., when the grandmother's face remained serious, the child burst into tears" (Loewenstein, 1957, p. 214). Loewenstein used the term "protomasochism," since he believed this playful teasing between children and adults contained the "essential elements" of later masochism and served as its prototype.

Adopting Loewenstein's term, Galenson (1988) suggested that there is indeed a "protomasochism," and the idea of a developmental line has been considered by others. Such ideas suggest a unitary disposition or even an origin of some kind occurring early in life and undergoing a sort of evolution. A related, though more fundamental, conception is Brenner's (1982a, 1982b) suggestion that masochism of some degree is universal as an accompaniment to superego formation. Some disposition of this kind might be an explanation for the commonplace transient and later unconscious masochistic fantasies found in a wide variety of patients.

Considerable evidence suggests, however, that there are many sources of sadomasochistic phenomena, that they can develop at any age, and that they are derived from many factors in development (see also, Blum, 1978). Moreover, it is evident that many different kinds of phenomena are considered "sadomasochism" so that the term has only the most general sort of significance.

An earlier review (Grossman, 1986b) concluded that the term "masochism" lacks specificity except when used to refer to a scenario combining some kind of sexual gratification with something (generally thought to be painful or) unpleasurable, and presented in conscious or unconscious fantasy, or in manifest perversions that are the enactment of such fantasies. Although one might use the term masochism to refer to the behavior that is a disguised expression, that is, a derivative, of such fantasies, this usage becomes confusing since the behavior usually has other, perhaps more significant, meanings and value as well. The same considerations apply to "sadomasochism."

From a purely descriptive point of view, there are many simi-

larities in the activities that are self-destructive or harmful to others throughout childhood and adult life. The same kinds of behavior can disclose a wide variety of meanings in different people and in the same person at different times.

Since terms like masochism and sadomasochism cannot be used precisely, it is not surprising that the search for the origins of sadomasochism reveals a lack of specific precursors for this final outcome which itself lacks specificity. This is the reason that most commentators agree that there are many precursors, many pathways, and many outcomes on the road to the sadomasochistic spectrum.

Consequently, over the years, psychoanalysts offered many motives to explain why children and adults displaying masochistic phenomena of neurotic, perverse, or characterological types might want to seek out experiences of pain or unpleasure. The following is a partial list: the sensation of pain was a source of pleasure "in itself"; it created excitement; it brought relief of tension; it gave a sense of reality; it avoided a fantasied other pain; it prevented punishment; it paid for another pleasure, such as sexual gratification; it avoided true pain and passivity; it served to manipulate a more powerful person; it was a means of inflicting suffering on others; it maintained magical control; it protected loved objects from destruction; suffering for a valued goal, or at the hands of an admired, feared or loved person, may be a source of great narcissistic satisfaction.

This list shows that the unpleasure might in some cases be required as a condition for pleasure, or that obtaining pleasure might be a way of making unpleasure acceptable in object relations of different kinds. It is also evident that what is considered pain or unpleasure is sometimes in the eye of the beholder.

The essential points are the following.

(1) What appears unpleasurable to an observer may be pleasurable to the patient. Even what is unpleasurable for a person in one respect may be pleasurable in another.

(2) There are motives for self-injury that serve to control aggression and to win over or control the love object, rather than to bring pleasure (Loewenstein, 1938, 1957, 1972).

(3) Such apparently painful activities may also become sources of pleasure and serve sexuality.

(4) The decisive issue seems to be whether aggression is turned against the self because of love, fear of object loss, or threat from a feared, powerful person or, instead, because these dangers have been internalized. That is, the formation of the inner control against aggression involves the internalization of representations of the relationship, an identification with the threatening adult directing its aggression toward the self. This is the model of superego formation.

(5) Behavior patterns and styles of object relatedness may appear to be stable from childhood onward, although their meaning changes in the context of advancing development. Therefore, the multiple meanings noted evolve because experiences that are painful at one time in development may become the subject of fantasies, perhaps even providing pleasure, at a later time.

(6) Physical pain has a meaning, a fact that has a great deal to do with pain tolerance. Imagined "pain" in fantasies may represent a particular relationship, among other possibilities, and may reflect the effects of fantasy formation under the impact of superego formation. Therefore, fantasies of pain may bring conscious pleasure, while serving an unconscious need for punishment. However, the enactment of those fantasies may be avoided because the real pain associated with the enactment is unacceptable.

Although the considerations outlined here argue against the idea of a common source of sadomasochistic phenomena in childhood, these studies do have relevance to clinical work with adults. By providing indications of the forms the primitive mental life may take, the observation of infants and children can show how sexual and aggressive conflicts develop in relation to one another at various ages. In an overview from a developmental viewpoint, Glenn (1985) outlined issues at different stages of child development that may lead to sexualized self-directed aggression. His outline of the developmental sources of so-called sadomasochistic phenomena might be cor-

related with the different motives for combining painful and sexual experiences that one can discern with clinical observation.

Glenn's observations do not support the idea of a true "developmental line" for "somasochism." In other words, traumatic experiences both in early infancy and at later ages may be the basis for eventual aggressive and self-destructive behavior. On the other hand, children with similar painful and traumatic experiences in infancy fare differently because of their varied object relations and conflict resolutions in later childhood and beyond.

Supplementing the data derived from infant studies, clinical study of older children by Novick and Novick (1987) demonstrates the variety of conflict and object relations leading to somasochistic behavior at different ages. Roiphe (1991) describes the relationship between a tormentor and his victim in a nursery drama, illustrating erotized aggression in teasing before the age of two.

PAIN AND AGGRESSION

The stereotyped, automatic, and urgently repetitive character of the destructive and self-destructive behavior developing out of the painful situations of childhood and child abuse often seems to be unresponsive to interpretation. Concepts like the "repetition compulsion" and the "economic point of view" address the possibility that the explanation for these behaviors is not to be found solely in the person's mental activity and conflict (A. Freud, 1967). These concepts draw our attention to factors that form the foundation on which psychological organization and conflict are developing and will develop and function. A related view suggests that very early mental development builds ego structures and a cohesive self, while later mental development involves conflict among structures and its resolution. According to the formulations to be developed here,

an essential feature of the pre-ego/post-ego distinction is the extent to which the capacity for fantasizing mediates the generation of behavior, rather than behavior being a re-enactment of what has been experienced passively.

The same observations that lead to concepts of preconflictual or nonconflictual factors point to the possibility of some physiological effects, either in the form of "imprinting" or "neurophysiological biasing" (Herzog, 1983). Although such terms lack specificity and we have no clear idea of what we might mean here by organicity, there is still much to encourage attention to organic factors. There is a growing literature demonstrating the lasting effects of severe trauma in both infants and adults. The evidence shows that severe psychological trauma produces longlasting or permanent physiological and psychological change (Fish-Murray, et al., 1987; Herzog, 1983; Kolb, 1987; van der Kolk and Greenberg, 1987). It is important to remember, in any case, that these considerations bring us to a point where it becomes difficult to differentiate the physiological and psychological determinants of mental function. After all, learning and training, too, have an organic side to them. On the other hand, interpersonal and psychological factors play an important role in physiological function. In addition, what makes a trauma a trauma is, to a significant extent, determined by psychological factors, by what the situation means to the person involved. In effect, when we come to a consideration of the consequences of trauma, especially in infancy, we cannot assume that the physiological basis for psychic function is operating as it does in the average healthy adult. Although we can say little about organic and physiological factors from our clinical point of view, it is helpful to be alert to the points in our psychological explanations at which such factors may become relevant. We are at such a point when we discuss the interactions of trauma, drives, and ego organization.

The meaning and the effect of traumatic situations depend on such factors as ego and self development and the capacity for self-regulation. The character of the fantasies and the na-

ture of the fears and wishes all play a role. Superego development and the allocation of authority, too, will determine not only what is traumatic, but how traumatic it is and what resources are available for the management of these experiences and their psychological components. Implicit in these considerations is the idea that when we say economic factors are important, we recognize that ego functioning depends on conditions like the state of arousal, need, and drive intensity. In childhood, the availability of caretakers to help regulate these conditions is especially significant. However, in both children and adults, maximal developmental attainments of functional capacity are not necessarily maintained under stress or even under most ordinary circumstances. Therefore, it is imaginable that some state of affective arousal could be so great that ordinary levels of ego function cannot be maintained.

The interrelationships of fantasy, pain, and aggression provide a psychological focus in this vast psychosomatic subject of how traumatic experiences operate and produce such tenacious effects. I shall discuss, first, a relationship between pain and aggression and, second, the way fantasy helps to master trauma or is stunted by it.

A consideration of the way pain becomes a focal point, as either something to be suffered, something to inflict on others, or a source or vehicle for pleasure, leads to the problem of the relationship between pain and the drives, specifically, aggression. I suggest that one of the ways that pain becomes a *goal* in the object relations of sadomasochistic syndromes is through its relation to aggression. It is true that various ways that pain and pleasure are connected are important and give some support to the idea of "erotogenic masochism" (Freud, 1924; see also, Solomon, 1980).³ However, clinical data suggest that the process of

³ Solomon (1980) presents evidence showing that painful and unpleasurable stimuli, in both humans and animals, produce unpleasant sensations first, and are then followed by pleasurable sensations. The same reversal takes place for pleasure. In this way, secondary motives can develop in which the unpleasurable experience is sought for its pleasurable after-effects, a mechanism that Loewenstein has described. The extent to which these processes can be shown to operate is truly impressive and provides a well-studied behavioral psychology basis with some

mastering the hostile aggression associated with pain and painful affects organizes the psychological mechanisms required to cement the object relations in sadomasochistic character pathology and related syndromes. Observations of development and pathology (Galenson, Glenn, Herzog, and Rutterberg in Panel, 1985; Galenson, 1986, 1988; McDevitt, 1983; Roiphe, 1991) are consistent with this formulation and indicate that it may be of value in understanding "normal" development.

The hypothesis I suggest is as follows: pain and painful affect (anxiety, shame, guilt, humiliation, fear) are ordinarily occurring sources of the aggressive drive, though perhaps not the only ones (Grossman, 1986a, 1986b). Accordingly, any somatic pain might be thought of as a somatic source of the aggressive drive, much as stimulation of the erotogenic zones can be regarded as sources of libido. The erotogenic zones are not the *cause* of sexual stimulation or the sexual impulses in the sense of being literally generators of those impulses. They are, however, the places that are normally sources of pleasurable sensations when stimulated and are normally stimulated during child care. In addition, erotogenic zones normally figure in sexual fantasies as sites of pleasurable activities and sensations. Pain and painful affect figure similarly in aggressive fantasies and experience. Whatever the associated physiological mechanisms may be that contribute to the tenacity of the attachment to pain, psychological development organizes the formation of fantasy structures to regulate the responses to pain and the attendant aggression. The affectionate and sexual relationships with other people are the matrix for this process.

Both pain and unpleasurable affect are obviously commonplace throughout life. In childhood, pain arises from external

probable physiological mechanisms associated with it. The nature of this process can be shown to account for some features of addiction as well as many other kinds of activities. So to this extent, the capacity for experiencing pleasure in unpleasure is, no doubt, truly universal. Similarly, the discoveries involving the release of endorphins in both sexual highs and painful experiences point in this direction.

and internal sources in the ordinary course of care. We have, therefore, an arousable and inevitably stimulated source of the aggressive drive which can be either mitigated or intensified by maternal care throughout the course of development. Although no special circumstances are required for its arousal, special circumstances lead to special necessities in relation to the management of pain, anger, and aggression by the child and by the caretaker.

Pain and painful affect evoke aggression toward those people who are perceived as the perpetrators. To preserve the relationship, the expression of aggressive impulses directed against other people who are more powerful, gratifying or dangerous, threatening, and in control must be modified in some way. In some cases, sexual activity is utilized, as are other pleasurable experiences. Sometimes, the sexual activity itself may be a part of an enforced relationship, and its pleasurable quality may be ambiguous. In childhood, as well as in the traumatic situations of later life, pleasure-unpleasure fantasies become another vehicle for the management and channeling of aggression, leading to some familiar forms of sadomasochistic fantasies.

At any age, the need to control aggressive impulses evokes the development of defenses against aggression. Whatever else this may entail in the earliest stages of development, the capacity to experience pleasure in connection with unpleasure is a universal disposition from infancy onward, although with "changing psychical coatings" as Freud (1924) said. This is probably one reason that we see traumatic situations provoking sadomasochistic phenomena at any period of life (see Blum, 1978).

An added complication arises from the fact that insofar as the child's angry and aggressive responses to pain may be upsetting to the caretaker, it is possible that the latter may respond with anger or aggressive actions in turn. This is a powerful process by which painful and aggressive interactions become entrenched and repetitive. Consequently, the person is repeatedly involved with others in sexual and aggressive struggles of domi-

nance and possession that are reflections of impaired self-object differentiation. The caretaker has the double task of relieving the sources of distress and helping with the benign management of aggression.

Patients whose behavior expresses conscious or unconscious fantasies that are organized around aggressive conflicts may try to force anyone who is supposed to be a helper or an authority, to collude in some fashion in forcing, controlling, or hurting them. Although the motives for seeking or inflicting pain may vary, as noted earlier, the partner is often required to do things that he or she might ordinarily regard as reprehensible. The fact that the partner has to struggle against being turned into an attacker may become an essential factor in any of the person's relationships—assistance, management, treatment, child care, and marriage. For a variety of motives that increase in complexity during the course of development, the patients become increasingly skilled in understanding the sensibilities of their parents, helpers, and partners. Successful provocation cements the relationship and sustains sadomasochism. To paraphrase Theodor Reik, defeat is its own reward, or rather, self-determined defeat and victory may be identical. This is one more instance of the way diverse kinds of experiences, affects, appetites, and satisfactions can be joined as a result of conflict resolutions patterned on experiences with important figures in one's life.

Such relationships have a remarkable stability. The cycles of aggressive excitement and relief, added to other associated satisfactions, help to preserve the object tie. Similarly, patients with significant sadomasochistic fantasies display "negative therapeutic reactions." They attempt to enact their fantasies in the transference, soliciting anger and abuse. This poses a serious threat to the analyst's neutrality, and may lead to a stalemate in an "interminable" treatment.

Defensive control of aggressive impulses supports the structure of the relationship and the formation of mental structures. Processes of identification and the concomitant internalization

of both roles of the relationship are associated with the generation of unpleasurable affect, such as guilt, in relation to internal conflict, leading in turn to other kinds of defenses.

Patients whose transferences take the form of sadomasochistic fantasy enactments may, by their insistent invitation to attack, induce similar conflicts in the therapist. Sometimes in subtle ways, sometimes overtly, the therapist may be placed in a position requiring submission or some aggressive behavior. Many of the difficulties in the management of such patients arise when they arouse aggression in the therapist who must struggle against it. The capacity to provoke the anger of the therapist who threatens or punishes, or must find satisfactory defenses, keeps the self-destructiveness as a source of a number of satisfactions. Even in the best of treatments of such patients, the therapist will at some time gratify and thus reinforce the patient's self-destructive method of obtaining satisfaction. At times, the therapist's hurtfulness is unconscious or rationalized as realistic, neutral, or in the best interests of the patient. In the childhood recollections of such patients, as well as in their accounts of prior treatment, we often hear of help and treatment, realistically necessary, whose administration appears to have been accomplished with a certain sadistic satisfaction.

This model of the role of aggression in mental development and treatment is familiar, since it is based on Freud's (1923, 1930) formulations concerning superego formation and the way the aggressiveness of the child increases the severity of the superego. In particular, superego functions are based in part on the internalization of the authority for control of aggression as personified by the parents. However, if we include the superego precursors of turning passivity into activity and the identification with the aggressor, the model seems to fit throughout development as a model of mental structure formation, from the most primitive to the most complex.

The various disruptions of ego functioning associated with trauma, as noted earlier, coupled with the aggressive conflicts outlined here, contribute to impaired superego development.

With the elaboration of fantasy and conflict, the occasions for pain and unpleasure, for painful and unpleasurable affects, change throughout development, just as do the danger situations (Freud, 1926) and the calamities (Brenner, 1979).

Ever since "The Economic Problem of Masochism" (Freud, 1924), psychoanalytic discussions of masochism have had more to do with the superego issues associated with the concepts of moral masochism and the negative therapeutic reaction than with perversion. Derivatives of unconscious sadomasochistic fantasies, such as humor (Dooley, 1941) and teasing (Brenman, 1952), are thought to depend on processes of superego formation for their development. Therefore, in addressing what we think are the central issues of the management of aggressive impulses, we are not surprised to find differences depending on the degree to which the control of the drive depends on the differentiation of the self and object, and on the degree of integration of superego precursors (Grossman, 1986b; Kernberg, 1984). In other words, it is a question of the ways in which the authority for the control of aggression has been internalized. These differences in superego development appear to account for important differences between the so-called sadomasochistic phenomena of children and those of adults.

FANTASY AND THE MASTERY OF PAIN AND TRAUMA

The capacity to combine unpleasurable and pleasurable, especially sexual, aims in fantasy and action appears to be present all through life. Freud (1920) discussed children's fantasies as expressed in their play as a means of taking over the active role of the object who imposes pain or frustration. To this he added that the "artistic play and artistic imitation carried out by adults . . . do not spare the spectators (for instance, in tragedy) the most painful experiences and can yet be felt by them as highly enjoyable. This is convincing proof that, even under the domi-

nance of the pleasure principle, there are ways and means enough of making what is in itself unpleasurable into a subject to be recollected and worked over in the mind" (p. 17).

In describing children with sadomasochistic behavior, I have tried to show that the ways pleasure and unpleasure, pain and aggression, are combined in their behavior resemble adult sadomasochistic fantasies and behavior. We can see that in some cases the behavior is first instigated by adults by means of sadomasochistic games. Even where nothing so consciously structured as a game is involved, parental activities expressing conscious or unconscious fantasies, for instance, in regard to feeding, bowel training, and masturbation, have a similar shaping influence. In effect, parental fantasy structures the relationship with the infant by playing out unconscious games. In other cases, the meaning and origin of specific behavior is less clear.

The specific forms of fantasy and behavior that issue from traumatic events depend on the point or points in development of drives, ego, and object relations at which the core conflicts develop and are reshaped. An important factor is the way in which these traumatic events support or limit developing ego functions and expand or restrict further developmental possibilities. Such "alterations of the ego" (Freud, 1937) may be conceptualized as lying on a continuum from organic impairments of nervous system function as a result of trauma, to the development of impulsive or inhibitory patterns of behavior and learning, to neurotic compromise formations leading to character traits and symptoms.

The role of parental fantasy in structuring the relationship with the infant has already been mentioned in connection with infant syndromes. The children I described earlier were subjected to situations in which the child's experience was narrowly channeled by a totally controlling environment with repeated experiences of helplessness and disregard of his/her feelings. In some of the cases involving frank abuse, there was a monotonous repetition of situations of torment, helplessness, enforced compliance, and a limitation of experience. These elements

suggest that whatever neurophysiological factors are involved are given a form and a developmental path that, at least for a time, is organized by the caretaker and derives its reinforcement from pain and fear.

The most extreme forms of abuse are reminiscent of the model offered by Ferenczi's "Taming of a Wild Horse" (1913).⁴ These are the infants who are overpowered and painfully controlled by the people who also tend them and provide them with whatever satisfactions they have. They are forced into patterns of interaction either by circumstances of medical care, physical or mental defects, or by disturbed parents and caretakers in whose fantasies the children are forced to take a prescribed part, in spite of and counter to their own needs. The patterns of their early ego development, object relations, and responses are shaped by these experiences that are so overwhelming that they may preclude all mental activity other than the effort to respond in some way to these experiences. With their limited ego development, young children may be able only to repeat these experiences in imagery and action, i.e., according to the sensorimotor organization described by Piaget.

The mode of mastery is restricted by a limited capacity for mental elaboration and representation.⁵ Thus, while normal

⁴ In a brief note, Ferenczi (1913) described how a noted trainer tamed a restrained wild horse by alternately striking him on the nose with some metal rings, and then speaking softly to him while feeding him sugar.

⁵ The issues under discussion concern the broader issues of developmental theory in psychoanalysis today—the relationships between developmental deficit and conflict. This touches on the interesting question of whether we can conceptualize some kind of inner conflict, other than that proposed by Melanie Klein, in the early stages of development. I believe we should attempt to do this (see also Spitz, 1966). In the early cases, the issue seems to be self-control out of fear in conflict with the caretaker, but we know nothing about its mental elaboration. Presumably there is greater representation in fantasy of this self-control the more symbolic capacity there is. This early self-control generated out of fear and pain may perhaps be considered to be the precursor of inner conflict occurring at a presymbolic, sensorimotor level of development. It may not be conflict at the level of tripartite structure, but it may be conflict. The resolution of the conflict between impulse, the effort of control, and the interaction with the other person must have some kind of representation in memory, however primitive. It may be, however, that the representation is to be found only in the behavioral organization underlying character.

adult mastery of experience relies on mental working over of experience and elaboration of plans and fantasies, this avenue will be less available the younger the child. Developing capacity for mental representation offers more possibility for the utilization of this method of mastery, as well as for the greater range of interpretation of the situation to be mastered. Greater symbolic capacity opens up the possibility of other adaptive responses. In the most immature cases, the patterns forced on the child will eventually achieve some mental representation and elaboration, unless the continuation of the traumatizing relationship interferes even further with ego development. (Herzog [Panel, 1985] has provided longitudinal data on children demonstrating both conditions.) At this end of the spectrum, the developmental problem, from the point of view of the ego, is to surmount the traumatic events from which helplessness prevents escape and to develop a capacity for mental representation and fantasy along with adaptive behavior.

There are analogues in the situations of complete helplessness suffered by adults in wartime and captivity, hostage situations, and concentration camps. The effects of this kind of treatment in adults are said to be lasting, too, which is one of the observations that suggest physiological change. In traumatic neuroses, the representations of the traumatic situations in dreams and fantasy undergo changes and are eventually repeated with distortions and elaborations, showing that they have become assimilated to the representational life. Similarly, adult patients who have been severely traumatized in childhood often behave in ways that seem to repeat the early patterns of object relations, and induce others, often unknowingly and helplessly, to repeat these patterns with them. At the same time, the fantasies embodying self- and object representations show that those patterns have found mental elaboration.

Whatever the organic substrate, the requirement for massive self-control and compliance with the powerful person in control is bound to instill methods of activity in response to impulses and to objects that are limiting to the satisfaction of libidinal and aggressive needs. To the extent that this way of looking at

the problem is correct, it is not only that pain creates a change in the nervous system, but that the associated relations shape the "alterations of the ego" and the later forms of defense.

In addition to pain and helplessness, the traumatic situations of infancy involve poverty of opportunity for the explorations and gradual acquisition of the control of self-satisfaction that develops into creation of fantasies from the elements of experience. These are extreme instances of "soul murder" that Shengold (1974, 1979, 1989) has discussed. If the victims of trauma, whether adults or children, cannot turn enforced behavior patterns into mental activity that can in some way serve to overcome the painful experiences, compulsive repetitive action and ideation is evident. In the more brutally treated individuals, there may be little transformation of the traumatic experiences that are later re-enacted with monotonous repetition, with the subject in the role of victim or aggressor, perhaps alternately. Dissociative states are another means of walling off the memory of experiences that cannot be transformed through fantasy.⁶

We may see various versions of these phenomena in analytic work with older children and adults in whom mental elaboration of traumatic experiences involves representation of both the conflict with the other person and the inner effort of control. The fantasy elaboration of the childhood experiences takes many forms, including literary transformations like those of Sacher-Masoch and de Sade (see also, Shengold, 1989). Sado-masochistic perversions enact such transformations in fantasy and turn the frightening or punitive adult of childhood into a sexual accomplice (Loewenstein, 1938; Stoller, 1975). In these enactments, as in their characterological equivalents and derivatives, identification with the pleasure of the partner is an important factor. Havelock Ellis (1936) quoted a letter from a woman who wrote:

"I believe that, when a person takes pleasure in inflicting pain, he or she imagines himself or herself in the victim's place. This

⁶ See van der Kolk and van der Hart (1989) for an interesting discussion of Janet's ideas on these issues.

would account for the transmutability of the two sets of feelings." To which she added: "I cannot understand how (as in the case mentioned by Krafft-Ebing) a man could find any pleasure in binding a girl's hands except by imagining what he supposed were her feelings, though he would probably be unconscious that he had put himself in her place" (pp. 160-161).

With the sort of model I have outlined in mind, we can see why it is, in fact, possible for attentive and thoughtful caretakers to modify the impact of traumatic illness, injury, and medical intervention. Similarly, we may understand both the mitigating effects and the limitations of later corrective developmental experiences. Where there is some opportunity for mitigation, the elements of experience of object relations and bodily sensations can be synthesized into fantasy. The fantasy becomes the mediator and the generator of behavior, our usual concept of the role of fantasy in development and daily experience.

This, then, is an outline of the role of fantasy in the mastery of traumatic experience, and the role of the child's relation to the abusing adult in the impairment of the functions of fantasy which include development of representational capacities and achievement of a sense of reality and reality testing. Insofar as fantasy is a crucial ego function, or rather a set of ego functions, we have here an important aspect of the role of the ego in the mastery of trauma, the impact of traumatic experience on ego function, and the alteration of the ego in the process.

SUMMARY

The term "somasochism" is currently used to designate a heterogeneous group of fantasies and behaviors that are characterized by pleasure obtained through hostile aggression and destructiveness. A more specifically psychoanalytic point of view uses the term for fantasies which are the expression of the obligatory combination of sexual satisfaction and its derivatives with aggression. In such fantasies, the person may be the one

who acts aggressively or is the target of the aggression that leads to pleasure.

The three hypotheses outlined here place clinical and developmental issues of sadomasochism (loosely defined) in the framework of drives and structure. The hypothesis that pain and painful affects are "sources" of the aggressive drive provides links among psychoanalytic clinical observation, child development observation, and clinical, psychological, and physiological studies of affects. The hypothesis that stresses the role of aggressive conflict and defenses against aggression in mental structure formation and stereotypic repetition, compulsive and impulsive, contributes to understanding some of the phenomena associated with trauma and child abuse. The hypothesis that fantasy formation is a factor in the overcoming of trauma, but may be impaired by trauma, places psychoanalytic observations in a framework related to psychological studies of cognition and memory organization. In effect, these formulations on "sadomasochism" form a bridge between psychoanalytic clinical observation, child development observation, and physiological and psychological studies of the effects of trauma of various kinds.

At various points in the discussion, physiological factors have been mentioned because it appears that information from both psychological and physiological research are relevant to understanding particular problems. For instance, severe trauma in both infants and adults produces long-lasting or permanent changes in psychological functioning that appear to have an organic basis. However, when we come to the interplay of physiological, psychological, and interpersonal factors in learning, memory, the attachment to pain, and the experience of trauma, the relationships are not easily sorted into primary and secondary. The issues of psychological organization and physiological functions come together, at some point, in considering both drive and ego activities. In traditional formulations, both the concept of the "repetition compulsion" and of the "economic point of view" address the possibility that some explanations of

behavior require consideration of mental activity (conflict and object relations) and factors that form the foundation on which psychological organization and conflict develop and function.

It may be that hypotheses such as those offered here will be helpful in exploring the interface between psychoanalytic, psychological, and physiological studies of "sodomasochism" and trauma.

REFERENCES

- BLUM, H. P. (1978). Psychoanalytic study of an unusual perversion. Discussion. *J. Amer. Psychoanal. Assn.*, 26:785-792.
- BRENNAN, M. (1952). On teasing and being teased: and the problem of "moral masochism." *Psychoanal. Study Child*, 7:264-285.
- BRENNER, C. (1979). The components of psychic conflict and its consequences in mental life. *Psychoanal. Q.*, 48:547-567.
- (1982a). The concept of the superego: a reformulation. *Psychoanal. Q.*, 51:501-525.
- (1982b). *The Mind in Conflict*. New York: Int. Univ. Press.
- DOOLEY, L. (1941). The relation of humor to masochism. *Psychoanal. Rev.*, 28:37-46.
- ELLIS, H. (1936). *Studies in the Psychology of Sex*, Vol. 1. New York: Random House.
- FERENCZI, S. (1913). Taming of a wild horse. In *Final Contributions to the Problems and Methods of Psychoanalysis*. New York: Basic Books, 1955, pp. 336-340.
- FISH-MURRAY, C. C., KOPY, E. V. & VAN DER KOLK, B. A. (1987). Evolving ideas: the effect of abuse on children's thought. In *Psychological Trauma*, ed. B. A. van der Kolk. Washington, D.C.: American Psychiatric Press, pp. 89-110.
- FRAIBERG, S. (1982). Pathological defenses in infancy. *Psychoanal. Q.*, 51:612-635.
- FREUD, A. (1967). Comments on psychic trauma. In *The Writings of Anna Freud*, Vol. 5. *Research at the Hampstead Child-Therapy Clinic and Other Papers, 1956-1965*. New York: Int. Univ. Press, pp. 221-241.
- FREUD, S. (1919). 'A child is being beaten': a contribution to the study of the origin of sexual perversions. *S.E.*, 17.
- (1920). Beyond the pleasure principle. *S.E.*, 18.
- (1923). The ego and the id. *S.E.*, 19.
- (1924). The economic problem of masochism. *S.E.*, 19.
- (1925). Preface to Aichhorn's *Wayward Youth*. *S.E.*, 19.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- (1930). Civilization and its discontents. *S.E.*, 21.
- (1937). Analysis terminable and interminable. *S.E.*, 23.
- GALENSON, E. (1983). A Pain-Pleasure Behavioral Complex in Mothers and Infants. Presented at the meeting of the American Psychoanalytic Association, December 15.

-
- (1986). Some thoughts about infant psychopathology and aggressive development. *Int. Rev. Psychoanal.*, 13:349-354.
- (1988). The precursors of masochism. In *Fantasy, Myth, and Reality: Essays in Honor of Jacob A. Arlow*, ed. H. P. Blum, et al. Madison, CT: Int. Univ. Press, pp. 371-379.
- GLENN, J., Editor. (1978). *Child Analysis and Therapy*. New York/London: Aronson.
- (1984). A note on loss, pain, and masochism in children. *J. Amer. Psychoanal. Assn.*, 32:63-73.
- (1985). A Developmental Approach to Masochism. New York University Post-Doctoral Seminar, June 1.
- GORSKI, P. A. (1983). Premature infant behavioral and physiological responses to caregiving interventions in the intensive care nursery. In *Frontiers of Infant Psychiatry*, ed. J. D. Call, et al. New York: Basic Books, pp. 256-263.
- GROSSMAN, W. I. (1986a). Dolore, aggressività e fantasia all'origine del sadomasochismo. *Rivista di Psicoanalisi*, 32:557-571.
- (1986b). Notes on masochism: a discussion of the history and development of a psychoanalytic concept. *Psychoanal. Q.*, 55:379-413.
- HERZOG, J. M. (1983). A neonatal intensive care syndrome: a pain complex involving neuroplasticity and psychic trauma. In *Frontiers of Infant Psychiatry*, ed. J. D. Call, et al. New York: Basic Books, pp. 291-300.
- ISAACS, S. (1929). Privation and guilt. *Int. J. Psychoanal.*, 10:335-347.
- KERNBERG, O. F. (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven/London: Yale Univ. Press.
- (1988a). Clinical dimensions of masochism. *J. Amer. Psychoanal. Assn.*, 36:1005-1029.
- (1988b). Sadomasochism, sexual excitement, and perversion. Presented at the meeting of the American Psychoanalytic Association, December 17.
- KOLB, L. C. (1987). A neuropsychological hypothesis explaining posttraumatic stress disorders. *Amer. J. Psychiat.*, 144:989-995.
- KRYSTAL, H. (1978). Trauma and affects. *Psychoanal. Study Child*, 33:81-116.
- LAX, R. F. (1972). Some aspects of the interaction between mother and impaired child: mother's narcissistic trauma. *Int. J. Psychoanal.*, 53:339-344.
- LOEWENSTEIN, R. M. (1938). L'origine du masochisme et la théorie des pulsions. *Rev. Française Psychanalyse*, 10:293-321.
- (1957). A contribution to the psychoanalytic theory of masochism. *J. Amer. Psychoanal. Assn.*, 5:197-234.
- (1972). Ego autonomy and psychoanalytic technique. *Psychoanal. Q.*, 41:1-22.
- MALESON, F. G. (1984). The multiple meanings of masochism in psychoanalytic discourse. *J. Amer. Psychoanal. Assn.*, 32:325-356.
- MCDDEVITT, J. B. (1983). The emergence of hostile aggression and its defensive and adaptive modifications during the separation-individuation process. *J. Amer. Psychoanal. Assn.*, Suppl., 31:273-300.
- NOVICK, K. K. & NOVICK, J. (1987). The essence of masochism. *Psychoanal. Study Child*, 42:353-384.
- PANEL (1985). Sadomasochism in Children. Meeting of the American Psychoanalytic Association, December 22.
- PANEL (1988). Four sequential panels on Sadism and Masochism in the Psychoana-

- lytic Process at the meeting of the American Psychoanalytic Association, December 14-18.
- ROIPHE, H. (1991). The Tormentor and the Victim in the Nursery. In press.
- SCHAFER, R. (1984). The pursuit of failure and the idealization of unhappiness. *Amer. Psychologist*, 39:398-405.
- SHENGOLD, L. (1974). Soul murder: a review. *Int. J. Psychoanal. Psychother.*, 3:366-373.
- (1979). Child abuse and deprivation: soul murder. *J. Amer. Psychoanal. Assn.*, 27:533-559.
- (1989). *Soul Murder: The Effects of Childhood Abuse and Deprivation*. New Haven/London: Yale University Press.
- SOLOMON, R. L. (1980). The opponent-process theory of acquired motivation: the costs of pleasure and the benefits of pain. *Amer. Psychologist*, 35:691-712.
- SPITZ, R. A. (1966). Metapsychology and direct infant observation. In *Psychoanalysis — A General Psychology. Essays in Honor of Heinz Hartmann*, ed. R. M. Loewenstein, et al. New York: Int. Univ. Press, pp. 123-151.
- STOLLER, R. J. (1975). *Perversion: The Erotic Form of Hatred*. New York: Pantheon.
- VAN DER KOLK, B. A. & GREENBERG, M. S. (1987). The psychobiology of the trauma response: hyperarousal, constriction, and addiction to traumatic reexposure. In *Psychological Trauma*, ed. B. A. van der Kolk. Washington, D.C.: American Psychiatric Press, pp. 63-88.
- & VAN DER HART, O. (1989). Pierre Janet and the breakdown of adaptation in psychological trauma. *Amer. J. Psychiat.*, 146:1530-1540.
- WORKSHOP (1983). The Vulnerable Child. Meetings of the American Psychoanalytic Association, December 15.

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Identification with the Victim

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IDENTIFICATION WITH THE VICTIM

BY JOHN R. MACGREGOR, M.D.

Identification with the victim is a sadomasochistic compromise formation which defends against feared or forbidden destructive-libidinal wishes as it simultaneously gratifies and punishes one for having such wishes. The process involves doing to oneself what one would do to others (or, alternately, inviting or letting others do to oneself what one would do to them). People with certain symptomatic and characterologic traits seem especially prone to this. It is hypothesized, however, that identification with the victim is an essential component of all masochism, including the normal masochism of normal superegos, and is therefore ubiquitous.

Complex sadomasochistic compromise formations are to be found in a great variety of psychopathological manifestations. In addition to their presence in the frank sadomasochistic perversions, such compromise formations are ubiquitous components of normal as well as pathological superego functioning. One such compromise formation, to which less attention has been paid than is warranted, is that of unconscious identification with the victim. In this connection, concepts of turning aggression against the self, or of unconscious guilt and self-punishment, are probably incorrect (or at least incomplete) if they do not take into account truly masochistic contributory components; unconscious fantasies of identification with the victim are likely to be part of all such psychological phenomena. This also applies to identification with the aggressor. In my opinion, it,

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too, is always accompanied by a simultaneous identification with the victim, although the latter may be less obvious. In expressing these views, I am proposing an addendum to, not a substitution for, the theory of masochism.

As a compromise formation, the process of identification with the victim can be described in the following way. It involves doing to oneself what one would do to others (or, alternately, inviting or letting others do to oneself what one would do to them). This defends against the fear of and guilt over wishing harm on someone, as it simultaneously gratifies such wishes by vicariously enacting them upon oneself. (Talion punishment is related to this sort of identification.) Identification with the victim also serves as an effective resistance, because patients have difficulty in recognizing themselves as would-be culprits or perpetrators of a crime when they are playing the role of victim of that crime. Finally, identification with the victim provides an adaptation to the outer world by protecting the intended victim from actual harm.

Some of the symptomatic and characterologic types in which I have regularly found identification with the victim to play an important role have included those with masochistic characters, individuals who become neurotic when successful (as described by Freud in 1916), people who have attempted suicide, those who have negative therapeutic reactions, depressives, pathologically passive individuals, and those who have a strong character trait of mockery. More generally, however, identification with the victim is discernible wherever there is masochism: in any diagnostic category, in any psychosexual level of conflict, or, for that matter, in *anyone*, even in normal people with normal superegos. I will discuss these points in greater detail below, after first reviewing some of the literature on identification with the victim.

REVIEW OF THE LITERATURE

Various authors have fleetingly referred to identification with the victim as a subsidiary component of masochism. Freud was

the first, although he did not label it as such. Maleson (1984), writing on the multiple meanings of masochism, summarized Freud's early views on the subject:

In Freud's largely theoretical "Instincts and Their Vicissitudes" . . . the terms sadism and masochism retained their double meanings. Instinctually, sadism was now unequivocally primary; masochism was its redirected form, a defensive shift (active to passive; change of object) made necessary by unspecified motive forces against the direct expression of the sadistic component. The aim of the instinct was unchanged; *the masochist's primary mode of satisfaction occurred through the sharing of the sadist's enjoyment of the assault upon himself* (pp. 338-339, italics added).

This is the same process which Loewenstein (1957, p. 216) called "seduction of the aggressor," what Marcus (1978) called "suggestive or empathic identification," and what Reik (1939) called victory through defeat. Grossman (1986, p. 387), in designating masochism as a type of fantasy, referred to a similar process of "interchangeability of roles between subject and object . . . characteristic of such fantasies."

Loewenstein, in his 1957 article on masochism and its relationship to passivity and femininity, theorized that passive people are sometimes masochistically prone to serve as victims. It is interesting that the etymologist Joseph Shipley (1945) made a similar observation about the relationship between being passive and being victimized when he wrote about the origins of the words *active* and *passive*. Shipley noted that the Latin root for passive comes from *pati*, meaning "to suffer," and added that the recipient of *action* is the *victim*.

Perhaps the clearest expression in the literature of identification with the victim as a component of masochism was in the publication of Joseph Sandler's and Anna Freud's (1983) discussions on *The Ego and the Mechanisms of Defense*. During the discussions, Sandler commented to Anna Freud: "We see identification very much as a defense in connection with the next item on your list, the turning against the self. I think we are all

familiar with the way in which the child may resolve ambivalence by identifying with the ambivalently loved object, then turning the aggression directed toward the object onto himself. So there identification would be one aspect of turning against the self as a way of resolving a conflict" (p. 73). Anna Freud also referred to this mechanism when she said, "Of course, in reversal of roles, you could also reverse from active to passive, as in the patients who become addicted to masochistic experiences, taking the role of the victim, as a way of dealing with their own aggression" (p. 83).

Further in their discussions, Anna Freud and Sandler both noted the necessity for observing a *libidinal* component in any behavior to be designated as masochistic, so that suffering became an aim in itself. Sandler stated: "It is important to clarify this, Miss Freud, because many people use the term masochism for all forms of aggression turned against the self, and if I understand you correctly, the term should really only be used where in some way the suffering has been erotized. People who habitually damage, hurt, or punish themselves may not be masochistic in the strict sense of the term" (p. 107). Anna Freud agreed: "Quite right, because they may just look for relief from guilt, which of course they can get when they turn aggression against the self. That would not yet be masochistic, because they would have to have the secret enjoyment of being the victim. Only then should we call their turning against the self masochistic" (p. 107). I question the latter point, but will defer comment until the discussion section of this paper.

CASE MATERIAL

Two detailed descriptions of psychoanalytic cases will be presented to illustrate these processes of identification with the victim.

Case 1

Mr. A was a thirty-five-year-old lawyer with masochistic personality traits. He came for analysis because of recurring de-

pression. He felt analysis was vital for him, because if he did not change and start deriving some enjoyment out of life, he was certain he would someday kill himself. We soon learned why he had reason to fear. For example, very early in the analysis, he acted out a transference resistance by dawdling every morning in the bathtub, which made him late for his sessions. Then, he would speed to my office, recklessly weaving in and out of traffic on the highway. When we analyzed this, he recognized that he was trying to make me think about him and to miss him when he was not there. Sometimes he even threatened to take a job in another city to interrupt his analysis and to transfer to someone else, so that I would worry about his leaving me.

These associations led to a dream of discovering a dead body in a dirt embankment. He was afraid to turn over the corpse to see whose it was. His associations to the dream were about finding dead, rotting animals in the woods near his home as a boy; about having terrifying nightmares at age five when his grandfather died; and about lying awake at night, fantasizing what it would be like to be dead and rotting in a tomb. When I asked him what he fantasied it would be like, he immediately thought of his mother. She had committed suicide by driving off a cliff. The patient, by making me wait and by driving recklessly, was identifying with his mother and projecting his own identity onto me to show how it felt to be abandoned by a loved one. He reminded me that he frequently drove under the influence of alcohol and marijuana, but he laughingly told me not to worry, because he had not yet found any cliffs high enough in this area to drive off of.

As he continued to associate, he recalled a lifelong feeling that someday his parents would abandon him through divorce or death. His parents frequently had fought and spoken of divorce; and his mother had made several suicide attempts when he was a child. When she later did kill herself, Mr. A became so despondent that he made his own veiled suicide attempt by getting drunk and crashing his motorcycle into a concrete abutment. His comments about almost killing his fiancée, who was riding with him, uncovered another reason the patient tried to

stay away from people. Deep down inside he felt he was a murderer who would destroy anyone whom he truly loved, so he tried to destroy the relationship (*and himself*) before letting his feelings reach that point.

Before we finished analyzing this material, Mr. A acted out another transference resistance by embarking on a masochistic course of self-humiliation. To this end, he began bar-hopping after work with co-workers in hopes of meeting attractive women. Invariably, however, he would either drink too much and become obnoxious toward the women he was attracted to, or he would act out some self-humiliating behavior which repulsed the women. As we began to analyze such behavior, he began manifesting it more and more toward me. For instance, he began describing himself as a “pussy” to me. He revealed he acted this way in response to seeing a pretty woman leaving my office every day. She was another analysand, older than he, who, he fantasied, was either my wife or my girlfriend whom I was having intercourse with before his sessions. He was jealous and wanted to take her from me, but feared I would beat him up, kill him, or banish him from my office.

Denigrating himself as a “pussy” was a negative oedipal, self-castrative defense and compromise formation. Instead of asserting himself and competing with males, he said he was “turning both cheeks, like a defeated male baboon exposing his hindside in submission to the leader of the herd.” Fantasies of fighting in Vietnam and having his genitals blown off by a hand grenade revealed his castration anxiety and depressive affect. In association to this, he added, “Castration is a symbol for taking away power, being rendered impotent. I have unaccustomed power at work. Maybe by being a pussy, I’m hiding a wish to *be* the castrator.” “And doing to yourself what you’d like to do to me,” I said. “Right!,” he exclaimed.

Mr. A went on to enumerate several ways in which he acted like a “pussy,” such as: getting himself humiliated; not fighting back when challenged; acting passive and submissive; forfeiting

in competition to men; acting “bitchy” toward women and homosexually seductive toward men; hiding his talents and potency; and wrecking his successes. In summary, being a “pussy” meant acting passive, feminine, homosexual, castrated, and masochistic. In the negative oedipal transference, he was behaving like a “pussy” toward me, instead of competing with and killing me. He was doing to himself what he would do to me, and at the same time was enjoying the masochistic and homosexual eroticism (although this was, for the most part, unconscious and required much more analysis before he would intellectually and affectively recognize it).

He began slowly to emerge from his isolative shell and was now relating to me and others on a *feeling* basis. He wept openly as he spoke of how life had taken on a new meaning for him. He recalled telling me he was sure he would have killed himself someday if he had not been able to break out of his shell and start relating to people on a feeling basis. He began to achieve real success in his work and was no longer so afraid of exhibiting his potency to others. As he became more assertive, he decided there was not much room for advancement in the small firm for which he worked, and he secured a position in the legal department of an internationally affiliated company. Shortly after transferring to the new job, he was assigned a case which he handled so skillfully that he saved his company millions of dollars. Typically, he hid his success from me by not telling me about it for several days.

Ultimately, he analyzed this concealment as his still masquerading as “an impotent little boy” so as not to appear competitive toward me. We discovered he still had an unconscious magical belief in the omnipotence of his thoughts, fearing that if he even wished to defeat me, his thoughts might literally be murderous. These were the same fears and wishes we had discovered earlier as the bases of his wrecking successes. En route to analyzing this fear of “thought murder,” he felt a sudden urge to visit his father to make sure he was all right. He connected

the fear of his father's dying to his fear of killing me (as a surrogate for his father) if he competed with me and/or succeeded at anything.

Soon after this, he began "shooting himself down," as he put it, by again identifying with his intended victims. First, he tried to give all the credit for his recent legal success to a senior attorney in the firm who had done some minor work on the lawsuit before it had gone to trial. Not coincidentally, the patient felt intense rivalry toward this man. Soon afterward, Mr. A "fired the second shot" at himself. He set up a rendezvous with a beautiful woman with whom he had become enamored at his country club. She was popular with the men and Mr. A had spent considerable time pursuing her. She had finally agreed to go out with him alone, in contrast to their usual practice of gathering together with friends at the club. She had called him before their date and told him how vulnerable she felt with him, and hinted that if he wanted to take her to bed that evening, he could. Instead, he did what he thought was "the gentlemanly thing": he invited another man to join them. This man made every move he could on the woman and, even though she flirted with him, she seemed only interested in making Mr. A jealous. She ultimately got rid of the other man, so that she and Mr. A could be alone. When they got in the car, supposedly to drive to a motel, Mr. A dropped her off at her home instead, saying he was tired and wanted to get home early. She was livid. The next day he wrote her a letter of apology, castigating himself as a "weak pussy." In his analysis, he referred to the letter as "the final nail in my coffin," because it was sure to repulse the woman and make her never want to see him again. Actually, she carried it one step further. She showed the letter to her women friends, who in turn told the story to the men at the club. The patient was once again the laughing stock of the group.

To his credit, Mr. A did a good job of analyzing this acting out of his oedipal compromise formations, including his identifying with the victim. We learned he was afraid of his wishes to

win the woman in competition with the other man, because he feared that his murderous wishes toward his rival might magically come true. He also feared that *he* might be killed or castrated in retaliation by his rival, so he reverted to identifying with the victim through his self-defeating, self-castrating, self-punitive behavior. Finally, we learned that he felt that, as a boy, he had won the oedipal competition with his father for mother, and so had spent a lifetime trying to rescue his father and father-surrogates by doing to himself what he felt he had done to them (or what he would have *liked* to do to them).

Case 2

Ms. B was a thirty-year-old, single college graduate. Her father was a small-town realtor who, before he died, made several lucrative investments, including the acquisition of a factory, which was the town's chief source of income. This factory came to symbolize the father's power and success to Ms. B. She idealized her father as her all-powerful lord and master, and she devalued her mother as "a voiceless apparition." Meanwhile, she despised her four-year-younger brother, because she felt her parents favored boys over girls.

Early in her analysis, Ms. B viewed me as a transference surrogate for her hated brother, "the crown prince," and concomitantly saw herself as "a disinherited female." It was a long time, however, before she would admit this hostility and rivalry toward me. Instead, she kept up her cheery, Cheshire cat smiles and her formal politeness toward me. It was only through persistent analysis of these characterologic defenses that she finally revealed her jealousy. She fantasied that I lived in Camelot, unbesmirched by the tribulations of everyday life. She further fantasied that, "like most doctors," I came from a family steeped in medical heritage. She imagined that I was automatically accepted, as a legacy, to medical school and residency, and then

fed a continual stream of patients by my father and his influential colleagues. She envied me so! Her life's ambition was to right this wrong in finding such a daddy for herself "to clone after and feed from." She vowed, too, to inherit her dead father's factory all for herself, by wresting it from mother and brother, and to wage war on and defeat the crown princes of the world. To this end, she kept me at bay in her analysis, not permitting me any "unsuspected" interpretations, having to understand everything by herself first, and only then letting me in on it.

In a memorable session in which she associated to a dream about a tigress lurking in the bushes, she candidly acknowledged this transference resistance as a secret way of competing with me to see who had the bigger intellect (or hidden phallus, as later associations indicated). One way or another—by defeating brother surrogates or by "cloning after" father figures—she was determined to correct her feelings of defectiveness and inferiority as a female by usurping and/or inheriting the fantasied omnipotent phallus.

Failing to gratify these wishes through analysis, she considered returning home to run the family factory with her mother, but this threatened her on two counts: (1) she feared a fight with mother and brother over her wish for sole possession of the company, and (2) she felt that even if she gained possession of the factory and the relics of her father enshrined therein, she would be retiring from life, following his footsteps into the grave. She ultimately decided not to quit analysis, after I confronted her with the remarks about going home to die. This led to associations about how she had similarly tried to give up her life when she became severely anorexic during college and almost starved herself to death. In this context, she presented the following dream:

We were taking a vacation to an isolated spot in the mountains. We drove past a temple with statues of women. It seems this was a cult—a women's temple. We got off the bus and

went into a courtyard. There we were served lunch. Then we saw a piece of paper, which was an invitation to enter the temple. I had a foreboding that if anyone entered, he or she would be cannibalized. Frank [her boyfriend], who is so impulsive and curious, signed the list. He didn't think they were serious about killing him. He entered at the other end and worked his way down. Suddenly, he ran from the temple, pursued by two women carrying hatchets to chop him up and use him for a meal. He escaped them outside. Suddenly, that very peaceful world became dark. Women poured out of the temple and it was war! We didn't get down in the bus, but escaped in an airplane. I got on before Frank. There was no door, just a hole. As the plane roared down the runway, I held out a hand to Frank and saved him from the thundering herd of women chasing him. Next, I dreamed I was back there in the same place with my immediate family, and my daddy had died. This time, I had to leave the body before evacuating and knew the natives were going to make a meal of him. It seemed strange to be in such a peaceful, luxurious place juxtaposed to savages in a savage land.

When I asked for her associations to this dream, she referred to her own "super nice" personality which made her appear peaceful and quiet on the outside while she struggled to control some feared, savage, angry feelings on the inside. She suddenly remembered that a new guy was to start work today, and she hoped she and he would both get what they deserved, their fair share. This led back to the dream of the women chasing Frank with hatchets to chop him up and eat him. She said, "This is what I do. I attach myself to a strong, secure man as though I want to eat him, to digest and assimilate him and his powers to make me whole, to fill up the hole or deficit I feel as a female. The primitives used to do that. They believed they could get the strength of their victim by eating him. We do that even today when we receive Holy Communion. Now that I think of it, this may be one of the main reasons I switched from being Baptist to Catholic."

We referred back to this dream many times in analyzing her compensatory narcissistic fantasies about devouring the idealized father-figure or his phallus. For instance, she associated to the dream again when we were analyzing symptoms of alternating anorexia and diarrhea. Gastrointestinal upset and diarrhea occurred whenever she succeeded at something. Success unconsciously symbolized finally incorporating the idealized phallic-omnipotent father-figure, killing him in the process and taking his power for herself. The patient feared that, unless she quickly defecated this imagined victim from her body, he would damage or kill her from inside. This reminded her of the second portion of her dream whereby she had to leave daddy's dead body behind before "evacuating." She also associated to the movie, *Alien*, in which a penis-shaped, gnashing baby monster killed a man by biting its way through his abdomen. (The man had been forcibly orally impregnated by the monster's progenitor.)

Ms. B felt trapped in a vicious cycle of feeling, on the one hand, like an inadequate, helpless, starving little girl who needed a powerful father-figure to identify with, and, on the other, like a father-killing cannibal who would be punished or retaliated against from within if she succeeded at anything on her own. She had to devalue herself by wrecking her successes, just as she felt she had devalued and wrecked the father-figure and robbed him of his power. Feelings of inadequacy and loss of self-esteem always ensued, and the process started all over again.

DISCUSSION

Some analysts, upon hearing an earlier version of this paper, asked why I was emphasizing the process of identification with the victim relative to masochism, when other defenses might be involved, such as reaction formation, turning aggression upon

oneself, etc. I replied that such defenses often *are* involved. However, one of the problems in discussing masochism often seems to be incomplete defining—not taking into account all aspects of the compromise formation of masochism, especially the aspect of identifying with the victim.

Identification with the victim serves in masochism not only as a *defense* of turning aggression against oneself in order to protect one's intended victim, but also as a *wish fulfillment* of substituting oneself for that victim. I differ with Sandler and Anna Freud (1983) on this point: I feel that whenever people turn aggression against themselves, or punish themselves, or habitually hurt or damage themselves, they *are* behaving masochistically, i.e., both aggressively *and* libidinally. Their behavior is the result of compromise formation. To some extent, they are defending against fear or guilt for their aggressive drives, and to some extent, they are also secretly and erotically enjoying being the victim. Very often, however, this libidinal component is repressed. In this regard, I feel that identification with the victim is the process whereby pain becomes not only the *condition* for, but also the *source* of erotic pleasure in masochism.

I said earlier that identification with the victim can be found wherever masochism abides, even in normal people, and is therefore ubiquitous. This hypothesis is founded in the view that masochism is not only a component of neurotic, but also of normal superego functioning. Brenner (1959, pp. 206-207) formulated these points clearly in his discussion of the relationship between moral masochism and an unconscious need for punishment. He later amplified this in *The Mind in Conflict* (1982, pp. 139-140), in which he noted that superego formation results not only from internalized parental prohibitions against gratification of oedipal drive derivatives, but also from *compromise formations* involving conflicts over these drive derivatives.

It is to be stressed that in the structuralization of these compromise formations called superego, the conscience's mental representation of the oedipal rival stands not only for the

feared prohibitor and retaliator for (among other things) parental murder, but also represents the intended *victim* of that murder. It is this mental representation within, which the identifier with the victim is aiming at. Murderous oedipal wishes do not disappear with formation of the superego. In fact, it is these same murderous, destructive, aggressive, sadistic drives which the superego turns back upon oneself in its self-punitive functions. In so doing, it follows very closely the principles of Talion Law, "an eye for an eye and a tooth for a tooth."

Magical thinking also frequently plays a role in identification with the victim by virtue of the neurotic's persistent unconscious belief that wishing someone dead will actually make it happen. (Novick and Novick [1987, p. 372], in their paper "The Essence of Masochism," called this the "delusion of omnipotence.") People who identify with the victim therefore feel they are magically saving lives by substituting themselves as objects for their own murderous impulses. Because of this substitution, however, such patients usually then develop other unpleasant affects, such as fear of dying, feelings of humiliation and loss of self-esteem, depression over repeated failures and wrecked successes, and so on. Secondary defenses and compromise formations must then be instituted against these unpleasurable affects.

It has often been said that it is identification with the aggressor (i.e., with the internalized prohibitions of the parents' superegos) which accounts for the superego's critical actions against oneself. However, identification with the intended *victim* is also involved in the superego's self-punitive behavior, and helps determine its severity. By doing to themselves what they would like to do to someone else, those who identify with the victim fulfill the demands of the superego for self-punishment for such destructive wishes; protect the intended victim from harm; and at the same time partially gratify their aggressive wishes by vicariously acting them out upon themselves. The strength of the wish to murder (or castrate or humiliate, etc.) one's oedipal rival determines the strength of the forces aimed at simultaneously prohibiting and gratifying those wishes

through *both* types of identification—identification with the aggressor and identification with the victim. It is because of the latter's participation in masochism in general, and in superego formation and functioning in particular, that I feel identification with the victim is ubiquitous.

SUMMARY

Identification with the victim is an unconscious sadomasochistic compromise formation that defends against forbidden destructive-sexual wishes toward others while simultaneously gratifying and punishing the individual for having such wishes. The mechanism involves unconsciously doing to oneself what one would like to do to others (or inviting or letting others do to oneself what one would do to them). Certain symptomatic and characterologic types seem especially prone to this, such as patients with masochistic characters and those "wrecked by success," patients with negative therapeutic reactions, depressive and pathologically passive individuals, and those in whom mockery is a strong trait.

It was hypothesized that identification with the victim is an essential component of all masochism, including the normal masochism of normal superegos, and is therefore ubiquitous. Representative excerpts from the psychoanalytic literature were reviewed to show that the concept of identification with the victim has long been recognized (although it has perhaps been more implied than explicitly stated by analytic writers, especially in the defining and the study of masochism). Finally, case examples were presented to illustrate how identification with the victim has been observed and analyzed clinically.

REFERENCES

- BRENNER, C. (1959). The masochistic character: genesis and treatment. *J. Amer. Psychoanal. Assn.*, 7:197-226.
——— (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
FREUD, S. (1916). Some character-types met with in psycho-analytic work. *S.E.*, 14.

- GROSSMAN, W. I. (1986). Notes on masochism: a discussion of the history and development of a psychoanalytic concept. *Psychoanal. Q.*, 55:379-413.
- LOEWENSTEIN, R. M. (1957). A contribution to the psychoanalytic theory of masochism. *J. Amer. Psychoanal. Assn.*, 5:197-234.
- MALESON, F. G. (1984). The multiple meanings of masochism. *J. Amer. Psychoanal. Assn.*, 32:325-356.
- MARCUS, I. M. (1978). Personal communication.
- NOVICK, K. K. & NOVICK, J. (1987). The essence of masochism. *Psychoanal. Study Child*, 42:353-384.
- REIK, T. (1939). The characteristics of masochism. *Amer. Imago*, 1:26-59.
- SANDLER, J. & FREUD, A. (1983). Discussions in the Hampstead Index of *The Ego and the Mechanisms of Defense*. *J. Amer. Psychoanal. Assn.*, Suppl., 31:19-146.
- SHIPLEY, J. T. (1945). *Dictionary of Word Origins*. New York: Philosophical Library.

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A Psychoanalytic Study of Sophocles' *Antigone*

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A PSYCHOANALYTIC STUDY OF SOPHOCLES' ANTIGONE

BY RENATO J. ALMANI, M.D.

This paper examines, in a detailed and comprehensive fashion, the unconscious motivations of the main protagonists of Sophocles' Antigone and the play's general structure as a psychoanalytically coherent whole. This examination helps to foster an understanding of the conceptual place of Antigone within the Oedipus Trilogy, its relationship to Oedipus Rex, and the complementary character of these two tragedies.

Antigone was first produced in the year 442 B.C., the first of the three plays of the Oedipus Trilogy. *Oedipus Rex* was produced between 430 and 425 B.C., and *Oedipus at Colonus* posthumously in 401 B.C. As we shall see, this sequence may be psychologically significant. Since the very beginning, *Antigone* has been the object of great interest: it immediately made Sophocles famous, and throughout the ages it has caused an outpouring of comments and hypotheses stimulated by the multiplicity of political, social, and philosophical issues the play seems to raise and by its enigmatic quality. Winnington-Ingram, in his 1980 book, *Sophocles: An Interpretation*, correctly states that "*Antigone* is a singularly difficult play to understand" (p. 117). Its sociopolitical

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aspects, on which all the commentators have invariably focused their attention (for instance, the degree of respect that should be given to established law, the relationship between the sexes, the duties toward the family versus the duty to society and others), represent, on one side, defensive screens which tend to conceal the unconscious contents of this tragedy; on another level, as we will see later, they reflect the contribution of the ego and of the superego to the intrapsychic conflicts of its main characters.

In this paper I propose to focus on the play's unconscious contents and to examine its essential features as a psychoanalytically coherent whole. The general framework of the story is as follows.

Antigone, the faithful and loving daughter of Oedipus, who followed and supported him throughout his exile until his death (which is described in *Oedipus at Colonus*), lives with her younger sister, Ismene, in the royal palace of Thebes. She is engaged to marry Haemon, son of Creon, who is Oedipus' maternal uncle and brother-in-law. After Oedipus had left Thebes, Creon had become Regent to the throne until Oedipus' sons, Eteocles and Polyneices, agreed to rule in alternate years. Eteocles was the first to rule, but when the time came for Polyneices to take over, Eteocles refused to step down. Polyneices raised support for his cause, and he and Eteocles perished by each other's hands under the walls of Thebes. Creon decreed that, while Eteocles' body was to be ritually buried, the body of Polyneices, whom he branded as a traitor to the town, should be left to the carrion eaters; anyone who tried to bury him would be stoned to death.

Antigone disobeyed this edict, was caught by the guards who were sent to watch over Polyneices' body, and was sentenced by Creon to be placed in a cave with just a little food to eat. Actually, in his fury Creon had decreed that Ismene be punished in like manner because she had "shared in the planning" of the burial (a statement for which he had no shred of evidence); however, at the last moment he relented in the case of Ismene,

but remained immovable regarding Antigone, despite Haemon's passionate pleas. After the seer Teiresias, seconded by the Chorus, accused Creon of bringing a curse on the land and prophesied even greater ills to come, Creon anxiously decided to have Polyneices' body properly buried. He rushed to the cave to free Antigone but found that she had hanged herself. Haemon, furious, tried to kill Creon but was prevented from doing so and instead killed himself. This death in turn caused Eurydice, Creon's wife, to commit suicide. Creon remained alone, his life totally destroyed.

The high points of the play are its tragic denouement and especially the dramatic confrontation between Antigone and Creon, in which Antigone asserts that Creon's order is contrary to "the gods' unwritten and unfailing laws,"¹ while Creon stubbornly clings to the opinion that all decrees should be strictly obeyed. This can be viewed as a mere rationalization because the decree had been made ad hoc by him; it was he who had proclaimed Polyneices to be a traitor, in spite of the fact that Polyneices was clearly the wronged party in the conflict with Eteocles. But Antigone is also rationalizing, and through her rationalizations, her unconscious motivations are clearly revealed. At the very beginning of the play, after telling Ismene of Creon's edict, she says:

Such orders they say the worthy Creon gives
to you and me—yes, yes, I say to *me*—

She later adds,

It's not for him to keep me from my own.

She immediately decides to bury her brother, irrespective of the consequences. The thought of his body lacerated by the carrion eaters—"a rich sweet sight for the hungry birds' beholding"—is obviously what disturbs her most. She tries to get Ismene's help,

¹ The quotations from *Antigone* are from the translation by Elizabeth Wyckoff; those from *Oedipus at Colonus* are from Robert Fitzgerald's translation (see Grene and Lattimore, 1960).

but Ismene refuses and instead tries to dissuade Antigone by pointing out the terrible risk and the uselessness of the endeavor. Antigone decides to go ahead on her own.

Friend shall I lie with him, yes friend with friend,
when I have dared the crime of piety.

And then:

Now I go, to pile
the burial-mound for him, my dearest brother.

In another passage she calls Polyneices "brother of my heart." This fantasy of lying down in death with her beloved brother is acted out in her suicide at the end of the tragedy and becomes a reality at the very end of the play after Haemon has stabbed himself.

While he was conscious he embraced the maiden,
holding her gently. Last, he gasped out blood,
red blood on her white cheek.
Corpse on a corpse he lies. He found his marriage.
Its celebration in the halls of Hades.

In the one passage the ritual burial of Polyneices, an act of love in itself, is equated with a sexual situation and with death. In the other passage a marital union with Haemon takes place, albeit in death. Nowhere does Antigone express any sorrow about the death of Eteocles, and when Creon points out to her that Eteocles was also her brother, she merely acknowledges it without further comment. When the guard of the body of Polyneices comes to announce that he has found the body covered with earth, Creon sends him back with the order to catch the culprit. Shortly afterward, he comes back bringing Antigone, and explains that upon his return, he had swept the earth from the body, had concealed himself, and had seen Antigone come back and perform the burial rite again. Antigone admits the deed and is called by Creon "insolent" and "wicked." He says that she should be "ashamed" and that she has been

“boasting” of having defied his order. Responding to Haemon’s pleas for clemency, Creon at first becomes very moralistic:

There is no greater wrong than disobedience,
This ruins cities, this tears down our homes,

and then:

If men live decently it is because
discipline saves their very lives for them.

As the carrying out of the sentence approaches, Antigone becomes more and more revelatory:

You speak of my darkest thought, my pitiful father’s
fame
spread through all the world, and the doom that
haunts our house,
the royal house of Thebes.
My mother’s marriage-bed.
Destruction where she lay with her husband-son,
my father. These are my parents and I their child.

In other words, Antigone cannot escape the destiny of her incestuous parents, and she is like them. In her final speech:

Had I children or their father dead,
I’d let them moulder. I should not have chosen
in such a case to cross the state’s decree.
What is the law that lies behind these words?
One husband gone, I might have found another,
or a child from a new man in first child’s place,
but with my parents hid away in death,
no brother, ever, could spring up for me.

That is, not even a husband or children could possibly ever substitute for her brother. These verses have impressed some commentators as being so very strange that they thought that the lines might have been added subsequently by somebody other than Sophocles.

Greenstadt (1990) has very aptly suggested that this passage, which emphasizes the loss of something that cannot ever be restored or replaced, also expresses Antigone's castration feelings. That coincides very well with her strong-willed, independent, somewhat masculine character and with the way in which, in her final speech, she laments her loss:

No marriage-bed, no marriage-song for me,
and since no wedding, so no child to rear.

The material presented above cannot leave any doubt about the nature and depth of Antigone's feelings for Polyneices. Her emotional commitment to him has the character of totality and finality. Of course, I am in no way suggesting that Sophocles intended to portray an actual incestuous brother-sister relationship. It would be entirely out of character for the personality of Antigone as he described it. Indeed, in the play she emerges as an idealistic, highly moral, religious young woman who is sexually inhibited, extremely concerned about her duties, with an excessively strong superego and excellent object relations. Her attachment to Polyneices is unambivalent, entirely ego-syntonic, and openly acknowledged without any trace of the bitterness which she manifests toward the incestuous union of her parents.

All these considerations indicate that Sophocles certainly did not intend to allude to actual incest. What is indicated, rather, as Kanzer (1950) stated, is a displacement of loyalty and deep affection from her father to her brother. Actually, this process went even further: Antigone was engaged to marry Haemon, her cousin. We have here the usual process whereby, in the course of development, the oedipal strivings become progressively displaced onto libidinal objects more and more remote from the original one.²

² Antigone's strong attachment to her brother has been noted by other authors, including nonpsychoanalytic writers and classical scholars. In most cases, this attachment is mentioned in a rather cursory, off-handed way, without the author's presenting the necessary evidence or integrating it into the broader framework of the play. Thus, Agard (1937) wrote about Antigone's "passionate love" for Poly-

Obviously, in spite of all the handicaps created by her superego, Antigone keeps on striving desperately for adult sexuality. Her attachment to Polyneices assumes a particularly intense character: since she cannot accept the reality of his death and the necessity of separating from him, she develops the fantasy of remaining close to him forever, even in death.

Friend shall I lie with him, yes friend with friend,
when I have dared the crime of piety.

This is clearly a compromise fantasy; her mystic union with her brother can take place only in death.

As Jones (1911) pointed out, the most obvious motive for the wish to die together is "a belief in a world beyond, a region where all hopes that are denied in this life will come true" (p. 9). He quotes Sadger's (1910, pp. 60-61) conclusions that "the wish to die together is the wish to sleep and lie together." Antigone, being religious, chose this road toward finally having Polyneices totally and forever as her companion.

This is the core fantasy which is the key to understanding Antigone's actions. It leads to the realization that burying her brother's corpse and being arrested were the means by which, in her unconscious, she intended to fulfill this fantasy and bring about the hoped-for reunion. In fact, all of her actions—the

neices, Wilson (1930) spoke of a "brother fixation," and Bowra (1944) of "intense love for her brother." At times, even among psychoanalytic writers, one meets with contradictory statements: Seidenberg and Papatomopoulos (1962) stated that Antigone's behavior represented "the tragic outcome of incestuous wishes. More than that however, it represents an act of abandonment of the feminine role, perhaps as a defense against these wishes" (p. 103). In a 1974 paper the same authors stated, "To write Antigone off as an obvious case of brother-fixation is to succumb to clinical phantasmagoria," and, further down, "there is no evidence that she loved them [the father and the brother] in a libidinal way, as brother-fixation would indicate" (p. 104). Discussing these two contributions, Werman (1979) wrote: "Their speculation (also made by other writers) of her incestuous yearnings for Polyneices cannot be faulted. But much more prominent is the special role of women, in ancient societies, of attending to the sacred burial rites" (pp. 459-460). These contradictions and partial denials may well be the result of the high emotional charge attached to the subject of sexual attraction between brothers and sisters.

decision to defy the edict, her failure to save her life by telling a lie, her open defiance of Creon—were caused by this need.

In this way Antigone was not only satisfying her wish to be her brother's bride in Hades, but was also able to satisfy her need to punish herself for her incestuous yearnings; twice, once with her father and once with her brother, she had mentally contravened the incest taboo. As she herself stated, "These are my parents and I their child." She, too, was a member of the royal house of Thebes and, like Oedipus, with whom she identified, she had to punish herself.

The fantasy of marriage with Polyneices in Hades also represents Antigone's way of coping with her loss. With its help, she defends against the pain of mourning and, to some extent, against depression. Only toward the end does she allow herself a shred of self-pity:

Unwept, no wedding-song, unfriended, now I go
the road laid down for me.
No longer shall I see this holy light of the sun.
No friend to bewail my fate.

Even so, she can console herself with the hope of making up in her tomb for her losses:

Still when I get there I may hope to find
I come as a dear friend to my dear father,
to you, my mother, and my brother too.³

³ As Greenstadt (1990) has noted, Antigone possesses a much stronger superego and is far less narcissistic than Electra, who, while bemoaning the loss of her father, bitterly complains of the loss of all the material advantages that it had brought upon her. Antigone's feelings of guilt and her self-punishing needs are firmly grounded in her family history and situation. In her father she had an outstanding example of how an uncompromising superego should deal with incest, even if unintentionally committed. Oedipus was not only her father but also her half brother. Moreover, Antigone was in a special situation with Creon, her maternal uncle and the successor to her father's throne: this may be hinted at in her engagement to Haemon, Creon's son. These considerations have been brought to my attention by Dr. Stephen Bauer.

The role of the other main protagonist of this drama is far less obvious. Creon has been described as an obtuse, despotic, pasteboard tyrant, an intellectually and emotionally limited man, a man of coarse fiber, commonplace mind, and narrow sympathies, a politician seduced by vulgar power. However, we would be more interested in the fact that he is also extremely insecure behind a veneer of macho attitudes toward proving his power, decisiveness, and all-around maleness. He is very possessive of both men and women, devious in the attainment of his goals, and, at best, a paranoid character. He suspects that there are plots against him, is suspicious of the integrity and motives of others, and feels that he may be robbed of what he believes is his proper due. He suspects unfaithfulness on the part of Ismene, the guard, Teiresias, and, of course, Antigone and Haemon. He is querulous and has an enormous degree of hostility which he constantly rationalizes. His character structure is highly narcissistic. He is grandiose about himself and totally intolerant of contradiction. To mention some particularly demonstrative instances of his functioning: When the guard comes to announce that he has found the body ritually buried, Creon accuses him of having done it for money, presumably in the service of

some men in town
who took the edict hard, and growled against me,
who hid the fact that they were rearing back,
not rightly in the yoke, no way my friends.

He then goes into a long, overblown, moralistic tirade. When Teiresias, whom he has known and respected for a long time and who in the past has been very helpful to him, rebukes him sternly, he accuses him, too, of being corrupt and of having been bribed with "Lydian silver-gold, pure gold of India." After the guard and Antigone herself say that she has acted alone, he sends for Ismene and says,

You, lurking like a viper in the house,
who sucked me dry. I looked the other way
while twin destruction planned against the throne.

He is sure that Ismene has sided with Antigone and that this conspiracy is directed specifically against himself. His male pride is hurt by what he conceives to be an act of defiance, which brings out a number of statements that show his contempt for women. The most significant of his paranoid manifestations is his feeling of jealousy regarding both Haemon and Antigone. He explains to Haemon that he, as a son, should stick to his father and not let Antigone interfere with their relationship:

Son, do not let your lust mislead your mind,
all for a woman's sake, for well you know
how cold the thing he takes into his arms
who has a wicked woman for his wife,
What deeper wounding than a friend no friend?
Oh spit her forth forever, as your foe.
Let the girl marry somebody in Hades.

When Ismene reminds him that Antigone is engaged to Haemon, he replies:

Oh, there are other furrows for his plough.

His wish to separate Haemon from Antigone is made entirely clear when Ismene asks him,

You will take away his bride from your own son?

His answer:

Yes. Death will help me break this marriage off.

Breaking off his son's marriage, in other words, is his primary intent. And to Haemon, "You shall not marry her while she's alive." At this point Creon appears to be intent upon pursuing a double goal: on one side he is trying to detach Haemon from Antigone in order not to lose Haemon's love, and when he realizes that he has alienated him totally, he becomes furious to

the point of threatening to have Antigone killed immediately, right in Haemon's presence:

Bring out the hateful creature; she shall die
full in his sight, close at her bridegroom's side.

On the other hand, at an unconscious level, he is trying to keep Antigone from Haemon out of jealousy because he wants to keep her for himself. At this level, Haemon is his rival and becomes equated with Polyneices, the other man whom Antigone loves. In both cases, when he has to face the closeness of the emotional ties between Antigone and another man, he is seized by an overwhelming blind fury. This well explains the depth of Creon's unreasonable hatred toward Polyneices.

Creon's tendency to separate female relatives from their loved ones—Oedipus from Creon's sister Jocasta first, and from Antigone later—has been aptly noted by Kanzer (1948). In *Oedipus at Colonus*, Antigone and the aged Oedipus reach Athens where they obtain the protection of Theseus, Athens' benevolent king. They are soon joined by Ismene, coming from Thebes, who announces Creon's intention to come to see Oedipus in order to invite him to settle near the land of Thebes: the oracles have stated that Oedipus' grave would have great beneficial powers and that he would be much solicited by the people for their welfare. However, to avoid the curse attached to a parricide's grave, he must not cross the border. When Creon arrives, his suggestion is indignantly rejected, and a violent quarrel ensues, in which Creon manhandles Oedipus and has his guards abduct Antigone by force.

Your two daughters: one of them I have just now
Had seized and carried off, and I'll take this one!

When the Chorus asks, "What are you doing, stranger?," he answers:

I will not touch this man; only her who is mine.

And then,

I take what belongs to me!

Eventually, Antigone and Ismene are brought back by Theseus' soldiers and Creon is chased away. Creon's claim to the ownership of Antigone and Ismene, which is compounded of both powerful libidinal and narcissistic motives, is certainly reminiscent of *Totem and Taboo's* despotic and brutal primal father who monopolizes all the women and destroys any possible rivals (Freud, 1913). Kanzer (1950), in fact, described Creon as the "banisher and destroyer of infants" (p. 566).

Yet, even Creon's character is not entirely monolithic, and despite his determination to have Antigone fully punished, there are also some subtle hints of unconscious attachment to her and of superego distress: while he rages and is obdurate about having his sentence carried out, he appears ambivalent about really doing it. The original decree prescribed stoning to death. When he becomes aware that the culprit is Antigone, he first of all gives her a chance to deny that she was aware of the edict, even though there could have been no doubt that she had known about it. When she says that she was perfectly aware of his order, the sentence is softened somewhat.

There shall I hide her in a hollowed cave
living, and leave her just so much to eat
as clears the city from the guilt of death.
There, if she prays to Death, the only god
of her respect, she may manage not to die.

In this somewhat equivocal passage, besides his feelings of guilt, Creon seems to indicate that Antigone may also be fed subsequently. This impression is confirmed by a later passage:

Take her away at once, and open up
the tomb I spoke of. Leave her there alone.
There let her choose: death, or a buried life.
No stain of guilt upon us in this case,
but she is exiled from our life on earth.

Immediately after Antigone ends her very moving farewell speech, in which she laments having to die unmarried, without

children, without a friend, struck down by fate, Creon threatens to punish her guards for moving too slowly in taking her away. It is as if he wanted to get her out of his sight as quickly as possible to defend himself against some strong emotions. Also, after Teiresias' speech, he changes his mind very quickly and springs into action to save Antigone. Her death and that of Haemon and Eurydice plunge him into an abyss of pain and guilt.⁴

From the examination of this material, it seems justified to conclude that in Creon, Sophocles has portrayed an example of the kind of competitive jealousy Freud (1922) described in "Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality." This is the jealousy that is compounded of the fear of losing the love object, the narcissistic wound incurred, and the feeling of enmity against the rival. In Creon's case, this so-called normal competitive jealousy is bisexually experienced and therefore, having multiple roots, is enormously magnified by his overwhelming narcissism, the intensity of his aggression, and his paranoid disposition. When he is threatened with loss of love, his self-esteem is deeply shaken, so that he mobilizes his aggression and tries desperately to re-establish it in any way possible. Thus, normal competitive jealousy can take a much more serious pathological course.

In *Antigone* Sophocles has presented us with a very delicately nuanced plot which shows all the essential earmarks of a tripartite, unconscious incestuous domestic situation involving at least a brother, a sister, and a paranoid, jealous father who feels personally betrayed and thirsts for revenge. In Creon's eyes, the crime of which Antigone ought to be "ashamed," the burial of her beloved brother's corpse, her terrible and unpardonable

⁴ Bauer (1990) has noted, in this connection, that Antigone, being the daughter of Creon's sister, must have had a special position in Creon's psychic life, which is further reinforced by her being engaged to Creon's son. This, and the fact that Oedipus was not only Antigone's father but also her half brother, is part of the incestuous theme which pervades this tragedy.

deed, clearly is equated with a forbidden sexual act: it involves spying, as well as "disobedience" to paternal orders and the lack of discipline that permits men to "live decently" and "saves their very lives." An accessory character is a younger sister who is innocent of the deed but who nevertheless falls under suspicion that she might have followed in her sister's footsteps. We may also tentatively wonder whether the deadly struggle in which both brothers lost their lives at each other's hands may not be an allusion to the existence of another triangle and a long-standing hatred and rivalry between the two brothers for Antigone's favor. Thus we may conclude that *Oedipus Rex* is indeed the indispensable complement to *Antigone* and that in these two tragedies, Sophocles has successively explored in depth the most common aspects of the libidinal and aggressive stresses operating within a family.

It seems timely, at this point, to examine some significant ego and superego aspects of this material.

Antigone's burying of Polyneices' body does not merely represent an incestuous fantasy which has been defended against and displaced; it is also the result of a sublimatory process, an act of piety which had, for her, a deep religious significance, leading to a punishment which would expunge forever her guilt. Creon's stubborn clinging to his rigid view that laws must be observed at all times and under all circumstances is a defense against his own libidinal and aggressive urges. They represent his disapproval of these urges, which found its outward expression, as indicated previously, when the magnitude of the tragedy he had created became manifest to him. In both cases, powerful ego and superego forces are obviously at work. They lead Antigone to try to find a solution to her conflicts in a heroic act of religious observance and self-immolation and Creon to affirm desperately the ideal of a society totally controlled by the power of its laws.

Religion for one and law for the other thus represented the way of counteracting their objectionable instinctual impulses. Sophocles' genius, in this play, intuitively discovered the con-

nection between the origins of religion and law and the need for repression of libidinal and aggressive urges, which Freud brought to our attention in *Totem and Taboo*.

The interplay between drives and defenses and between derivatives of different levels of psychic structure is at the root of the interest and the mystery which has surrounded this play for two and a half millennia. In *Oedipus at Colonus* (the city where Sophocles was born, a fact that Kanzer [1948] has pointed out) the old and tired Oedipus finally found his peace. This was Sophocles' last tragedy, written at the age of eighty-nine when he, too, must have been looking forward to his final rest. Letters (1953) wrote that "Sophocles was not only one of Athens' 'lofty great tragedians.' He was an active citizen, man about town, lover of food, wine and company, musician, conversationalist, wit, homosexual [we may say bisexual; he had had two wives], actor, literary dictator, juror, admiral, priest, and copious writer of Rabelaisian farces . . ." (p. 2). But, of course, we know nothing of the origin of the deep unconscious stresses which called for the catharsis of *Antigone* and *Oedipus Rex*. We can only hypothesize that in the course of the slow, inexorable process of emerging from the unconscious, the contents of *Antigone* appeared first as they concerned events relatively more recent in time and that only after a long (twelve to seventeen years!) painful, heroic struggle, the older, more repressed, and difficult problems alluded to in *Oedipus Rex* were finally able to come to the surface.⁵ If this is so, the Trilogy represents Sophocles' great confession and his last testament. It expresses his wish that his work would never perish and the hope that from it, as from Oedipus' grave, mysterious powers would spring forth which would benefit the people. This latter hope, however, remained largely unfulfilled until some twenty-four hundred years later when a third hero, this time a man from Vienna, solved the riddle of these plays and made the hope come true.

⁵ Greenstadt (1990) has suggested that one motivation for this exploration of the female oedipus complex may have been Sophocles' need to settle the issues involved in his homosexuality.

SUMMARY

Antigone, a puzzling and hard to understand tragedy, has been the object of much attention from the literati, sociologists, and philosophers who have read into it a number of social, political, and philosophical meanings, none of which, however, can account fully and satisfactorily for all the aspects of this play.

A psychoanalytic approach has revealed the presence of a well-defined unconscious content which is familiar to all students of psychoanalysis, a strong emotional sister-brother relationship which is extremely resented by a jealous, paranoid father. The libidinal and defensive aspects of this triangular situation, as well as the role of the ego and the superego, were examined.

Finally, an attempt was made to fathom the significance of this tragedy in Sophocles' unconscious life and the conceptual relationship of *Antigone* to the unconscious aspects of *Oedipus Rex* and *Oedipus at Colonus*.

REFERENCES

- AGARD, W. R. (1937). *Antigone*. *Classical Philology*, 32:263-265.
 BAUER, S. (1990). Personal communication.
 BOWRA, C. M. (1944). *Sophoclean Tragedy*. Oxford: Clarendon Press, 1965.
 FREUD, S. (1913). Totem and taboo. *S.E.*, 13.
 ——— (1922). Some neurotic mechanisms in jealousy, paranoia and homosexuality. *S.E.*, 18.
 GREENSTADT, W. (1990). Personal communication.
 GRENE, D. & LATTIMORE, R., Editors (1960). *The Complete Greek Tragedies. Sophocles*, Vol. 1. Chicago: Univ. of Chicago Press.
 JONES, E. (1911). On 'dying together'. With special reference to Heinrich von Kleist's suicide. In *Essays in Applied Psycho-Analysis*, Vol. 1. London: Hogarth, 1951, pp. 9-15.
 KANZER, M. (1948). The passing of the Oedipus complex in Greek drama. *Int. J. Psychoanal.*, 29:131-134.
 ——— (1950). The Oedipus trilogy. *Psychoanal. Q.*, 19:561-572.
 ——— (1964). On interpreting the Oedipus plays. *Psychoanal. Study Society*, 3:26-38.
 LETTERS, F. J. H. (1953). *The Life and Work of Sophocles*. London/New York: Sheed & Ward.

- SADGER, I. (1910). *Heinrich von Kleist. Eine pathographisch-psychologische Studie*. Wiesbaden: Bergmann.
- SEIDENBERG, R. & PAPATHOMOPOULOS, E. (1962). Daughters who tend their fathers, a literary survey. *Psychoanal. Study Society*, 2:135-160.
- (1974). The enigma of Antigone. *Int. Rev. Psychoanal.*, 1:197-205.
- WERMANN, D. (1979). Methodological problems in the psychoanalytic interpretation of literature: a review of studies of Sophocles' *Antigone*. *J. Amer. Psychoanal. Assn.*, 27:451-478.
- WILSON, E. (1930). *Sophocles, Babbitt, and Freud in the Shores of Light*. New York: Farrar, Straus & Giroux, 1952.
- WINNINGTON-INGRAM, R. P. (1980). *Sophocles: An Interpretation*. Cambridge/New York: Cambridge Univ. Press.

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A Variety of Narcissistic Pathology Stemming from Parental Weakness

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A VARIETY OF NARCISSISTIC PATHOLOGY STEMMING FROM PARENTAL WEAKNESS

BY LEONARD SHENGOLD, M.D.

Over the past twenty-five years I have published a series of papers which concentrate on what I have called, following nineteenth century literary usage, soul murder. These works describe the effects of actual traumata suffered by children at the hands of crazy, cruel, and unfeeling adults. The former victims (seen in analysis when grown up) seem, by virtue principally of their chronic and fixed defensive reactions to overstimulating experiences, to have been deprived of the capacity for love, for feeling joy, and indeed for feeling any sustained intensity of positive emotion. Their fantasies, conscious and unconscious, are full of sadomasochism and rage. Many of them live out an as-if existence, their emotions inhibited by massive obsessive-compulsive mechanisms, and their identities split into unsynthesized contradictory compartments of functioning (vertical ego splits).

In recent years, seemingly as a consequence of having read some of my writings, a number of people who had memories of childhood abuse and seduction to relate have consulted me. I have also seen a few who had no such memories but appeared to be in search of them. I have now studied three of these would-be victims as analytic patients. All three came from academic backgrounds (some of my papers are centered on literary and historical figures as well as on patients); they had developed passionate intellectual interests which seemed also to serve them as defensive isolation posts guarding against and distancing their varied sexual impulses and their rage. They did indeed, in their character structure, defenses, and symptom-

atology, resemble some of the “soul murder” cases I have described. However, in spite of their strong need to accuse their parents of something grievous, the analytic explorations turned up very little that was unusual in the way of parental evil or criminality. Much as they desired to charge their fathers and mothers with cruelty and sexual abuse, the accusations were not convincingly substantiated—neither to the analyst-observer nor, more important, to the analysand—although that did not take away the need for the accusation. Memories of dramatic or chronic mistreatment were not forthcoming, nor was either construction by the analyst of traumata or the more desirable mutual reconstruction (arrived at mostly through the work of the patient) deemed appropriate.

Despite striking similarities, these patients, two men and a woman, were three very different people with six very different parents. The parents varied in their capacity to love and their ability to empathize; but none of them, despite many failings, came through as psychopathic, as psychotic, or as indifferent and uncaring. What all the parents did have in common was weakness of character and inability, for various reasons including long absences and illness, to be forceful and firm. All appeared to their children to have in large measure not completely grown up and, the analyses revealed, to be chronically anxious and afraid of anger.

The three patients had all been precociously bright as children; they seemed to have felt and been treated from a very early time more like little adults than like children—or, rather, past the period of infancy, more like a combination of adult and infant. Their wills and whims emerged as stronger than those of the parents who characteristically, seemingly out of fear of the rage and temper tantrums of the child (but, of course, concomitantly also from fear of their own anger), were unable to refuse their children’s demands and to impose any kind of discipline. In a sense, the generations had been reversed, the parents turning to these children (who may have been brighter than their parents) for advice and sometimes even for controls.

The children grew up alternately too willful and demanding, and too controlled—given to helpless rages and yet full of claims to omniscience and omnipotence, claims which terrified them. The parents made no or futile attempts to modify the grandiose pretensions of the children they apparently needed to idealize. They seemed to have a symbiotic need for their child's "greatness." The child, whose demand could steamroller the parents' opposition, would nonetheless feel insistently dependent on those parents as fulfillers of needs. Simultaneously, the children believed themselves to be in constant danger of losing the parents they could not survive without—the danger of loss kept at a frightening pitch by the child's conviction that its rage could destroy the parents. The parental vulnerability in the mind of the child made any separation intolerable, and parental illness or display of failure or weakness a terror. The children felt an unbearable pitch of anxiety. They could not tolerate the terrible intensity of their mixed anxiety and rage, and developed a basic fear of deep feelings. Deadening defenses became mandatory. (In my view, this represents an exaggeration of what happens to every child: we all must deaden our earliest perceptions and sensitivities to defend against and to vitiate the earliest affects that are derived from drives aiming at cannibalism and fusion. But good, or good enough, parenting usually helps modulate both affects and defenses.)

The parental attitudes of apology and indulgence rendered the children's internalization of "no's" difficult or impossible; the resulting lack of self-discipline weakened both ego and superego and augmented the power of sexual wishes of all kinds directed toward the parents. (Weak parents by and large—there are exceptions—make for weak psychic structure.) I have seen patients with similar weak parents who remembered them as also overtly seductive. In contrast, with my three analysands it appeared that ordinary contact was reacted to as if it were overt seduction, and resulted in overstimulation. (Libidinization is often needed to try to neutralize destructive anger.)

Even more devastating than the sexual arousal was the child's

reaction to frustration by these parents who were so afraid of anger; what resulted was the child's relative inability to modify rage. The children could then all too easily feel like incipient murderers. All three of the patients had a distinct paranoid tendency, needing to project their rage onto their parents and subsequent parental substitutes (alongside directing it at themselves); this resulted in a (non-psychotic) guilt-ridden feeling of persecution manifested mainly by chronic "righteous" complaining. (The generalization holds for all three, yet each had his or her individual idiosyncratic style of complaining.) The child's feeling of being persecuted was at least in part a reversal of the child's relatively unchecked bent for persecuting the parents with provocative behavior and verbal abuse.

In the analyses it became apparent that the children had felt that the parents were guilty of violating the narcissistic promise that their indulgent and fearful giving in had augmented, whereas to feel safe a child requires it to be checked. This violation was inevitable once the children began to realize that the inexorable conditions of life would not permit fulfillment of their wishes. The rage at the unfulfilled promise of "everything" was disguised and displaced onto various exaggerated charges of mistreatment and misunderstanding directed toward the parents (frequently alongside a defensive idealization of them). The initially imperative need for the parental promises and assurances was alleviated in different degrees in the course of the analysis of these patients, but it would return in regressive response to stress.

The analysis of all three patients meant, for them, chiefly a struggle to feel and become responsible for their own anxiety-ridden conflicts over narcissistic, libidinal, and, especially, murderous feelings and impulses. There was some insight attained, but all three left analysis with a fair degree of dissatisfaction. I felt there had been no true termination, and am not informed as to how much was accomplished and consolidated after the analyses. There were enough differences in the three people and their reactions to treatment to make any generalizations

about analyzability of doubtful value. All three seemed, however, to have made some progress.

It is not possible for an analyst of adults either to establish conclusively or to rule out that an individual was born with an inherited endowment that included stronger than ordinary drives. This could have been true of these three patients. It seemed to me fairly certain to have been so for at least one of them, a woman whose intense, passionate nature was initially disguised and largely canceled out by her massive inhibitions. Certainly in these, as in all people, the constitutional variations in intensity of sexual and murderous drives must be kept in mind in assessing psychopathogenic forces, alongside the parental inadequacies and the faulty internalizations that ensued. The result (resembling that of actual traumatic abuse cases) was that the child's motivating fantasies were full of unmodified sexual and murderous impulses; and the adult presentation full of the massive defensive characterologic armor—largely anal-narcissistic defense and character, masking and deadening the terrifyingly intense sadomasochistic basic affective disposition.

The parental weakness supplied the main environmental psychopathological factor. One can obviously view the parental "spoiling" of a child as a kind of abuse; it certainly stems in large part from parental pathology. Yet there is a great contrast between the past of the three people I am writing about and that of those who bring memories of, or discover, or turn out to be hopelessly trapped in confused doubt about, predominant parental criminal monstrousness, overt hatred, or uncaring indifference.

Both actual soul murder victims and these false ones defend their parents alongside attacking them; but the stress seems different. The parents appear to be largely spared by those really traumatized, but they were predominantly, indeed extravagantly, blamed by the three people I am describing. (But I am sure that if I had more experience, I would find that there are all sorts of individual variations about this, since internal registration of the parents is so variable—as is the relation of those

inner images in fantasy to the realistic parents from which they are derived.) What may justify a special designation is that after analytic investigation, the analyst (and, one hopes, also the patient) feels that the parents (sometimes one, usually both) have been brought up on false and/or greatly exaggerated charges (charges whose modification has, in the course of treatment, been strongly resisted by the patient).

I alluded to but did not feature or name this (mainly narcissistic) syndrome in my book on soul murder (Shengold, 1989). I feel the seemingly specific environmental psychopathological factor of parental overindulgence and inadequacy makes it worth differentiating from soul murder and child abuse as a kind of "pseudo" soul murder, but, of course, this is a descriptive and not a true diagnostic classification. I am certain that there are many varieties of psychopathology besides the one I have described that can produce similar effects, and there certainly are many ways in which parents "spoil" their children with not always similar or predictable results. What makes a separate category for such narcissistic pathology worth considering is specifically the clamorous initial and ultimately unsubstantiatable claim of overt parental abuse.

It seems evident that clarification and understanding of such claims must be done on an individual basis, and that this depends on the possibility of establishing a working analytic process. That is not an easy task. Being able to tolerate the terrible burden of murderous rage must be accomplished by working with the transference onto the analyst. Both with victims of child abuse and with those spoiled by weak parents, one finds rage so intense that it terrifies the child to feel his or her emotions and makes the concomitant incestuous fixation a murderous nightmare. In later life this destructive emotion is partly defended against massively; and partly expressed in sadomasochistic impulses and actions. The resulting variable mixture is usually manifested in analysis by resistance to intense feelings about the analyst and by negative therapeutic reactions. It follows that the mutual work on transference is, to quote from

Brian Bird's (1972) classic and relevant paper, the "hardest part of analysis."¹

REFERENCES

- BIRD, B. (1972). Notes on transference: universal phenomenon and hardest part of analysis. *J. Amer. Psychoanal. Assn.*, 20:267-301.
- NOVICK, J. & NOVICK, K. K. (1988). Some comments on masochism and the delusion of omnipotence from a developmental perspective. Presented to the Panel on Sadoomasochism at the meeting of the American Psychoanalytic Association, December. *J. Amer. Psychoanal. Assn.* In press.
- SHENGOLD, L. (1989). *Soul Murder. The Effects of Childhood Abuse and Deprivation*. New Haven/London: Yale Univ. Press.

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¹ Since writing this paper, I have read a most relevant and complementary paper by Novick and Novick (1988) with similar findings. The paper concerns adult masochistic patients who defend themselves against their rage with fantasies of omnipotence. Many of them seem to have had the "weak" parenting I have described above.

Fantasy, Myth, and Reality. Essays in Honor of Jacob A. arlow, M.D. Edited by Harold P. Blum, M.D., Yale Kramer, M.D., Arlene K. Richards, Ed. D. and Arnold D. Richards, M.D. Madison, CT: International Universities Press, Inc., 1988. 538 pp.

Wayne A. Myers

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BOOK REVIEWS

FANTASY, MYTH, AND REALITY. ESSAYS IN HONOR OF JACOB A. ARLOW, M.D. Edited by Harold P. Blum, M.D., Yale Kramer, M.D., Arlene K. Richards, Ed. D. and Arnold D. Richards, M.D. Madison, CT: International Universities Press, Inc., 1988. 538 pp.

This is a fine book, and we are much indebted to its editors.

After a biographical tribute by Blum, we are given summaries of Arlow's contributions in the areas of theory, practice, and applied analysis. Kramer traces Arlow's emphasis on the impact of unconscious fantasy on such phenomena as *déjà vu*, disturbances in the sense of time, and depersonalization. He also notes Arlow's work with Brenner,¹ in which these authors asserted the superiority of Freud's later, structural theory of the mind in the understanding and treatment of patients. In his papers on unconscious fantasy,² Arlow discussed how cognition and perception become embroiled in conflict. Kramer also speaks of Arlow's views on technique, which go beyond the concept of empathy to include the recognition of conflict and the use of cognitively correct interpretations.

Francis Baudry, in writing of Arlow's work in applied analysis, mentions his indebtedness to Hanns Sachs's "The Community of Daydreams": Sachs had advanced the notion of the artist's expressing the mutually shared daydreams of the audience, thereby diminishing their guilt.³ Baudry notes that the concept of unconscious fantasies clearly lies at the core of Arlow's work. Other papers deal with the vicissitudes of aggression and the primal scene. Baudry praises the excellence of Arlow's criteria, which include "similarity, repetition, and confluence of theme organized by coherence and consistency of data" (p. 48).

¹ Arlow, J. A. & Brenner, C. (1964): *Psychoanalytic Concepts and the Structural Theory*. New York: Int. Univ. Press; (1966): The psychoanalytic situation. In *Psychoanalysis in the Americas: Original Contributions from the First Pan-American Congress for Psychoanalysis*, ed. R. E. Litman. New York: Int. Univ. Press, pp. 23-43.

² Arlow, J. A. (1969): Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.*, 38:1-27; (1969): Fantasy, memory, and reality testing. *Psychoanal. Q.*, 38:28-51.

³ Sachs, H. (1920): The community of daydreams. In *The Creative Unconscious: Studies in the Psychoanalysis of Art*. Cambridge, MA: Sci-Art Publ., 1942, pp. 11-54.

Let me turn now to some of the other contributions in the volume. Leo Rangell's paper, "Roots and Derivatives of Unconscious Fantasy," conceptualizes such fantasies as compromise formations that vary in complexity and often serve as "corrections" for unpleasant memories and as anlagen for enduring character traits.

In his chapter, "The Unconscious and Unconscious Fantasy: Language and Psychoanalysis," Theodore Shapiro argues that fantasies are organized in a linguistic format in the unconscious. Thus he sees verbal interpretation as the only mode of making clear to the patient the links between repetitive adult actions and past thoughts. Shapiro feels that we can formulate our patients' preoedipal wishes only in terms of their linguistic encoding during the oedipal years.

Charles Fisher, in "Subliminal (Preconscious) Perception: The Microgenesis of Unconscious Fantasy," describes the effect of a Pözl experiment with tachistoscopically presented subliminal stimuli on the imagery and dreams of a test subject. Microgenesis refers to the detailed and structured imagery developed during the course of the dream's generation. Fisher sees this as illustrating the organizing function of unconscious fantasy in the process of dream formation and as a confirmation of Arlow's contentions regarding the ubiquitous structure of unconscious fantasy. He underscores the quasi-visual nature of fantasies, but also suggests that the role of verbal elements in primary process thought needs further clarification.

Dale Boesky, in "Criteria of Evidence for an Unconscious Fantasy," offers a case of a patient who had an unconscious fantasy that equated termination, orgasm, and death. In so doing, Boesky convincingly contradicts the assertions of Spence⁴ and of Grünbaum,⁵ who feel that we are unable to obtain scientifically valid data within the psychoanalytic situation. Boesky cites criteria elucidated by Arlow⁶ to determine whether clinical data constitute sup-

⁴ Spence, D. P. (1982): *Narrative Truth and Historical Truth. Meaning and Interpretation in Psychoanalysis*. New York: Norton.

⁵ Grünbaum, A. (1984): *The Foundations of Psychoanalysis. A Philosophical Critique*. Berkeley: Univ. of Calif. Press.

⁶ Arlow, J. A. (1979): The genesis of interpretation. *J. Amer. Psychoanal. Assn., Suppl.*, 27:193-206.

portive evidence for an interpretation. These include contiguity, the form and sequence of associations, repetition and convergence of themes, multiple representations of themes, and a convergence of data into one comprehensible hypothesis. Boesky notes that he adduced four types of data to support his assertions about the patient's unconscious fantasy connections. These included examples from literature, a biographic summary of the patient's earlier life, an account of a central resistance (which spawned the fantasy) throughout the analysis, and a report of two analytic hours.

Nathan Segal's paper, "Unconscious Fantasies: The Hidden Agenda in Treatment," presents material from analyses in which fantasies related to childhood traumas (especially seductions) were important. The patients' wishes to re-enact the scenes in order to belatedly master them often served as an insuperable obstacle to the completion of the treatment.

Sander Abend's contribution, "Unconscious Fantasies and Issues of Termination," describes different wishes arising in patients during the termination phase. Abend correctly comments on the disadvantages to the analyst in having a typical agenda of issues to cover during the termination period. He sees termination as arousing a great deal more than mourning and separation, and feels that each case must deal with individual issues. He comments negatively on Freud's tactic with the Wolf Man of imposing an arbitrary termination date in order to mobilize certain dormant issues. Abend sides with Kramer⁷ in espousing the viewpoint that the "sole task of the termination phase is to analyze the analysand's reactions to termination, along with any other material that comes forward, in the most thorough fashion possible" (p. 164). I would concur with this, inasmuch as most modifications of technique at this time arise from the analyst's need for unconscious enactment with the patient, which is not in the best interests of either party.

A number of papers on applied analysis follow. Jules Glenn's "Twinship Fantasies in the Work of Mark Twain" continues his fascinating work on this prominent fantasy in literary personages. He offers abundant evidence from Twain's stories and life to sup-

⁷ Kramer, Y. (1986): Aspects of termination: theory and practice. In *Psychoanalysis: The Science of Mental Conflict. Essays in Honor of Charles Brenner*, ed. A. D. Richards & M. S. Willick. Hillsdale, NJ: Analytic Press, pp. 321-351.

port his thesis that Twain believed that everyone is a composite twin.

Peter Neubauer, in "Alberto Giacometti's Fantasies and Object Representations," notes the fragility of Giacometti's sense of reality and how, under the influence of mounting anxiety, he suffered depersonalization and derealization. Neubauer views the creative process for this artist as an attempt to repair earlier traumata.

In Janine Chasseguet-Smirgel's "The Triumph of Humor," she sees humor as the opposite of melancholia and as a method of banishing the human's fear of loss. She feels that the part of the adult that produces humor represents the mother of early childhood. While her conclusion that the humorist is a person trying to be her or his own loving mother may be accurate, no clinical evidence is offered to bolster this.

Isidor Bernstein's paper, "A Woman's Fantasy of Being Unfinished: Its Relation to Pygmalion, Pandora, and other Myths," cites both mythological and clinical data to advance the thesis that many women have a central unconscious fantasy of being unfinished. The author relates this to a lack of early maternal care and to a family constellation depreciating women.

Martin Bergmann's "The Transformation of Ritual Infanticide in the Jewish and Christian Religions with Reference to Anti-Semitism" is a tour de force illustrating how the practice of infanticide in Judaism and Christianity became transformed into circumcision.

Martin Wanhg's paper, "The Genetic Sources of Freud's Difference with Romain Rolland on the Matter of Religious Feelings," details Freud's need to deny oceanic feelings as a basis for religiosity and relates this to his fear of merger with mother. While this may be plausible, I cannot go along with Wanhg's ideas on how Freud's sense of guilt was derived from his rage at the birth of his brother, Julius, when he was a mere eleven months old, and from Julius's death some eight months later. This presumes a prematurity of ego and superego development that would do a Kleinian proud. I see whatever memories Freud presumably had of Julius's birth and death as later screen memories dating from the oedipal years or after.

Mortimer Ostow's "Four Entered the Garden: Normative Religion versus Illusion" sees the Talmudic story as a cautionary tale

to the effect that engaging in gnostic, mystical experiences poses dangers to one's faith, mind, or life, and is really an expression of oedipal and preoedipal wishes involving parents.

Robert Wallerstein's "The Continuum of Reality, Inner and Outer" extends Arlow's conceptualizations of internal (psychic) reality to include the outer world. He sees no unchanging outer reality, but rather a reality that is filtered through the fantasies one brings to it. He suggests designating these conceptions of internal and external reality as a continuum.

Blum's "Shared Fantasy and Reciprocal Identification, and Their Role in Gender Disorders" details shared parent-child fantasies, with emphasis on the subject of transsexualism. While Blum acknowledges the importance of the preconflictual symbiotic mother-child bond in such instances, he emphasizes the crucial role of the interactions between parental conflicts and the internal disposition of the child in the child's conflicted perverse tendencies.

William Grossman and Donald Kaplan, in "Three Commentaries on Gender in Freud's Thought: A Prologue to the Psychoanalytic Theory of Sexuality," describe three levels of discourse in Freud's writings on female sexuality. They see the first as being nontechnical, the second as addressing the problem of sex difference by various narratives, and the third as including significant accidental events. The value of this paper is that it provides a second look at Freud's ideas in this controversial area.

Eleanor Galenson, in "The Precursors of Masochism," sees influences which stir up an excessively hostile interaction with the mother as the key in the turning of aggression on the self.

Otto Kernberg, in "Identity, Alienation, and Ideology in Adolescent Group Processes," discusses the normal adolescent in an identity crisis as able to maintain deep feelings for important love objects, whereas the borderline with identity diffusion cannot. Alienation is seen as normal and as leading to peer group formation. Borderline adolescents do not feel alienated in early adolescence, but later, when normal adolescents turn to couple formation, borderline ones show an increasing sense of isolation and may form groups and mobs with bizarre or antisocial ideology.

Burness Moore's paper, "On Affects: Biological and Develop-

mental Perspectives," traces the biological roots of affects and the psychoanalytic theories about them. Subjective moods are seen as compromise formations.

Samuel Ritvo's "Mothers, Daughters and Eating Disorders" sees a disturbance in the relationship with the mother as the major dynamic factor in such cases. These problems often occur at menarche and are related to the girl's unconscious fantasy of achieving a body different from that of her mother.

Martin Willick, in "Dynamic Aspects of Homosexual Cruising," delineates a series of fantasies underlying this behavior, which he sees as denying the cruiser's vulnerability to intimacy and rejection and as an attempt to deal with murderous oedipal rage toward the father.

Arlene Richards's paper, "An Object Choice and Its Determinants in Fantasy, Myth and Reality," details a white male patient's obligatory choice of a black woman. This case shows the decisive shape a childhood fantasy may take during adolescence.

Arnold Richards's paper, "Self-Mutilation and Father-Daughter Incest: A Psychoanalytic Case Report," presents the heroic analysis of a disturbed young woman who frequently mutilated herself. In the analysis, she recovered memories of intercourse with her father during adolescence. The recognition of the impact of unconscious fantasies and their effects on her memory and behavior was crucial to the positive treatment outcome.

J. T. Fraser's chapter, "Time: Removing the Degeneracies," deals with time as a hierarchy of unresolvable, creative conflicts involving the relationship of time to personal identity and the structure of the experience of timelessness. He disagrees with Freud's assertion that the unconscious is timeless, but sees this idea as having led to clinically useful practices.

The book ends with Charles Brenner's Freud Lecture, titled, "Of Men and Monuments." He sees Freud's most important contribution as being his discovery of the psychoanalytic method. Since Brenner and Arlow have both spent so much time clarifying the whys and wherefores of this method, this paper seems a most fitting end to a quite wonderful volume.

WAYNE A. MYERS (NEW YORK)

MIND, PSYCHOANALYSIS AND SCIENCE. Edited by Peter Clark and Crispin Wright. Oxford/New York: Basil Blackwell Ltd., 1988. 370 pp.

This volume is concerned with the foundations of psychoanalysis —specifically, with issues in the philosophy of mind as these bear on the question of the kind of theory psychoanalysis is, with the evidential status of psychoanalytic theory, and with the relevance of neurophysiological theories of dreams. It includes A. Grünbaum's *Précis of The Foundations of Psychoanalysis: A Philosophical Critique*, and responses by J. Hopkins and F. Cioffi to that critique; papers by M. Eagle, J. Haldane, and M. Moore on consciousness and the unconscious; papers by I. Dilman and R. Sharpe on a theme which runs through a number of papers in the volume, whether psychoanalysis is an extension of commonsense or "folk" psychology (explanation in terms of desires and beliefs) or is instead a nonpersonal theory to be developed along the lines set down in psychoanalytic metapsychology; a paper by E. Erwin, with a reply by P. Kline, on evidential support for psychoanalytic theory; papers by F. Crews and P. Lamarque deploring Freud's influence; and papers on the psychoanalytic dream theory, including a critique by A. Hobson based on his theory of the neurophysiology of dreaming, with a response by R. Squires, and other critiques by H. Porte and by A. Pagnini of Freud's dream theory.

The reader will have very little sense that contributors to this volume who have different views were or, given the tone in some (but not all) cases, could ever be influenced by each other. (There is irony here, considering the polemical references in some of the papers to the dogmatism of psychoanalysts.) I would like to have had Grünbaum's responses to points made by Hopkins and Cioffi (especially because, in my experience, Grünbaum does listen to and is affected by a reasoned argument). Were Erwin's convictions shaken at all by the reply of Kline? Did Squires raise any question in Hobson's mind about what he (Hobson) was asserting?

Three papers especially are worth the price of admission: those by Grünbaum, Hopkins, and Moore. I have already responded elsewhere to Grünbaum's critique of the *empirical* foundations of

psychoanalysis, so I will do no more here than repeat my expression of appreciation of his work:

Because of the explicitness and lucidity of [Grünbaum's] argument, and the thorough scholarship with which he has documented his [particular] depiction of psychoanalysis, his critique can function as a powerful stimulus to hard thinking about the issues he has raised. I do not know for what more one could ask from a philosopher of science.¹

The papers by Hopkins and Moore exemplify the positive contribution philosophy of mind and philosophy of science, informed by findings and thinking in cognitive psychology, can make to psychoanalysis—here, by suggesting what the implications might be of competing formulations of the *theoretical* foundations or core of psychoanalysis. In particular, they address the familiar debate in the psychoanalytic literature about the status of, and the relation between, the so-called clinical theory and metapsychology more cogently and fundamentally than psychoanalysts have done, by bringing to bear what philosophy of mind and philosophy of science have to say about two questions. 1. Is psychoanalysis essentially an extension of commonsense or folk psychology (explanation in terms of desires and beliefs)? 2. What are the scientific prospects for a theory developed instead along the lines set down by psychoanalytic metapsychology?

The answers to these two questions are important for the future of psychoanalysis. Equally scholarly research can end up with very different answers to the questions, “What is the domain of inquiry of psychoanalysis? What are its most fundamental concepts? Which of its theses are central and which peripheral? What is the distinctive core of psychoanalytic theory?” Any advance in research and any critique of the scientific status of psychoanalysis, of the theory, or of the evidence for the theory must depend on and are relative to some commitment to a particular formulation of this core theory.

My focus on these two papers, given the questions they address and the answers they give to these questions, will not find favor with those psychoanalysts of different persuasions who are unable to admit the possibility that different ways of depicting psychoanal-

¹ Edelson, M. (1988): *Psychoanalysis: A Theory in Crisis*. Chicago: Univ. of Chicago Press, p. 313.

ysis can have legitimacy, and who more or less intemperately denigrate and dismiss conceptual analyses of the theoretical core of psychoanalysis that they feel scant the value of or relegate to the periphery what they regard as "true psychoanalysis." My focus will also seem bizarre to those who think that the only question of any interest has to do with whether there is evidence for the success of psychoanalysis as therapy; and to those who take it for granted that psychology (and, therefore, psychoanalysis) is not an autonomous discipline and that, in principle if not now, its statements and explanations can be replaced without loss by statements and explanations in neuroscience.

Hopkins views psychoanalysis as an extension of commonsense or folk psychology. Briefly, commonsense or folk psychology refers to the conceptual framework we use in everyday life when, more often than not quite successfully, we explain actions, for example, as caused or produced by mental states such as wishes and beliefs. Such explanation is frequently called "desire/belief explanation." If a person wants something and believes that a particular course of action is a means to getting it, then that person will attempt, more or less successfully, to carry out that course of action. What the person does then is explicable in terms of his or her desire(s) and belief(s). (We will deem the course of action to be rational if the person has grounds for believing what he or she believes.) There will ordinarily be a thematic affinity between the contents of his or her desire(s) and belief(s) and the contents of what we are trying to explain (e.g., a course of action). This thematic affinity, presumably, provides some warrant for the credibility of the explanation given of this course of action in terms of his or her desires and beliefs.

Important features of commonsense psychology are: (a) more often than not, it works in our dealings and communicative interactions with others, and in particular in achieving our own goals in relation to others (for example, by generating successful predictions); (b) it satisfies our need to make sense of what would otherwise be inexplicable; and (c) it answers the questions in which we are interested (in the sense that a neurophysiological explanation of why, for example, someone enters a program for the training of psychoanalysts presumably would not).

What Hopkins apparently wants to argue is: 1. Psychoanalysis is an extension of commonsense or folk psychology. 2. Grünbaum insists that the kind of evidence obtained when experimental controls are used is the kind of evidence necessary to make psychoanalysis scientifically credible. 3. This kind of evidence is not necessary to make credible (and frequently successful) attributions of explanatory motivational states to persons in everyday life. 4. Therefore, this kind of evidence is not necessary to make psychoanalysis scientifically credible. 5. But, taking into account "previously unnoticed or undiscovered material," thematic affinity or coincidence of contents is evidence for the kind of causal explanations offered by psychoanalysis, just as coincidence of contents is associated with causal sequences in commonsense psychology, where contents are causally transmitted from one mental state to another.

I think that 2-5 may be more complicated than Hopkins allows. An extension of commonsense psychology is not the same as commonsense psychology. It is just the special assumptions of psychoanalysis, and the causal claims following from such assumptions, that make it an extension of, and not simply, commonsense psychology. Thematic affinity is not likely to provide convincing warrant for the scientific credibility of these special assumptions and the causal claims arising from them.

Indeed, the point of psychoanalytic explanation is often just to show why there is a lack of thematic affinity between the putative unconscious desires and beliefs of a person and the manifestations of these in the form of phenomena (e.g., symptoms, dreams) that "do not make sense" given the conscious desires and beliefs of that person. A psychoanalytic explanation achieves this aim by inferring from previously unnoticed or undiscovered material the existence, and causal role, of: (a) wishes quite unlike those inferred in the commonsense psychology of everyday life; (b) unconscious fantasies, in which such wishes are imagined as fulfilled; (c) mental operations, acting upon the contents of such wish fulfillments, which are quite unlike the operations that are used in processes of rational inference and action. (It is just these features of psychoanalytic thought that are ordinarily ignored in philosophical—and other—critiques of psychoanalytic theory, fatally so, in my

opinion, for the relevance of the methodological strictures applied in such critiques.)

The best arguments for the scientific credibility of such improbable, distinctively psychoanalytic inferences will be found in non-experimental studies. Examples of such arguments are: (a) analogy; (b) consilience or, from different data, convergence upon the same conclusion; and (c) abduction or argument to the best explanation. In fact, just these arguments were used by Darwin in attempts to make the theory of evolution scientifically credible. Psychoanalysis shares many methodological problems with evolutionary theory, and in the quest for evidence physical science-like experiments are not necessarily possible or preferable for either.

However, Hopkins does effectively support his first point, that psychoanalysis is an extension of commonsense psychology. There are those who argue that this cannot be so, on the grounds that the phenomena psychoanalysis wants to explain cannot be explained as caused by a conjunction of desire and belief, since, for example, persons do not typically believe that a neurotic symptom is the means to the end of satisfying a desire. According to Hopkins, such arguments fail to take into account that psychoanalysis does concern itself with the causal role of mental states, but distinctively focuses on the way desire brings about particular contents in imagination, on the way in which desire produces wish fulfillments, not on the way a conjunction of desire and belief causes a particular action.

Psychoanalysis is centrally concerned with investigating the nature of wish fulfillments. That is its domain of inquiry. What are the causes and sequelae of wish fulfillments? What are the responses of individuals to their own wish fulfillments? What are the effects of such responses? How is the fulfillment of a wish in imagination distorted or disguised as a result of the causal effects of counterwishes? How do different wishes, which are causally active simultaneously, become responsible for different properties or aspects of a phenomenon that "does not make sense"? Any methodology for providing evidence for claims made in this domain of inquiry must be appropriate to just this and not some other domain of inquiry. Hopkins has contributed usefully to the argument that "experimental controls" is not such a methodology.

Moore focuses on the conceptual status of metapsychology. The distinction between metapsychology and the clinical theory is not a distinction between "broader and narrower subject matters for theory" (p. 143), where the first aims to explain healthy as well as neurotic human behavior (general theory of mind), and the second aims to explain, for example, the outcome of psychoanalytic therapy or the etiology of neuroses (theory of therapy). It is not a distinction between an object language (the clinical theory) and a metalanguage that makes assertions about the clinical theory, "for metapsychology is not about statements in the clinical theory but, rather, is about the very same actions, states and entities as is the clinical theory" (p. 143), though at a "deeper" level of theory. It is not a distinction between a theory of the person, which is part of mental science (clinical theory), and a theory of the organism, which is part of natural science (metapsychology).

For Moore, the clinical theory is an extension of commonsense psychology, providing "belief/desire explanation," and metapsychology is explanation about the same phenomena in terms of nonpersonal but nevertheless psychological processes, that is, processes that can never be accessible to consciousness nor be the content of mental states. The concept of unconscious entities or processes may belong to either kind of theory. A person may recapture an experience that has been unconscious. The person does have direct access to the phenomenology of such an experience, though that access may be deferred (i.e., for example, until after a period of psychoanalytic work). There are assertions then about unconscious mental states that are legitimately part of clinical theory—for example, that they are not easily subject to recall, that although unconscious they influence actions, that a person can come to know these mental states, and that such states are typically sexual or aggressive in content. However, there are other statements about the System Unconscious—which has a systematic functional role within the mind, and includes such processes as repression (conceived to be an activity not a set of contents), the dreamwork mechanisms, and primary process thinking—that are also talk about the mind. But, since this talk is about nonpersonal mental processes that can never be accessible to consciousness nor be the contents of mental states, it is part of metapsychology.

Moore proposes that metapsychology should be construed as a version of functionalism, a currently fashionable strategy in the philosophy of mind and cognitive psychology for integrating mental science with natural science. Functionalism views a mental state as defined by the causal roles it plays in mental processes—what can cause it and what it can cause. Functionalism may follow a “bottom-up” research strategy. Start with physical structures (e.g., molecules) and work toward discovering how they function and interact with each other to produce ever more complicated structures at each level (cells, tissues, organs) and, ultimately, at the highest level, actions and mental states. Or, functionalism may follow a “top-down” strategy. Start with actions and experienced mental states at the highest level and work toward discovering the subprocesses and substructures, and then the sub-subprocesses and sub-substructures, whose interactions and organization in each case account for emergent phenomena at the next higher level.

Functionalism as a research strategy is sometimes called homuncular functionalism, because it involves dissecting a complicated system, structure, or process into similar but less complicated (less “intelligent”) constituent subsystems, substructures, or subprocesses, and showing how the input-output exchanges or interactions among these constituents at each level account for emergent properties observed at the next higher level. If one keeps dividing each constituent at some level into a set of finer interacting components, one may indeed come to a most “basic” and presumably physical level—as in the complicated computer, we have at the lowest level millions of units, each one capable of being in only one of two states (off and on). So the psychologist who studies mental states in this way may eventually meet up with the neuroscientist.

Freud’s metapsychology (consider his talk of “agencies” in *The Interpretation of Dreams*) is an exercise in “top-down” homuncular functionalism (the *Project* being a premature and failed attempt at a “bottom-up” strategy). Regarding metapsychology as such, Moore mentions three reservations one may have about it.

1. The subdivisions have very little depth, in the sense of subdivisions of subdivisions of subdivisions. The structural theory, for example, coarsely clumps together multiple complex functions (e.g., ego) as a subsystem of the mind, with no further subdivision

into simpler components, whose input-output exchanges or interactions make possible the complex functions at a higher level.

2. Metapsychologists (Moore gives examples from the work of Freud) do not have the patience required for a "top-down" strategy. They try by big ill-founded jumps to reach physiology all at once.

3. Are the data of neurotic conflict too narrow to be the best way of beginning the subdivisions that will "prove fruitful in developing the relations between mind and brain" (p. 158)? Moore thinks so, but, although most psychoanalysts will disagree with him, it is important for those who wish to further the metapsychological enterprise to follow why he thinks so.

If these ideas are of interest to the reader, then the papers in this volume, each one with a bibliography that invites further study, will also be of interest.

MARSHALL EDELSON (NEW HAVEN, CT)

PSYCHOANALYTIC PROCESS RESEARCH STRATEGIES. Edited by Hartvig Dahl, Horst Kächele and Helmut Thomä. Heidelberg/New York: Springer-Verlag, 1988. 334 pp.

In the summer of 1985, researchers from academic settings in the United States and West Germany gathered in Hamburg for their Eighth Workshop on Empirical Research in Psychoanalysis. One valuable outcome is this account of progress made in eighteen research projects that focused upon clinical data from psychoanalysis and dynamic psychotherapy.

Close reading will reward the psychoanalytic clinician interested in respectable validation and correction of theory through accepted scientific method. Yet to slog through information dense with statistics, acronyms, and references to crucial technical detail elsewhere described is a daunting journey.

Hartvig Dahl's introduction helps in mapping the methods, strategies, and focuses of the contributors, as do the latter themselves as they compare and contrast their data with those of the other researchers. These multiple perspectives provide the reader with a clear sense of the knowledge gained by the relatively small handful (32) of contributors.

As Dahl notes (p. viii), the research thrust of the past ten years no longer aims to document the comparative efficacy of various treatment modalities, but instead has converged on the patient's problem, the treatment processes, and the therapeutic outcome. This convergence, following the pioneering work of Luborsky and of Strupp in the 'seventies, demands that these three components be conceptualized and articulated in terms that are congruent for all. This strategy, implemented by variants of Luborsky's CCRT method (see below), has served as model for the main operational processes now in general use in both countries. Luborsky and Crits-Christoph (pp. 99, ff.) present a clear summary of its evolution and refinement.

Using samplings of audio or videotaped recordings of psychoanalyses and psychotherapies, the various groups in both countries have sought, from different perspectives, to identify in the patient's words and behaviors repetitive patterns whose significance reflects a particular theoretical preference. Much of their effort has gone into learning how best to sample large data masses, and into evolving standardized routines of appraisal of these patterned events by trained sets of judges guided by manuals detailing how they are to conceptualize their task.

What is immediately striking in all the reports is the focus upon the patient's words and their manifest, literal meaning, with little of the leaps of inference and quick translation into analytic meanings that so permeate the usual clinical account. Equally impressive is the amount of information that has been gained from many small samplings, making possible the tracking of repetitive patternings in voluminous data from all stages of the therapeutic process.

Just as striking is the difference in the ways by which the German investigators and those in America have pursued otherwise congruent interests. The Americans have opted for a multiple case sweep, first scanning numerous clinical instances in order to discern repetitive patterns of maladaptive behavior. These "structures" are then studied by trained evaluators whose sortings are weighed statistically to arrive at operational refinements of the particular research net. Once so refined, it can be further tested through study of the same case, or of other cases, at different

stages of the clinical process, and matched against other research methodologies. Koenigsberg, Kernberg, et al., report on progress in developing such an instrument to measure the nature of different treatment techniques applied to borderline patients (pp. 147, ff.).

One impressive instance of the employment of a research instrument and its comparison with others is provided by Luborsky (pp. 109, ff.), who utilizes a very special feature of this volume. The second chapter, "The Specimen Hour" (pp. 15, ff.), consists of the complete verbatim transcription of the eighth hour of an audiotaped analysis, which Luborsky, Bucci, Dahl, Gill, and Teller separately used as the clinical base for separate reports. Luborsky applies his CCRT approach to the Specimen Hour, in which he seeks the Core Conflict Relationship Theme to assess the patient's transference. He then compares and contrasts his data with those gathered via Gill and Hoffman's PERT schemata, which explore the Patient's Experience of the Relationship with Therapist, and with Dahl and Teller's Frames of Mind. His comparisons are congruent with those made separately by the other research teams, although it is not surprising that each finds important features different from those of other approaches. The CCRT sortings identify recurrent psychic structures through imposing a uniform sequence of the patient's wish, the response of the other, and the patient's responses to her or his own wish, but perhaps at the expense of not accounting for less frequently repetitive yet still significant other themes. PERT imposes an exclusive set of predetermined categories pointing to implicit and explicit references to transference in the patient's verbalizations. Dahl and Teller's Frames operate without predetermined categories to identify in the verbal content a wide range of structured sequences alluding to affect-driven nonverbal memories connected with early relationships with objects.

The West Germans have taken a single case approach that reflects their unique data base, evolving sophisticated ways to work on data from multiple perspectives. As Kächele, Thomä, et al., describe, in two reports (pp. 179, ff., pp. 195, ff.), the *Ulm Textbank* of the University of Ulm exists as an expanding repository of computerized data of 22 entire psychoanalyses and 17 complete psycho-

therapies as part of 2300 sessions covering 34 categories of patient contacts recorded by audio or videotaping.

Working with often the same verbatim transcribing (Hohage and Kubler; Grunzig; Neudert and Hohage), the Germans have been deeply involved in developing both cross-sectional and longitudinal sampling concepts and procedures. Grunzig's (pp. 213, ff.) time-series studies constitute an important exploration in the use of block samples to follow the flow of analytic process with acceptable consistency. Neudert and Hohage (p. 227) demonstrate that it is possible to quantify and follow, over analytic time, changes in the patient's expressed suffering and attribution of its source in self, other, and the environment.

Hohage and Kubler (pp. 243, ff.) report on the evolution of a rating scale for following shifts in the patient's emotional insight via content analysis of transcripts. Judgments are based on language characteristics, rather than on clinical inferences.

Kraus and Lutolf (pp. 257, ff.) utilize a videotaped psychotherapy case to follow the interplay of facial expressions between patient and therapist and to test out hypotheses regarding change in the patient's defensive use of mask-like smiling over the course of the treatment. Lenzinger and Kächele (p. 291) report the application of Clippenger's ERMA artificial intelligence computer program to the study of the cognitive, problem-solving capacities of five analytic patients dealing with their dreams. Trained judges evaluated random samplings of the patients' verbal efforts to handle dream analysis in the beginning and at the end of their analyses. They applied the terms of Clippenger's six-mode modules for ERMA, dubbed Calvin, Mozart, Machiavelli, Marx, and Freud to connote the different cognitive style and task each carried out in synergistic, interfering, and competitive fashion during ERMA's performances (Calvin being the most rigid and restrictive and Freud the freest and most introspective). Significant changes in each of the six modes and in their intermix in the random samples of patient data were accurately detected by the judges. When these were placed in proper sequence, the changes in cognitive mode tallied accurately with the degree of success of analytic outcome as assessed by independent rating.

This piece of work seems to support Teller's (pp. 163, ff.) expect-

tations for the potential value of Artificial Intelligence (AI) models and processes in studying psychoanalysis. Her own work in team with Dahl has been to use AI templating to look for objective patterns and structures in the patients' discourses (Frames); and she gives demonstration of the power of her instrument in its application to the Specimen Hour.

Stepping back from this sampling for the moment, it is this reviewer's impression that the progress reports overall make up a mixed lot, varying from clear and persuasive demonstration of theses, process, and substantiation to strained inferences drawn from samples shakily evidenced; yet all are provocative and beckoning in their promise. This is in keeping with Dahl's caveat that the primary intent of the volume is "to outline strategies, not to proclaim conclusive findings" (p. xiii).

Some findings seem to document the clinically self-evident—in Bucci's words, "the task of the psychoanalytic researcher is in part to verify what the clinician already knows" (p. 29). Other findings, however, are, as she also notes, discoveries that surprise and confound in confronting us with what we thought we knew but about which we were wrong.

Further sampling may convey a little more both of the mundane and of the novel. None of the reports allows for a short summary, for each is so closely argued as to justify Luborsky's lament (p. 109) that even his intimate acquaintance with CCRT, PERT and Frame does not allow him an easy grasp of their likenesses and differences.

One challenging report comes from the Mt. Zion Hospital group. Silberschatz, et al. (pp. 128, ff), use the CCRT approach to compare two differing theoretical perspectives for predicting the patient's responses to the frustration of transference wishes. They see the traditional analytic view (dubbed Automatic Functioning) as expecting that the analyst's not responding to the patient's pressuring for gratification will produce frustration anxiety and regression, such as to intensify the patient's suffering and bring the wish closer to consciousness. They pit against this predictive view the newer concept of Higher Mental Functioning evolved by their colleague, J. Weiss, that views the patient's transference demand as a wish the patient hopes will *not* be met because he/she knows it to be pathogenic (i.e., patients may demand advice in order to test their

conviction that the therapist will be ready to run their lives as their parents did in the past). From this perspective, the HMF concept would allow the prediction that the therapist's frustration of the pathogenic wish through abstinence will mean passing the patient's test and causing him or her to feel assured, relaxed, and more venturing in the therapy. Judges schooled in the AMF viewpoint assessed the CCRT data and made no correct predictions as judged by independent rating scales, even attributing fear and anxiety when none was detected. HMF judges correctly anticipated all the positives (boldness, relaxation, experiencing) as well as the absence of negative effect. How is the experienced (and probably older) clinician to view this apparent failure of traditional theory to offer clinical guides?

For those analysts still content to conceptualize by the frustration model of the mid-sixties, as the Silberschatz study assumes, these data will be disconcerting. For analysts who have incorporated the developmental viewpoint, and approach the patient with the goal of exploring the patient's view from her or his psychic reality and need to be analytically held, sustained, and reflected, the findings of the study will seem expectable and, indeed, compatible with the viewpoint reflected in Gill and Hoffman's research endeavors (pp. 67, ff.)

Bucci's exploration, using the dual encoding model (pp. 23, ff.) of two separate but related representational modes in the mind, is especially appealing to the analytic clinician: the two modes form a comfortably loose fit with the familiar concepts of primary and secondary processes and are congruent with currently held analytic perspectives about the lifelong developmental expansion of primary process modes. There is also a provocative allusion to current exploration in cerebral lateralization. Bucci has been able to evolve procedures to study emotional schemata, originating in the non-verbal representational mode, as these appear in small samplings of the verbatim data of the cognitive mode. Her procedures involve successive stages of judgment, at increasingly higher levels of generalization, to be made by separate sets of judges on random segments of verbatim associative material taken utterly out of flow and context. She applies these procedures to the Specimen Hour to identify and track specific Emotional Frame Structures within the random idea units. In Bucci's words, "it is possible to identify

significant repetitive patterns reliably in the text of a therapy transcript, while stringently precluding the operation of 'intuition' and the imposition of structure on the text . . ." (p. 38). She states further that the "linguistic indicators provide a means of *external and shared* validation of the presence of *private* and *internal* emotional representations" (p. 49, emphasis Bucci's). "Thus we are not confined within the hermeneutic circle, but can point to evidence for emotional structures that are present independent of their verbal report, and that are detected by observers rather than constructed by them" (*ibid.*).

For those of us who have developed a strongly held clinical conviction about the indomitable power of transference expectancies and their roots in the developmental past of each of us, Bucci's findings are very exciting for the reasons she has cited. They make us eager to follow her further work closely.

Also exciting about these overall research endeavors is the principle consistently exemplified by each: that it is possible and richly rewarding to direct one's attention, research or clinical, to the words of the patient and to read them at their manifest level—in Freud's term, at the psychic surface. From such a starting and returning position, centered in the patient's own dimensions and experiencing of his or her problems, rather than in high-level theory, it ought to be possible to realize Dahl's optimistic expectations: "For the first time we have converging research definitions of psychopathology that have been translated into . . . formalized structural descriptions . . . that . . . can serve as guides for clinicians to likely specific therapeutic targets . . ." (p. xii).

This is not possible now—perhaps not even soon. But even now we have much to applaud in the range and richness of these groups' explorations, and much to admire in the intergenerativity and imaginativeness of their efforts.

JAMES T. MC LAUGHLIN (PITTSBURGH)

PSYCHOANALYSIS. A THEORY IN CRISIS. By Marshall Edelson. Chicago/London: University of Chicago Press, 1988. 392 pp.

Marshall Edelson's eighth book discusses an important question—the conceptual foundations, or philosophy, of psychoanalysis. The

problem, Edelson believes, is timely: "Psychoanalysis is in difficulty. The credibility of its explanations and the efficacy of its treatment are in doubt. Its theoretical ambitions, for example, its ambitions to become a general psychology of mind, are inflated, even grandiose. Indeed, its theory has become so swollen, such a hodgepodge of accretions, that it is almost impossible to formulate so that it can be tested. But that does not appear to matter to it, for it sometimes seems to be suicidally indifferent to the task of demonstrating that its conclusions are methodologically reliable and therefore scientifically credible" (p. 146). Edelson argues that, fundamentally, things are better than they seem. He believes in both psychoanalytic explanations and psychoanalytic treatment, but has problems with psychoanalytic theory. His goal is to reform the theory, and perhaps the profession as well, so that its ideas will have greater status in the community of scholars and its findings can be validated by scientific methods.

The book consists of a series of essays, most of which have appeared in modified form over the past two decades. They deal with major issues, including theory, neuroscience, clinical data, causal explanation, and interpretation. The result is not easy reading. The subject matter is difficult, the arguments abstract, and at times the prose somewhat dense. Edelson is a precise thinker, and he asks the reader to accompany him through forests of parentheticals and dependent clauses, shaping his words to reflect his thoughts, always careful to say exactly what he means, or sometimes more important to him, careful not to say what he does not mean. For example, here is Edelson's description of sex: "The subject brings some region or part of his or her body into relation or contact with, or causes such a region or part to interact with, some object in his or her situation. (It is also possible that some such region or part is acted upon by the situational object without regard to any intentions of the subject.) The object in the subject's situation may be, for example, the body or a body part of another person of the same or opposite sex or of the same or another generation, a member of another species of the same or opposite sex, an inanimate object—or some part of the subject's own body" (p. 202). This does refer to sexual activity, but there are simpler ways to communicate the image.

The same theme is reflected on another level, when Edelson dis-

cusses Hartmann, claiming that “his emphasis on the theoretical essay at the expense of an emphasis on the case study (where theory interacts with data) is disastrous for the development of psychoanalysis as a science” (p. 119). Edelson goes on to argue at length that the case study is central to psychoanalytic discourse and is a legitimate form of scientific data, while pure theoretical discourse fails to advance the discipline. The point is so well made that Edelson seems at times to challenge the value of his own efforts—one good case study would do more to demonstrate the scientific value of the case method than many volumes of theoretical defense. Edelson could well reply that his is not a psychoanalytic book; it is a philosophic study about the basis of psychoanalysis. The reader should expect little that is of value in the consultation room, but much that will help in the next debate with a philosopher-critic who is hostile to psychoanalysis.

Edelson’s own reply to such philosopher-critics (with Adolf Grünbaum as the prototype of this group) will please most psychoanalysts. He believes that psychoanalytic inferences can be solidly based on clinical psychoanalytic data, and although he offers advice as to how this can be done more effectively than it has been done to date, he argues strenuously against both those who would require extrapsychanalytic evidence for scientific validation and those who would dismiss the whole psychoanalytic enterprise as something other than science in the first place—as an activity that employs methods that do not meet the standards of a true science. This issue has interested philosophers more than it has psychoanalysts; the latter, reasonably enough, are more interested in how to do better psychoanalysis than under what conceptual heading it is best classified. On the basis of the examples of evolution or cosmogony, if psychoanalysts generate important and interesting ideas and make meaningful what was formerly incomprehensible, philosophers of science will recognize psychoanalysis as a member of the club, even if they find it necessary to change the definition of science in order to do so. Conversely, even if Edelson were to win his argument, and psychoanalysis were to be recognized as a science, it would still have to demonstrate that it is an important science. In either event, analysts are well advised to continue their efforts to practice the only method they know as well as they can,

and to worry about what will make psychoanalysis better rather than what will make it more scientific.

Finally, Edelson likes the movies. The book opens with a reference to *Spellbound*, and there are references to Cocteau's *Beauty and the Beast*, Bogart and Bacall's *The Big Sleep*, and Wendy Hiller's *I Know Where I'm Going*. Edelson draws on this interest in offering the beginning of a new theory which he calls a "cinematic" model, and traces to the experience of a child watching a movie and "inhabiting" some character in it, an example of what Edelson calls "effective imagination." He characterizes the child entering the movie, or the analyst entering a relationship with an analysand, as "a long swoon into an inner void." It is an evocative image, standing out from the heavy theoretical background and promising an intriguing and clinically relevant model, one that Edelson tells us he will develop further in future work. It is representative of the kind of "good" theory he finds hopeful for the future of the profession.

ROBERT MICHELS (NEW YORK)

HOW DOES TREATMENT HELP? ON THE MODES OF THERAPEUTIC ACTION OF PSYCHOANALYTIC THERAPY. Edited by Arnold Rothstein, M.D. Madison, CT: International Universities Press, Inc., 1988. 232 pp.

This small volume is a compendium of points of view on the nature of psychoanalytically based treatment, whether supportive or analytic psychotherapy or psychoanalysis. The source of these sixteen brief but densely packed chapters, each containing the point of view of its author, originated in the workshop series of The American Psychoanalytic Association. Many chapters reflect the current trend of emphasizing relationship, empathy, and development. At times there is the implication that positive transference is good and negative transference (and even interpretation) is traumatic or demeaning—"rubbing salt in the wounds," as one author puts it. This reflects a dichotomy in our field between those who value insight, transference analysis, and interpretation (without denying the importance of the relationship in every treatment) and those who vigorously stress relationship and empathy.

In the first chapter, Herbert Schlesinger elucidates the history of psychoanalysis, with its varying and recurring trends. A major example is the concept of the corrective emotional experience. Another of his points is that we do not use the technology we have to further the development of psychoanalysis. With reference to unproductive repetitions, he states, "It is essential to understand oneself better in the context of the present as well as one's history . . ." (p. 25).

Manuel Furer places psychoanalytic psychotherapy at one end of a continuum that has psychoanalysis at the other. He indicates that strong developmental considerations are not necessarily required in these treatments.

Paul Gray emphasizes the therapeutic aim of reducing anxiety by modifying those defenses which cause great pain or exact great cost for the patient. For Gray, psychotherapy is more suggestive and directive than analysis. The influence of the therapist is most important in modifying internal and external behavior in the former, while in analysis the central factor is analyzing resistance to uncovering unconscious conflicts.

Joseph Lichtenberg offers his chapter as a contribution toward a dialectic among the contributors. He wonders if we harbor a counterphobic attitude toward the concept of corrective emotional experience. He also wonders if we have undeservedly underemphasized reconstruction and development in favor of interpretation.

Arnold Modell believes that the treatment situation as a holding environment for as long as necessary is a crucial element. He asserts that the patient sometimes does not want "too much empathy" or too much understanding but at times "wants to be left alone."

Fred Pine has a treatment approach of considering drive, object relations, ego, and self. He is concerned about interpretations that abuse, demean, or depress a patient. He does not, however, as Dale Boesky points out, consider the superego. Hans Loewald indicates that all is not rational and that there must be heart as well as mind in working with patients; most authors agree that relationship aspects are important in all treatments. Empathy can neither be lacking in an analyst's work, nor can it be its totality.

Most would agree with Evelyn Schwaber that the tone of what

the patient says can have as much meaning as the content. She considers countertransference as a problem of the analyst, rather than something the patient wants the analyst to feel.

Paul Ornstein states that the corrective emotional experience, without manipulative implication, is the *sine qua non* of psychoanalytic cure. He relies heavily on his responsiveness to the patient. Gray comments that there is danger in such an approach to a patient, i.e., giving up the concept of technique and emphasizing one's mode of listening as the method.

Donald Spence decries the use of terms which indicate that psychoanalytic heaven may be "just around the corner," such as "empathic understanding," "therapeutic alliance," "meaningful communication," etc., as a substitute for the search for understanding. He regrets the lack of accumulation of data which might give us an expanding body of experience and knowledge and history. Most cases that are presented accrue to the glory of the writer. Negative data, according to Spence, are usually connected with a previous analyst. Instances of this are to be found in this book, and they are not restricted to authors with one particular point of view.

Boesky points out that not all positive transference is good, nor is all negative bad; both are to be worked with and understood. He feels that our methodology of assessment of outcome is unsatisfactory and that there is lack of agreement as to what is meant by therapeutic change. He reminds us that until we can reach better criteria of evidence, we will "continue to walk past each other." He illustrates this by examining a clinical example reported by Michael Franz Basch, which he does not believe confirms Basch's view of the material. Basch, in the chapter he provides, emphasizes the use of disavowal by people with narcissistic character disorders. In the clinical example which Boesky questions, a patient asks to use the toilet. Basch responds with silence. His formulation of the sadness experienced by the patient, based on his general experience and knowledge, leaves the reader unsure whether it indeed applies to that patient at that particular time. The patient's sad response to the lack of a reply to the question could rather be an expression of feeling defeated, which might reflect the atmosphere and tenor of the treatment situation. This reader wonders why Basch did not simply ask, "Why do you wish to use my bathroom?" Basch also on

occasion relates his own personal experiences to his patients if he feels this may be of benefit.

David Werman's chapter contains a clear description of supportive psychotherapy from a psychoanalytically based point of view. Theodore Jacobs reminds us that there are important differences between the late adolescent and the young adult, which need to be taken into account in treating them. Edgar Levenson has written an intriguing chapter on the "Recursive Order of Transference," in which he uses the phrases, "the message in the bottle" and "the laying on of hands," to refer to what he feels divides psychoanalytic colleagues in their work. The former refers to the flow of data, and the latter to the relationship with the therapist. In spontaneous comments, Jacob Arlow expresses the view that the concept of the holding environment as an essential part of the treatment process resides more in the fantasy world of the therapist than in that of the patient.

Arnold Rothstein, the editor of this volume, excellently summarizes it and describes how it was produced. He provides concluding and appendix sections of his own, in which he conveys the atmosphere and the views expressed during the spontaneous discussion among the participants. This reader does not always agree with the way he groups the various analysts; there are subtle but nevertheless important differences among those he places within the same group.

I regret being unable to discuss each presentation in detail, but I hope that the brief summary I have proffered gives some indication of where thinking about psychoanalytic therapy is today. It is basically dichotomized into the relationship and the insight (or cognitive) points of view. This book is worth reading by all who wish to assess or reassess where their thinking lies. It will be interesting to see what form compromises will take and to think about what the motivating factors might be for the intensity of interest being shown in self psychology. My view is that we need to keep our analytic eye on all the dials of a patient's emotional life¹ as they are and not as we wish them to be. As Olinick has aptly reminded us, treatment can be no better than the people involved, including the therapist.

MILTON H. BRONSTEIN (LOS ANGELES)

¹ Bronstein, M. H. (1978): Review of *The Dream in Psychoanalysis* by L. L. Altman. *J. Amer. Psychoanal. Assn.*, 26:659-664.

UNDERSTANDING COUNTERTRANSFERENCE. FROM PROJECTIVE IDENTIFICATION TO EMPATHY. By Michael J. Tansey and Walter F. Burke. Hillsdale, NJ: The Analytic Press, 1989. 222 pp.

This detailed and comprehensive book on countertransference written by two clinical psychologists, Tansey and Burke, is directed primarily to the practice of psychoanalytically oriented psychotherapy, although it is relevant to the technique of psychoanalysis as well. The book is an extremely well-organized and coherent exposition of the thesis that the therapist's (or analyst's) ability to understand patients always involves the mechanisms of projective and introjective identification. The authors' conceptual framework is a creative integration of various theoretical approaches to describing and understanding countertransference, empathy, and projective identification. Their explanatory theory, though intricate, preserves the immediacy of the clinical observations upon which it is based.

The book begins with a thorough review of the literature and a discussion of countertransference, empathy, and projective identification as intimately related processes. The authors take the "totalistic" position that countertransference encompasses virtually all of the experience of the analyst at work. Tansey and Burke are among an increasing number of analysts who no longer consider countertransference to be undesirable and an obstacle to analysis. They do not limit countertransference to the analyst's predominantly unconscious (neurotic) reactions to a patient's transference.

The authors dissect the analyst's total response in order to understand the ways in which both empathy and countertransference operate as intrapsychic phenomena that require the participation of another individual. They have examined the capacity of a patient to induce in the analyst an experiential state which also reflects the analyst's own affects and fantasies. They accord a central role in this induction process to the complementary phenomena of projective and introjective identification. They have effectively described projective identification as the unconsciously motivated *activity* by which a patient attempts to induce the analyst to experience and conform to a projected image. They believe that a projective identification, when introjected by the analyst, has the potential both to provoke a countertransference reaction and evoke the trial identifications characteristic of empathy.

The authors' concept of projective identification is one that has evolved from its origins as a primitive, pathological defense mechanism. It is somewhat removed from the fantasy described by Klein of expelling unwanted aspects of oneself into another who is thereby possessed and controlled. Tansey and Burke have been careful to attribute the influence of projective identifications on the analyst only to what can be described or inferred from the patient's actual verbal and nonverbal behavior. They do not believe that the power of the projective identification resides in the projected image. They dispel the impression of a projection with a life of its own animating the individual who introjects it. Instead, they characterize projective identification as the patient's "interactional pressure" on the analyst's intrapsychic equilibrium. It is a means by which the patient communicates an aspect of her or his own inner experience to the analyst. This communicative pressure is potentially disruptive and can provoke undesirable countertransference. If processed effectively by the analyst, however, the projective identification can lead instead to empathic listening and ultimately to analytic insight.

I believe the authors' broad view of projective identification lacks conceptual clarity. Its use to describe patient/analyst interactions overlaps and is confused with transference and, more specifically, with transference enactments. Tansey and Burke have replaced the notion of transference actualization with their concept of projective identification. This is a major modification of theory because the transactional nature of projective identification minimizes the genetic link with the past that is provided by transference images. Transference, by contrast, retains the vital sense of current material as largely a repetition or revival.

Tansey and Burke state in the introduction to *Understanding Countertransference* that a prime motive for writing this book is their belief that the analyst's empathic receptivity is not purely an innate natural gift vouchsafed to talented analysts and therapists, but is a skill which can be taught and learned by students and practitioners. With this in mind, they have described a "unitary sequence for processing interactional communications" (p. 65), consisting of three phases, each of which is further divided into subphases which overlap and merge with one another.

The first phase describes the analyst's state of receptivity to the patient's communications and to the analyst's own affect and fantasy signals. In the second phase, the analyst oscillates between immediate experience with the patient and a more objective view of the patient-analyst interaction. This internal processing phase, if successful, should lead in turn to an empathic connection with the patient which makes interpretation possible in the final phase.

The authors make clear their opinion that analytic insight is based on empathically informed interpretations, although they believe the analyst's internal struggle for empathic understanding and the often hard-won ability to avoid joining the patient in transference/countertransference enactments can be experienced by the patient as beneficial. They believe it is necessary at times to be explicit about the analyst's role in an enactment by using "countertransference-based" interpretations. They view such interpretation as a radical, though useful tactic, which requires the analyst to be aware of its potential effect on transference and resistance.

To my mind, another difficulty with the use of the projective identification concept is that not enough distinction is made between what the patient evokes incidentally in the analyst, primarily as a consequence of the analyst's own psychology, and what the patient more actively provokes by his or her unconscious attempts to induce a specific response in the analyst aimed at actualizing a transference (or resistance) wish or fantasy. With projective identification, the analyst's subjective experience is liable to be considered literally identical to the images projected onto the analyst, and countertransference mistakenly assumed to be a replica of the patient's inner world. The analyst's enormous potential for misinterpreting the sources and meanings of subjective experience is only aggravated by reliance on projective identification as a key concept. A method for validating the analyst's hypotheses about the nature and extent of the patient's influence on the analyst's subjective experience is therefore essential.

The authors have devised a validation method using converging evidence from multiple lines of inference, which enables the analyst to assess countertransference reactions with greater objectivity. Validation is intended to be an ongoing process of progressive refinement and verification of meaning whereby the analyst's ambig-

uous self experience is continually subjected to analysis. However, the suggested analysis does not seem to go much beyond surface issues. As an example, one line of inference the authors use for validation is the analyst's general familiarity with how her or his own character and conflicts may affect subjective experience. This acquaintance with the analyst's "personal equation" is just not the same as true analytic self-scrutiny, which aims to discover more specific unconscious motivations behind countertransference phenomena.

Understanding Countertransference is a laudable attempt to demystify the subjective realm of analytic empathy and intuition. The book could help to make elusive clinical skills and judgment more available to the average expectable analyst if analyzing the unconscious fantasies of patient and analyst were considered more central to understanding enigmatic manifestations of the psychoanalytic dialogue.

DAVID L. RAPHLING (WASHINGTON, D.C.)

PSYCHOSOMATIC SYMPTOMS. PSYCHODYNAMIC TREATMENT OF THE UNDERLYING PERSONALITY DISORDER. Edited by C. Philip Wilson, M.D. and Ira L. Mintz, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1989. 460 pp.

In this volume, the treatment of patients suffering from psychosomatic symptoms is discussed by a number of experienced analysts who demonstrate that psychosomatic symptoms can be removed through the interpretation and working through of their unconscious meaning. The book is replete with case vignettes and a few detailed treatment accounts demonstrating the effectiveness of an interpretative approach, not in curing the patient, but in alleviating the somatic symptom or even removing it. The contributors stress that their success is dependent on the previous experience they have gained and on the establishment of a transference relationship with those whom they hope to help. Because of the life-threatening nature of the symptoms, and the impact of this threat on the therapist if the transference has been established, these patients represent a specific challenge to treatment. In addition to those difficulties, there is the problem of families that resist anyone who threatens their pattern of functioning. The authors stress the

difficulties they have encountered, and therefore this book cautions as much as it teaches.

From the outset, it is established that psychosomatic symptoms occur in patients whose problems belong to a variety of diagnostic categories. Their symptoms are seen as indicative of underlying unconscious conflicts which find expression in physical illness for a number of reasons, such as family patterns, psychobiological predisposition, inability to express emotions except through acting out, and parental overstimulation. Wilson, who is the main contributor as well as the editor, believes that the symptom has a drive-derived meaning: e.g., during his summer vacation, he interpreted on the phone a patient's asthmatic attack, for which he had to be hospitalized, as the expression of the man's wish to choke him. He called this an inexact interpretation that enabled the patient to breathe better. The conviction about the unconscious meaning of the symptoms, which Wilson shares with the other contributors, sets the authors apart from or in active opposition to those who would classify psychosomatic symptoms among the actual neuroses, i.e., in themselves meaningless and devoid of unconscious motivation but indicative of a reaction to stress that has no other outlet. It is interesting that both groups of theorists consider themselves successful with these patients, a fact I would like to reconsider in the discussion of the underlying theories.

In his introduction, Wilson states that the disturbances are pre-genital, stemming frequently from failure of these patients to separate from their parents, from parental overstimulation, and from the rage that cannot be expressed because of the severity of the superego. The removal of the presenting symptom is only the first step, and it must be followed by meticulous attention to subsequent symptoms, either psychosomatic or purely psychic—most typically depression or acting out.

Because of his conviction that psychosomatic symptoms contain drive derivatives, Wilson classifies symptoms according to the most likely derivation. This approach appears quite "old fashioned" and reflects a type of classification not prevalent in contemporary psychoanalytic literature. For example: "In the case of psoriasis, anal conflicts and fantasies are basic. In the patients suffering from hypertension, both oral and anal conflicts underlie the symptom. Although oral fantasies are present, anal-phase conflicts predomi-

nate in migraine cases . . ." (p. 14). The symptoms serve the need to control unconscious impulses. Wilson reports that patients frequently appear pseudo-normal and their awareness of the significance of the symptom, no matter how severe, is split off from the rest of the ego. They deny conflicts; however, the clinician senses an underlying depression. In this respect, patients suffering from psychosomatic symptoms resemble those characterized as impulse disordered, a diagnosis which may have applied to them prior to the occurrence of the physical symptom, as well as after its removal through treatment. This is frequently followed, according to Wilson, by "projective identification," i.e., the projection of the archaic superego introject onto the analyst, which is accompanied by a propensity toward acting out. Wilson thus draws attention to the overly strict superego of these patients and refers to Leon Wurmser, who called his study of the treatment of addicts and the addictive personality "*Die Flucht vor dem Gewissen*" (the flight from conscience).

Cecil Mushatt's chapter, "Loss, Separation, and Psychosomatic Illness," concerns the primitive emotions and fantasies "which [the patient's] bodily language both defends against and symbolically expresses" (p. 33), a language that can be decoded. The author, like all other contributors to this work, provides substantial clinical material concerning primitive fantasies—notably confusion between the subject's body and the object—to validate the hypothesis of the symbolic meaning of bodily symptoms as a reaction to separation and loss. Because of the subject-object confusion, the affected organ represents the object of primitive impulses, and for this problem, Mushatt recommends psychoanalysis as the treatment of choice, albeit in a modified form.

In a chapter on family psychopathology, Wilson describes the treatment of "psychosomatic families." The use of this expression indicates the degree to which the author considers the role of families involved in the patient's problems. Therefore, the treatment of at least one member of the patient's family may be essential to the success of the patient's analysis.

Charles Sarnoff's contribution, titled "Early Psychic Stress and Psychosomatic Illness," explains "the symbolic processes involved in the production of psychosomatic phenomena. The basic idea is that the type of symptom produced relates to the cognitive level at

which the symbolizing function was operating at the stage of early trauma or fantasy to which the patient has regressed in response to current trauma" (p. 84). Sarnoff gives a developmental scheme for consciousness, cognitive skills, and symbolization. Since the symbolizing function, according to the author, establishes a bridge between psyche and soma, any somatic reaction to stress suggests that the organs or bodily functions are still symbolizing external objects and situations. The chapter contains a table of the various cognitive perceptual organizations of consciousness.

Wilson contributes a chapter on projective identification, demonstrating the all-important role of externalization for patients suffering from psychosomatic symptoms. It becomes an important aspect of the transference and important in the understanding of the patient's pathology. In the following chapter, Wilson reiterates his opposition to the notion that psychosomatic patients suffer from a developmental arrest with regard to fantasies and affects. His patients report dreams that express impulses from various developmental levels in the preconscious.

The chapter describing grief and anniversary reactions, recounts the treatment of a severely disturbed man by Mushatt and Isidore Werby. Following this, Mintz and Wilson recount the treatment of lesser somatizations, such as unusual bleeding in women and "fat lip," among others. These are short vignettes, giving the symbolic meaning the symptom had for the patient and the patient's unconscious control of the affected organ.

Parts Two and Three deal with problems in the respiratory and gastrointestinal systems respectively, covering more specifically the points which were made in the first and more general part. Because of the heavy emphasis on the symbolic meaning of the various elements described, the authors give the impression of universal applicability; however, they themselves are careful to couch their symbolic interpretations in terms of the context in which they were elicited.

Without a doubt, the most moving account is in chapter 14, "Power, Control, and the Threat To Die in a Case of Asthma and Anorexia," describing Martin A. Silverman's treatment of an extremely troubled girl. Silverman allows us to feel with him the desperate struggle he was waging, sometimes quite alone, against the patient's powerful resistance. He lets the reader in on his surprise

at finding this pathetic child so vengeful that she was willing to totally sabotage the treatment with absolute silence. He describes the anxiety of everyone involved as the advice proffered to the parents, which led to their breaking their pattern of overinvolvement, temporarily made the patient's condition much more worrisome and caused her and her pediatrician to fear for her life. In this case, the dramatic shift in the patient's condition occurred when she could express her rage at her own dependence, her rage at those who disappointed her and at herself for needing them. Analyst and patient then understood that her need for love had been given up in favor of insisting on being able to control her parents at all and any cost, through mechanisms that produced her symptoms. Basically, Silverman confirms the assertions of the other contributors, but he is also able to take the reader with him on a journey of discovery, full of doubts about the eventual outcome, rather than giving an account of finding what he already knew was there.

It is evident from this brief description of the book that the contributors are experts who have worked many years at understanding and decoding psychosomatic symptoms and their underlying character disorders. They are empathic and lucid about what they understand. Therefore, anyone wishing to learn about the dynamics underlying psychosomatic symptoms will profit greatly from this work. What I found missing in general is the addition of some reflection and a less categorical attitude. Such an attitude would undoubtedly give a broader perspective and enable readers to draw some conclusions of their own. As an example, let us consider the attitude of the patients toward their illness, which is interpreted to be the result of denial and masochism. Had a more descriptive term been applied, it might have been "indifference." Terminology highlights a theoretical bias prevalent throughout the text. The use of the more descriptive "indifference" would correspond to the assessment of the French psychosomaticians. They regard psychosomatic symptoms as evidence of actual neurosis, and they emphasize the lack of the patients' interest in the severity of their symptoms. Even if the authors differ in their interpretation of this observation, it would have permitted some opening toward others with whom they disagree. If we add to this that their

recommendation for the beginning of treatment is a phase in which no interpretations are made, we can see that the two approaches to the treatment of psychosomatic symptoms resemble each other at least in the opening phase. Coincidentally, "indifference" is also reminiscent of Charcot's "*belle indifférence des hystériques*," cited by Freud. (Not that the "*psychosomaticiens*" ever make the connection, considering their eagerness to separate actual from psychoneurosis.) The contributors to this volume likewise limit themselves narrowly to the topic at hand.

The book left me as convinced of the existence of fantasies prompting the symptoms as the work of the French has convinced me that the only way to help these patients is to understand that they have no fantasy life into which they can tap. From the "salesmanship" of both groups I conclude that it is the positive (even authoritarian) attitude of these two groups of analysts and their abiding commitment which engage the patient in the treatment process that serves to overcome the patient's indifference and apathy. Since the French, too, recommend analysis after a non-interpretative beginning phase, perhaps the two groups are not as far apart as it would seem when one reads where they place the emphasis. This emphasis is the strength of the book; what it attempts to do and succeeds in doing is to describe the treatment and the meaning, as this group understands it, of psychosomatic symptoms in the context of the underlying character pathology to which the contributors devote their full attention.

MARION M. OLINER (NEW YORK)

MULTIPLE REALITIES IN CLINICAL PRACTICE. By John S. Kafka, M.D. New Haven/London: Yale University Press, 1989. 199 pp.

There comes a time in the career of analytic veterans when they experience a strong urge to sum up the clinical wisdom acquired in the course of several decades in a manner that clarifies their personal position within psychoanalysis. This is what John Kafka has done in a slim volume that sums up his current views and traces their origins in a variety of professional experiences. Kafka gives special emphasis to his early exposure to the cultures of Austria,

France, and the United States, to an education that stressed the humanities (with particular reference to epistemology), to professional training as a psychologist (before switching to medicine and psychiatry), and to his years on the staff at Chestnut Lodge (where he engaged in the long-term therapy of psychotic patients)—in addition to his more expectable maturation as a psychoanalyst.

When I agreed to review Kafka's book, I had no idea that it would present me with the task of bridging an enormous chasm between the author's intellectual universe and my own; I was therefore shocked to discover that this volume is largely focused on the applicability of data and concepts from cognate disciplines about which I know next to nothing. Not only do I belong to that majority of analysts whose "philosophobia" Kafka rightly decries; I am also ignorant of modern physics, of neurochemistry, of perceptual and cognitive psychology, and of the detailed phenomenology of schizophrenia—matters essential for Kafka's argument. If I have persevered in the face of these difficulties, it is because Kafka's synthesis of these discrete bodies of information is both skillful and important.

It should also be mentioned that what I call the "argument" is neither linear nor explicit. This volume is organized in a relaxed manner that returns over and over again to a number of themes without offering definitive answers to profound puzzles about mental processes. Kafka invites his readers to accompany him on a meditative journey across largely unexplored terrain; nowhere does he attempt to validate his hypotheses. In other words, his discourse is closer to that of philosophers than to the traditions of empirical science. Kafka is well aware of the road he has chosen: he actually calls his analytic consulting room a "laboratory of philosophy."

This is not to say that the customary concerns of clinicians are left out of account in this book. As its title indicates, Kafka's main point is, in fact, the contention that every analytic patient, over time, manifests a whole series of "disorders"—in other words, that our customary nosological schemata are seriously misleading. On the basis of my clinical experience, I am in emphatic agreement with this finding.¹ Kafka is loudest in his objections to the current

¹ Gedo, J. (1988): *The Mind in Disorder*. Hillsdale, NJ: Analytic Press.

fashion of conceiving the behaviors labeled as "borderline" in terms of a diagnostic entity. Bravo! He also points out that the possibility of fluid shifts among a variety of organizations of reality (what I would call "self-in-the-world") has as a corollary the need for a flexible analytic technique employing a range of therapeutic modalities. Accordingly, Kafka's definition of psychoanalysis *qua* treatment is exceedingly broad—seemingly even broader than my own²—for it includes therapies tailored to the special needs of schizophrenic patients. Incidentally, the chapter Kafka devotes to the discussion of schizophrenia demonstrates his outstanding expertise in this area and may be the easiest part of the book for clinicians to follow.

Perhaps the most persistent theme of the book is Kafka's effort to eliminate spatial metaphors from his discussion of mental processes, in favor of consistently dealing with mentation in temporal terms. Consequently, the psychoanalytic author most frequently cited in this volume is Hans Loewald, who thinks of time as the "fabric of mind." Kafka points out that the capacity to differentiate space and time is a developmental achievement; once this is attained, space (which has concrete qualities) may be used as a metaphor that designates duration. The structuring of time is easily disorganized; it is generally impaired in psychotic regressions. The occurrence of a transference amounts to the confusion of past with present; hence transference interpretation is intended to restructure temporal organization. Kafka proposes that the sense of chronicity is influenced by mood, so that every individual is characterized by a particular "temporal graining."

An issue to which Kafka gives almost equal emphasis is the development of the capacity to differentiate animate objects from inanimate ones and, in practice, to deal with these distinct classes in appropriately differentiated ways. Winnicott's concept of "transitional processes" is applicable to the domain wherein the animate/inanimate distinction may be inessential. In regressed mental states, inanimate objects are reanimated; when recovery has occurred, such illegitimate attributions of intentionality to inanimate objects will cease. Kafka believes that the animate/inanimate boundary is the domain of "the uncanny."

² Gedo, J. (1979). *Beyond Interpretation*. New York: Int. Univ. Press.

I trust that even my highly condensed and fragmentary accounts of some of Kafka's ideas will suffice to indicate how rich and original his psychoanalytic reflections are. If, by my standards, occasionally he pushes his attempted explanatory schemata to the edge of arbitrariness, this merely indicates that our respective temporal grains are very different—I am too slow to keep pace with him. I think he would also say that we dwell in different realities, and that my preferred one partakes all too much of “common sense.” But John Kafka's book has succeeded in widening my scope in this regard, despite the anxiety it generated in me by transcending the usual boundaries of our discourse. John Kafka strikes me as an uncanny object.

JOHN E. GEDO (CHICAGO)

FIRST FEELINGS. MILESTONES IN THE EMOTIONAL DEVELOPMENT OF YOUR BABY AND CHILD. By Stanley I. Greenspan and Nancy Thorndike Greenspan. New York: Penguin Books, 1989. 247 pp.

Can insights from infant psychiatry into the emotional life of infants and toddlers be presented to parents in order to help them toward sensitive nurturing? Stanley I. Greenspan and Nancy Thorndike Greenspan, in *First Feelings: Milestones in the Emotional Development of Your Baby and Child* (1985, newly available in Penguin Paperback, 1989), have set out to describe to parents the early stages of emotional development and the problems that can arise. Their ambition is worthy and vital, since most books for parents focus on cognitive, motor, and drive development rather than on emotional development per se.

The Greenspans focus on emotional development from earliest infancy, addressing the parents' roles in fostering healthy development. They optimistically may overestimate the psychological sophistication, concentration powers, and anxiety-free curiosity of parents of young children, however, in their recommendations. I offered *First Feelings* as a gift to three friends. A psychoanalytic candidate, pregnant with her first child, enjoyed this book immensely and felt it helped her to grow in capabilities, while two other first-time mothers, each with advanced graduate degrees in

other fields, felt a bit intimidated and left the book on the night table, choosing instead an extra hour's sleep or an absentminded dash through a popular parents' magazine for entertainment.

This book is a superb introduction to the findings of psychoanalytic infant psychiatry for students of psychology and psychoanalysis and for the parent who has had personal experience with psychoanalysis, but it lacks the anxiety-relieving qualities that would make it the next bestseller for parents, an invaluable psychological "Dr. Spock."

First Feelings describes six emotional milestones in the development of infants and young children, focusing on the baby's experiences and feelings. These are: 1) self-regulation and interest in the world (approximately birth to three months); 2) falling in love (2-7 months); 3) developing intentional communication (3-10 months); 4) the emergence of an organized sense of self (9-18 months); 5) creating emotional ideas (18-36 months); and 6) emotional thinking: the basis for fantasy, reality, and self-esteem (30-48 months). For each of these phases, the authors delineate parental guidelines for observing their baby, for creating a supportive environment, and for reviewing whether they have provided support for this stage of emotional development. Situations where parents have misunderstood the emotional needs of their child are described, with recommendations for correction and/or consultation. Seven broad areas of human emotion are seen as functioning across the life span: dependency, pleasure, love and intimacy, curiosity, assertiveness and exploration, protest and anger, and self-discipline.

In the first stage, the baby's need for self-regulation to develop an interest in the world is described. Observing the baby's use of specific senses helps the parent determine whether the baby is under- or overexcitable, or whether the baby fails to use a particular sense to become calm and alert. Specific examples of how to support the child's development are given, together with a description of typical parental fears and problems. In the chapter "Falling in Love" (2-7 months), the focus is on "wooing" the baby. The authors encourage the parents to identify specific strengths and weaknesses of both baby and parent in order to foster a deep loving relationship. They emphasize the "work" it may take to

create deeper joyful exchanges, such as paying attention to the baby's particular need for stimulation or for calming, and helping her or him to increase the attention span for intimacy. Many intelligent, well-meaning parents may be helped to become aware of these tasks in emotional development. The Greenspans also warn working mothers, by example, against becoming overly controlling and intrusive with their own need for "quality time" or becoming withdrawn and aloof. Some of the descriptions of problematic parental styles and recommended correctives require considerable self-analysis, but they can prove useful to the parent who is capable of such insight.

Developing intentional communication, including a responsive complex dialogue, is seen as the third milestone, the attainment of which parents can foster. Ways of helping babies to understand cause and effect, and to develop confidence in their ability to purposefully affect their environment, are described. Parents are encouraged to interact empathically in all emotional areas, responding to the subtle signals of the "low sender" and calming and relaxing the hyperexcitable baby. During the emergence of an organized sense of self (9-18 months) the child develops an ability to organize complex social, emotional, and behavioral patterns containing multiple wishes and involving conceptual attitudes toward objects and people. Complex imitation and reciprocity, expressions of independence, initiative, and originality, new peer relationships, and language development are seen. The child begins to reconcile emotional polarities and accepts limit-setting, using distal modes (verbal and gesture). The authors emphasize individuality and unevenness in development, and suggest how parents can help children to become more organized in specific areas of need. Common parental fears and difficulties, in response to these developmental milestones, are described in a clear and helpful way. They include overcontrol, fears of excessive independence or dependency, and difficulties with limit-setting.

In the chapter on the phase of creating emotional ideas (18-36 months), the authors teach how to observe the child's developing ability to construct both descriptive and functional ideas, including ideas which express emotions. The child should develop more complex pretend play, the capacity to express a range of emotions, use ideas under stress, use all the senses, and develop flexibility.

The authors argue that the "terrible twos" need not be terrible if parents keep pace with their child, helping the child master stress and expand expressive abilities. Specific kinds of playtimes are emphasized, to help with verbalization of affects and expression in pretend play, with the parents introducing feelings that are being expressed behaviorally, and talking about emotional ideas. It is suggested that parents try to explore their own avoidance of certain emotional areas.

In the sixth milestone (30-48 months) the child develops the ability to use emotional thinking in new realms, to organize and manipulate emotional ideas in fantasy, to assess and deal with reality, and to regulate moods and self-esteem. New functions are an outgrowth of mastering earlier milestones and receiving parental support for the more complex organization of emotional experiences. Use of pretend play, discussion of cause and effect, helping a child with specific emotions that are too intense or uncomfortable, and fostering development in areas that the child has been avoiding are some of the specific parental activities that are delineated. Support for coping with triangular relationships, including those involving the single parent, is also discussed.

In their discussion of parental behaviors, I feel, the authors are overinfluenced by their experience in the infant nursery-laboratory. They see much of the playing, wooing, interacting, and communicating with a baby or child as occurring in specific concentrated playtimes. Such times are indeed crucial, valuable, and enjoyable for parent and child, but a more practical emphasis would have included acknowledging, by example, the many opportunities for sharing, verbalizing, and relating that come up around activities and daily living. Feeding, diapering, dressing, bathing, putting to bed, and enlisting the child's help in running a household and participating in family social life all provide opportunities for fostering emotional development. The book concludes with an excellent bibliography and a chart with a checklist for elements of the developmental milestones. The index is quite limited, failing to rival Dr. Spock's ability to assist with midnight anxieties: e.g., colic and fussiness are found only as sublistings under "behavior," while such issues as masturbation, sex, adoption, and the working parent are all omitted.

ELEANOR SCHUKER (NEW YORK)

RESHAPING THE PSYCHOANALYTIC DOMAIN: THE WORK OF MELANIE KLEIN, W. R. D. FAIRBAIRN, AND D. W. WINNICOTT. By Judith M. Hughes. Berkeley: University of California Press, 1989. 244 pp.

The author offers a critical monograph about what she believes to be three of the most important innovations in psychoanalytic theory since Freud, each of which belongs to the British object relations tradition. She then analyzes them from historical, psycho-historical, and substantive perspectives. She states at the outset: "Under one name or another, their work [that of M. Klein, Fairbairn, and Winnicott] has become familiar to clinicians in the United States and elsewhere. But it has been taken up by them in piecemeal fashion without an adequate appreciation of its internal coherence. It is this coherence that I want to establish, and in so doing, I hope to elucidate the strand of psychoanalytic theory which constitutes at once the soundest and most thoroughgoing revision of Freud"(p. ix).

This is a monumental piece of work because of its timeliness and scope, and because of the enormous amount of diligent scholarship it required. The author is a professor of history who is "psychoanalytically informed," both personally and academically, and who was a member of a psychoanalytic interdisciplinary seminar at the San Diego Psychoanalytic Institute. That institute, although classical for the most part, has been strongly influenced by self psychology. The author's analyst, whose name she reveals, is a well-known classical analyst, albeit a respected revisionist of classical theory. How did it come about, then, that a historian from this geopolitical outpost, which is so remote from Great Britain in so many psychoanalytic ways, chanced upon this theme—and is able to present it with such depth of understanding? I ask this because of my admiration for the quality of the author's work, because of my own personal acquaintance with the British School(s), and also because of my interest in the geopolitics of psychoanalysis.¹ My point is—and it is curiosity, not condescension, that inspires this observation—that it is unusual for this choice of subject to have

¹ Grotstein, J. S. (1990): An American View of the British Psychoanalytic Experience. In press.

been made in the locale and under the circumstances that it was. The author's background in history helped her to take a psychohistorical approach to her theme, and I found this perspective, tentative though it may be, very useful in clarifying the evolution of the various views of her protagonists.

I am still unclear about why the author thought to describe the "British moment" in the development of psychoanalysis. It is apparent that she believes the British object relations schools represent a significant advance over classical analysis, but she does not precisely spell out her reasons. Moreover she announces that she seeks to explicate the "internal consistencies" within the object relations schools, but again she fails to develop her theme. If she were to include significant controversial modifications of classical analysis still legitimately within the analytic framework, she would certainly have included self psychology, whose provenance lies, in great measure, in the work of Fairbairn, Winnicott, and Kernberg. Kernberg's provenance lies in great measure with Klein and Fairbairn, and perhaps Lacan.²

Hughes's selection of her three protagonists, Klein, Fairbairn, and Winnicott, may not be fully explained, but her explication of their contributions, their gentle, apologetic, but often profound departures from Freud, and their interconnectedness with one another is remarkable. One can perhaps see all three of them as courageous, intuitive, and polite revisionists who paralleled and may even have transcended the other, more legitimate revisionism that was taking place in our country—ego psychology—but who certainly adumbrated the emergence of self psychology, which in turn constituted a reaction to ego psychology. The current popularity of Winnicott in the United States is due in no small measure to the growing prominence of the literature spawned by self psychology, whose readers frequently experience a veritable *déjà vu* in relation to the earliest version in Winnicott, to say nothing of Fairbairn!

There have been many modifications of Freud, the most significant of which were made by Freud himself, but he and his devout followers have often been arbitrary as to which modifications by

² See Robbins, M. (1980): Current controversy in object relations theory as outgrowth of a schism between Klein and Fairbairn. *Int. J. Psychoanal.*, 61:477-492.

him (e.g., the death instinct) or by others are to be considered legitimate. Hughes may have chosen her three protagonists to study because their work constitutes the first major retrograde extension of psychoanalytic theory into infancy since Abraham, thus extending Abraham's pregenital theory of infant development.

The three protagonists' "departures" from Freud had mainly to do with the shift from Freud's emphasis on "infantile sexuality" to a focus on infantile dependency. They each moved the emphasis from libido to biological neediness, thus eschewing sexuality and enfranchising the anxiety of the survival of the self (separation anxiety)—prior to castration anxiety. Klein actually made the most significant advance in this regard by making anxiety the centerpiece of her theory and positing that the death instinct was its origin. Further, they advocated the principle of genetic continuity³ rather than the classical principle of the regressive elaboration of preoedipal conflicts by oedipal ones. They had, in fact, shifted the focus of psychoanalytic inquiry from the libidinal instinct to the life preservative instinct of the ego without having formally announced it.

Klein in particular offered a vast elaboration of the oedipus complex, which, while including the more constricted classical one, expanded it in several directions. In addition, all three emphasized the mother-infant relationship as primary, which was certainly a major departure from the patriarchal emphasis of classical psychoanalysis, a trend which foreshadowed a fundamental overhaul in the psychoanalytic conception of female psychology as well.

They emphasized the importance of primitive mental disorders. This, together with the advances made by infant development research, has begun to make obsolete the traditional narrow emphasis on the oedipus complex alone. Many in our field believe that their contributions have important theoretical and, particularly, clinical relevance in the treatment of psychotics, borderlines, the self-disordered, the addicted, etc.

The author would have done well, I believe, to have included the influence upon the British object relations movement of the Hun-

³ See Isaacs, S. (1948): The nature and function of phantasy. In *Developments in Psycho-Analysis*, ed. J. Riviere. London: Hogarth, 1952, pp. 67-121.

garian school, particularly Ferenczi, Hermann, and Balint, as well as the work of the pioneering Englishman, Ian Suttie. They all emphasized ontological insecurity and splitting of the ego and of its objects.

The author's discussion of the paradox of the congruences, similarities, and differences between Klein and Freud is incisive. It remains something of a mystery why Freud chose, in general, to ignore Klein's contributions and at times to reject them outright. We are familiar with his seeming narcissistic investment in his own discoveries and his daughter's probable influence on him in regard to Klein, which the author records well. When Rapaport sarcastically commented that, "the 'theory' of object relations evolved by Melanie Klein and her followers is not an ego psychology but an id mythology,"⁴ he did not sufficiently realize how correct and how positive his comments were. Indeed, Klein had rescued Freud's conception of the id and had restored its "mythological" (actually "phantasmal") significance.

Klein, on the other hand, having become the "victim" of Anna Freud's lamentable attacks, seems to have extended her pique to Fairbairn; the two of them, unfortunately, did not fully understand the significance of each other's contributions. Winnicott seems to have suffered a similar fate at Klein's hands. Klein's perspective was truer to Freud's in her emphasis upon distortions of reality imposed by fantasy (loosely assuming a relatively normal parental environment), while Fairbairn (and Winnicott as well) assumed that the infant was reality-oriented from the start and had to compensate psychologically for maternal deficits by adjusting his or her ego into split images of the mother and of his or her own self. Klein and Fairbairn did not recognize that their object relations theories were complementary. Klein related her concept of paranoid-schizoid mechanisms to the phantasmal impact of the internal world upon perceptions of the external environment, primarily *projectively*, while Fairbairn related schizoid mechanisms to the impact of the external world upon the infant, primarily *introjectively*.

⁴ Rapaport, D. (1959): A historical survey of psychoanalytic ego psychology. In *Identity and the Life Cycle: Selected Papers. Psychol. Issues, Monogr. 1*, by E. Erikson. New York: Int. Univ. Press, p. 11.

It remained for Winnicott, the pediatrician, to absorb Klein and to append his own unique existential perspective to infant and child care considerations. He evolved a metapsychology, in the deceptively obscure language of ordinary English, that was to capture the imagination of a future generation of mental health workers. He was to become, along with Bion, a pathfinder to the threshold of non-existence. Klein took imaginary mental life to its fullest measure. Fairbairn's remains the unsurpassed metapsychology of child abuse and of multiple personality disorder. Winnicott is surely the doyen of psychoanalytic existentialism and the profoundest expositor of self deficit. Perhaps it would not be too stark a summarization to suggest that Klein's psychology constitutes the psychoanalytic art that emphasizes the primacy of "*instinctual abuse*," whereas Fairbairn's and Winnicott's represent the psychoanalytic art that emphasizes "*environmental abuse*" (including deprivation). They complement and interdigitate with one another.

Whatever the reasons for her choosing this subject, Hughes has written a work which is both topical and a gift. Her scholarship and dedication are most welcome.

JAMES S. GROSTSTEIN (LOS ANGELES)

THE NATURE OF LOVE, VOLUME 3: THE MODERN WORLD. By Irving Singer. Chicago: University of Chicago Press, 1987. 440 pp.

This volume completes Singer's trilogy on the nature of love. The first volume appeared in 1966 and was subtitled *Plato to Luther*; the second was *Courtly and Romantic*. Singer wanted this book to stand on its own. Therefore, about a third of the volume recapitulates the contents of the two previous volumes.

In this book we are treated to an impressive list of thinkers, including Kierkegaard, Tolstoy, Nietzsche, Freud, Proust, D. H. Lawrence, G. B. Shaw, Santayana, and Sartre. Fewer than half of these authors are philosophers; the rest are novelists, except for Freud, who belongs to neither category. Freud is important to Singer. Sixty-one of the four hundred and forty pages are devoted to him.

What is it that philosophers do with love when it is entrusted to their hands? I am not speaking now of great philosophers like Plato

and Schopenhauer, who made unique contributions to the way love is understood in the western world. I am speaking of the academic philosophers, of whom Singer is an outstanding representative. His method is both synthetic and analytic. It is synthetic in the sense that he assembles all that an author, over a lifetime, ever said about love. He then examines the statements of the author for consistency and for the development of the author's views over time. Once this work is complete, we obtain the philosophy of love of this particular author. This philosophy can then be compared with other philosophies of love, and thus a lineage is established, or an opposition. For example, after Singer distills Proust's views on love, he compares Proust to Freud and to Bergson.

The method assumes that whatever any author says about love can be abstracted from the particular situation in which these views were uttered and from the *dramatis persona* who uttered them. As I see it, the novelist pays the highest price for this method because characters in a novel are not philosophers of love. They do not have opinions about the nature of love independent of how they themselves love. To treat their utterances as if they were theories of love is to deprive such utterances of any vitality they have. What I am claiming is that one's view on love expresses how one loves and not what one thinks about love. Perhaps there are some ideas that can be abstracted in this fashion, but the concept of love is surely not one of them. Our philosophy of love expresses the state of our relationship with the significant other. Should something change in this relationship, the whole so-called philosophy of love is in ruins. On the whole, Freud fares better under this kind of treatment than do either Proust or D. H. Lawrence.

A good specimen is Singer's treatment of Søren Kierkegaard, who was a theologian deeply troubled about whether he should marry Regina Olsen. He wrote many books expressing his conflict over whether he should or should not marry her. He even tried to persuade her to accept the idea that he should not. Eventually, she married someone else, and Kierkegaard's inner conflict took a different direction. While this debate was going on within him, he created subpersonalities to express the different views of his intrapsychic conflict. One of these subpersonalities was called Judge William, who defended marriage as the ethical as well as the aes-

thetic solution to romantic love. Judge William expressed a longing for married love. Men should and must marry to live up to the Christian ideal. He saw no conflict between romantic love and matrimony. On the contrary, marital love completes romantic love by allowing it to develop through time and the creation of a family. Judge William embodied the virtues of the well-adjusted man of the nineteenth century. He was kind and remarkably stable, if not very original. In contrast to Judge William, Johannes, the seducer, emerges. He was a real lover and appreciator of women, a man for whom every woman was a new delight to be savored. Finally, after Kierkegaard broke with Regina Olsen, another subpersonality emerged: "Quidam."

Eventually, Kierkegaard rejected the subpersonalities and demanded for himself the exceptional position that allows the "suspension of the ethical." He wanted to grant to himself the right to be an exception so that he could devote himself totally to his religious mission. As I see it, these compulsive ruminations are of interest only because a brilliant man in deep intrapsychic conflict was devoting his energy to describing ever more poetically the subpersonalities active within his conflict. However, Singer is a philosopher and not a clinician. He is therefore not interested in the conflict but rather in the ideas of the various subpersonalities. As far as I can see, such ideas exist only by virtue of the conflict; apart from the conflict they have no vitality of their own.

When he comes to Freud, Singer easily topples Freud's claim that the psychoanalytic concept of sexuality coincides with Platonic Eros. The differences, probably unknown to Freud, are indeed great. Singer then summarizes the many ways Freud used the term "love." This central paragraph is well worth reproducing.

Without any preliminaries, let me now enumerate four different senses of *Liebe* in Freud, each of which we shall examine carefully throughout this chapter: (1) Love as the fusion of sexuality and tenderness; (2) Love as libidinal energy, both aim-inhibited and aim-uninhibited; (3) Love as Eros, the drive or instinct of life which attaches individuals to each other and ultimately unifies mankind; (4) Love as the mixture and dynamic interfusion of Eros with "man's natural aggressive instinct (the death instinct)," which is inseparable from it (p. 100).

Anyone who, like myself,¹ has labored to understand Freud's nu-

¹ Bergmann, M. S. (1982): Platonic love, transference love, and love in real life. *J. Amer. Psychoanal. Assn.*, 30:87-111; (1987): *The Anatomy of Loving: The Story of Man's*

merous theories of love will appreciate the work and the clarity of thought that made this paragraph possible.

Singer then attacks Freud's two-currents theory. It will be recalled that Freud developed the concept of a differentiation between the tender and the passionate currents in an effort to understand why certain men cannot love where they sexually desire, and sexually desire only women they despise or hate. I do not believe that Freud himself expected the theory to do more than help him clarify or, if possible, cure sexual impotence in men. Singer argues that Freud had no right to assume that there were two currents of love in the first place.

Next, Freud is accused of *petitio principii*—a grave accusation among logicians. The accusation implies that one actually assumes the truth of what one is setting out to prove. Freud wanted to demonstrate that sexuality in the broader sense begins in childhood, and he posited this as a basic assumption. Or, to cite another example, Freud did not prove that sucking was, to begin with, sexual; it could be that, for some time, thumbsucking is nothing more than the search for organ pleasure.

Finally, Singer concludes that Freud invested libido with a great deal of significance as an explanatory device because he considered it uniform and because he assumed that the libido has a predetermined flux and operates throughout our existence. Singer feels that Freud, by giving it all these attributes, idealized the libido, making it into a cosmic force. In other words, Singer suggests that Freud did not discover libido in nature, but created the concept for his own purposes. Singer notes a further contradiction. Libido is the unifying force that creates civilization. Eros was to Freud—to use W. H. Auden's happy phrase—the “builder of cities.” At the same time, Freud also maintained that this very civilization, which was created by humanity's Eros, demands that we curtail our libidinal wishes; civilization therefore contributes to our inhibitions and creates the discontent we experience with civilization.

The reader should realize that in this review I have covered only a small area. There is much more in the book, but it is not easy reading.

MARTIN S. BERGMANN (NEW YORK)

Quest To Know What Love Is. Columbia Univ. Press; (1988): Freud's three theories of love in the light of later developments. *J. Amer. Psychoanal. Assn.*, 36:653-672.

DREAMS OF LOVE AND FATEFUL ENCOUNTERS. THE POWER OF ROMANTIC PASSION. By Ethel Spector Person. New York/London: W. W. Norton & Co., 1988. 384 pp.

Embracing popular culture's acknowledgment of the vital importance, magnetic pull, peremptoriness, and imaginative power of love, Ethel Person maintains that romantic love, indeed passion, serves an important function for the individual and for the culture. In her view, the longing for and the experience of love opens the individual to some of the most enriching and liberating possibilities that life can offer. Though seldom endless and never perfect, "for anyone who has been struck, there is no denying that love is an extremely powerful force filled with joy as well as sorrow" (p. 11). Love offers excitement for the moment and provides a narrative thread in our lives as well as in our literature. But, Person maintains, love can also be an agent of change; as such, it offers the possibility of dramatic change in the self.

With few exceptions the subject of passion and romantic love has been largely neglected by psychoanalytic writers. Rather than focusing on love, Person points out, psychoanalysts have subscribed more to Freud's schematic formulation of love as sexual energy, so that libido rather than passion is viewed as the central force in personality formation and functioning. This void, Person observes, is strange, since a large portion of psychoanalytic dialogue is made up of discussions of love. Indeed, psychoanalysis and psychotherapy, in common with fiction and film, have enormous appeal in modern Western culture because they provide a permissible channel for the expression of unrestrained subjectivity and feelings. Film, fiction, and psychotherapy accept, endorse, and validate the immense importance of inner subjectivity and have in common the ability to serve as windows into another's subjectivity. By weaving together fiction, film, and her psychoanalytic insights, Person seeks to fill the gap in psychoanalytic theory and provide a theory of love.

In something of a descriptive odyssey that meanders through an impressive array of classic and modern literature, mythology, folklore, film, television, and the diaries of famous individuals, Person tells us that love leads to self-realization, transformation, and transcendence. It is not a useless epiphenomenon, a neurotic symptom

involving masochistic and narcissistic elements, or an adolescent self-deluding and self-destructive fixation. Rather, love is a most significant crucible for growth. It provides a flux in the personality, the possibility for change and the impetus to begin a new phase in life. Romantic love creates a subjective sense of liberation, a possibility for breaking through internal psychological barriers and taboos, a chance to work through what was not worked through as a child. Romantic love as such, Person declares, can be seen as a paradigm for any significant realignment of the personality.

Person speaks of falling in love (which requires an ability to trust oneself as well as the other), and of the idyllic phase of love. She distinguishes passionate love from carnal love, affectionate bonding, and self-aggrandizing love; and she speaks of the supreme exaltation and bliss as well as of the possibility of unremitting despair, jealousy, and rage in romantic love. Person also addresses the paradoxes and struggles inherent in love—the tendencies for self-surrender that can quickly lead to enslavement and the forces of possessive passion that can lead to domination and control, since the aims of love and power are so closely related. She elaborates on the dangers of disillusionment, despite the lovers' wish to perpetuate the excitement of love's passionate phase or their wish to find a lasting contentment in the relationship.

Person discusses the commonly encountered difficulties between the sexes. While a love relationship implies a dyad, a triangle is often involved. She maintains that while erotic and sexual longings first come together in the oedipus complex, we must think beyond that in order to understand adult love triangles. She distinguishes two primary kinds of triangles. The first is a situation in which the protagonist competes for the love of the beloved, and both "rivalrous" erotic longing and competition play a pivotal role. A second kind of triangle is a "split-object" triangle. In this, the protagonist's emotional life is divided between two loves. For the man, this split-object triangle often becomes a "reverse triangle" in which the resentment of oedipal defeat is undone; instead of competing with a rival he is now the object of rivalry, as two women compete for his love.

Person includes a chapter on transference love, since she main-

tains that the erotic transference is a gold mine (though sometimes a minefield!) from which to explore the psychological make-up of love. In this, she elaborates gender differences in transference love and believes that these differences shed light on gender variations in romantic love. However, the data she cites would seem to argue for the opposite, since her sources demonstrate that women are prone to fall in love with their male analysts, while the opposite is true of male patients with female analysts. This suggests that transference love more reliably repeats infantile experiences than it reflects a capacity for adult mature love. Nonetheless, she concludes that both sexes are capable of romantic love, but that they love differently. For women, the passionate quest is predominantly interpersonal, while for men it is more often heroic, a pursuit of achievement or power. That is, "men favor power over love and women achieve power through love" (p. 267), a fact she attributes to the different processes of gender-identity formation in males and females.

Person also discusses the horrors and disappointments, as well as the possible enriching experiences, that can come from painful, unhappy love. Importantly, she acknowledges that the preservation of an unhappy, empty marriage often requires the suppression of emotional availability and imaginative life which leads some people to die psychologically before their biological death (p. 312). Nevertheless, she believes that love has great power over all of us, and, with a certain kind of "maturity" that leavens love, it can endure with great pleasure. She thinks that perhaps the underlying requisite for this enduring love is "that the lover possess enough wisdom to acknowledge and appreciate love's deep gratifications even within the context of its inescapable frustrations and the beloved's inevitable flaws" (p. 348).

Person's treatise on love is presented in intimate conversational style, and her definitions and discussion are clear. Nevertheless, this reviewer found her style to be fatiguing. For every point and subpoint she makes a sojourn through literature, film, personal diaries, or her own clinical or personal experiences. While at times this technique can be useful to explicate a point, in this book it seems overdone, to the extent that the main point is sometimes lost. Indeed, I began to wonder whether the agenda was more

the explication of love through literature than the forging of a psychoanalytic theory of love. It is my opinion that the message would have come across more clearly and more poignantly with less discursiveness.

A further difficulty with this book is whether it meets the needs of the audience to which it is directed. While accessible, I question whether it successfully fills the bill for the layman as a popular book, because of the technical concepts employed, which demand some psychoanalytic knowledge. But it also lacks the rigor necessary for a psychoanalytic treatise. Nevertheless, the book is successful in that it fills a void in the psychoanalytic literature, and in that way provides a useful beginning toward the formulation of a psychoanalytic theory on this most important and badly neglected subject of love.

PHYLLIS TYSON (LA JOLLA, CA)

THE EMPATHIC IMAGINATION. By Alfred Margulies, M.D. New York/London: W. W. Norton & Co., 1989. 171 pp.

If psychoanalysis is a mixture of art and science, poetry alone cannot take the measure of it, it seems. This book is an example of how an author with a fine literary flair lets most of psychoanalysis slip through his fingers even as he attempts to hold it with the most poetic hands.

The title is ambitious: *Empathic Imagination*. Either topic would seem to have required its own explication and yet the author has chosen to merge them adjectivally rather than dissect them singularly. Herein lies one of the weaknesses of this book: the author does not follow Coleridge's advice to the psychological investigator to "desynonymise"—get beyond the symbiotic community of words to approach the clarity of a single individuated idea. This advice, though impossible to follow, is in keeping with sound scientific principles that attempt to isolate components at first, the better to understand their complexities later. Nothing is taken for granted in science: every phenomenon has to be born again, so to speak, in the test tube or crucible before it can claim its scientific birthright.

Margulies begins his book with a comparison of psychoanalysis

and phenomenology, but does not always follow their rigorous principles. Psychoanalysis, like phenomenology, tries to strip the world of preconception, the better to arrive at the “bare bones” of truth or reality. Margulies, by contrast, borrows an insight from a poet and then uses it “psychoanalytically,” as if its “noble” origins in poetic discourse should grant it safe passage across the borders of psychoanalysis.

Let me explain the details of this sort of illegal entry. Gerard Manley Hopkins, a highly original nineteenth century poet whose “modern” rhythms and wordings influenced twentieth century poetry, used the words “inscape” and “instress” in an attempt to define the “innards” of the phenomenal world that the poet struggles to give “outward” expression to in the form of words. If the poet is successful, the words conjure up in the reader “the inscape” that grabbed the poet in the first place: an aesthetic experience is consensually validated, so to speak. Margulies lifts this word out of context (he openly acknowledges the larceny) and uses inscape to mean the inner psychological landscape of the human mind. Through empathic imagination one feels one’s way into the inscape of the other.

Margulies, in an interesting historical note at the beginning of his book, reminds us that Freud’s word was “*emfühlung*,” which became “empathy” in the translator’s hands (Alix Strachey’s in this instance, it seems—not James’s). Actually, *emfühlung*, according to Isaiah Berlin, in *Against the Current—Essays in the History of Ideas*, was introduced by philosophers, such as Vico and especially Herder (1744-1803), to counteract the excessive “rationalism” of the French Enlightenment. Margulies does not mention Berlin’s book, but since some of its ideas are relevant, I will quote briefly. Berlin says of Herder: “He believed that to understand anything was to understand it in its individuality and development, and that this required a capacity which he called *Einfühlung* (‘feeling into’) the outlook, the individual character of an artistic tradition, a literature, a social organization, a people, a culture, a period of history.”¹

¹ Berlin, I. (1980): *Against the Current—Essays in the History of Ideas*. New York: Viking, p. 10.

To return to Margulies: Feeling one's way into the inscape of another is acceptable English if one grants the author some poetic license. But does this kind of explication serve any psychoanalytic purpose? I think not. If one borrows the word inscape and puts it to psychoanalytic work, then one has to be explicit. Is *inscape* synonymous with the unconscious? Or is it partly unconscious, partly conscious? The conscious part is no secret to the patient and does not require *einführung* to salvage it from the depths of repression. The unconscious is another matter. But if the significant portion of the inscape for analyst and analysand is unconscious and requires knowledge of all of the sophisticated "hardware and software" that Freud made available to us (free associations, parapraxes, primary processes, attention to transference and countertransference, fantasy, dreams, interpretations, and reconstructions, to name a few), then why not say so?

Making the unconscious conscious is a covenant of hard labor which analyst and analysand enter into from the first proposition of a fundamental rule to the final propositions of termination. "Empathically imagining the inscape" does not come close to describing the affect-packed, conflict-ridden nature of psychoanalytic work. The oedipus complex is rarely mentioned in this book, an omission which suggests that the "empathy market" has been monopolized by "preoedipal" theoreticians. This is an unfortunate state of affairs, since it surely takes as much ingenuity and tact to steer a child (or analysand) through the oedipus complex (developmentally or transferentially) as it does to decipher the more "archaic dialogues" of an infant or a deeply regressed patient. A truly comprehensive treatise on empathy (developmental and psychoanalytic) would demystify this greatly abused concept and give it a heuristic rather than shamanistic place in scientific discourse.

Imagination, the other word in the book's title, needs to be scrutinized closely also. Margulies, a widely read physician, quotes Keats, Eliot, Proust, and others to support and highlight his argument. He neglects Coleridge, a poet of the psyche who aired some strikingly "modern" ideas about the imagination almost a hundred years before Freud. Coleridge, in an attempt to "*desynonymise*," distinguished imagination from fancy, the latter being a slightly lesser order of psychological creation. About imagination he wrote: "It dissolves, diffuses, dissipates in order to recreate. . . . it reveals it-

self in the balance of reconciliation of opposite or discordant qualities of sameness with difference; of the general with the concrete; the idea with the image; the individual with the representative; the sense of novelty and freshness with old and familiar objects. . . ."²

I have compressed and abbreviated Coleridge's insights, but these lines, written in 1817, suggest that he had an inkling into the primary processes of the unconscious imaginings that shape dreams or art with their hidden implements. Coleridge and Freud may have been poets at heart, but their heads had astonishing scientific properties as well. By way of contrast, when Margulies writes about imagining the self in Part IV of this book, neither concept (imagination or self) becomes clearer, e.g., "It is useful to conceive of the self as a noun, a thing that we can name, a name that consolidates essences" (p. 133). "Contemplating the self of the other in empathy becomes abstract in the contemplation, not in the living" (p. 139).

In my opinion, such sentences, of which there are far too many in this book, are emperors without clothes. They give a ring of empirical depth at first—until a little reflection reveals the shallowness that masquerades as substance.

In summary, it is sad not to be able to be more encouraging to a young author who writes well and can bring the clinical situation to life at times with his unique way with words. But style is not enough. Psychoanalysis has wrested a few mysteries from the ignorant maws of darkness—infantile sexuality, the oedipus complex, the latent meaning of dreams, the transference neurosis, etc. These ought not to be lost or diluted in loose language, no matter how imaginative it may seem and no matter how empathic it may sound.

EUGENE J. MAHON (NEW YORK)

PSYCHOTHERAPY OF NEUROTIC CHARACTER. By David Shapiro.
New York: Basic Books, Inc., 1989. 242 pp.

Shapiro's first book, *Neurotic Styles*, written in 1965, has become a classic in the field of character. In it, Shapiro developed the con-

² Coleridge, S. T. (1817): *Biographia literaria*. In *Selected Poetry and Prose of Coleridge*, ed. D. A. Stauffer. New York: Modern Library, 1951, pp. 263, 269.

cept of styles as "a form or mode of functioning." He carefully delineated "ways of thinking and perceiving, ways of experiencing emotions, modes of subjective experiences in general, and modes of activity that are associated with various pathologies."¹ His major contribution was in the demonstration that such ways of thinking are a factor in determining "the shape or form of symptom, defense mechanism, and adaptive trait as well."² Thus, the lack of sharpness or perception in the hysteric facilitates repression.

The problem with the concept, as used by Shapiro, lies in his attributing to these autonomous ego functions a primary causative role in psychopathology.

The current book deals with the treatment of the neurotic conditions outlined in the first book. Although Shapiro does not refer, except incidentally, to diagnostic entities, his examples are mostly drawn from obsessional and hysterical disorders. He has wisely titled his book, *Psychotherapy of Neurotic Character* and not *Psychoanalysis of Neurotic Character*, for his method of treatment is far removed from a traditional psychoanalytic approach, with the very limited view he takes of the nature of neurosis.

The book is divided in three parts: General Principles; The Therapeutic Material; and The Therapeutic Process.

Shapiro develops a theory of neurosis which reifies subjective experience and its vicissitudes. He is critical of a version of classical theory which posits the person as a marionette acted upon by irrational forces. In this version, the individual's consciousness is reduced to that of an innocent bystander. "Classical dynamic formulations of nuclear neurotic conflicts do not include the processes and reactions of subjective experience . . . those largely unarticulated attitudes of consciousness . . . that make up one's experience of oneself and that determine specifically individual behavior and personal reaction" (p. 22).

Shapiro's theory of neurosis starts out with the concept of self-estrangement. The neurotic "has tendencies that his own character cannot tolerate and reacts with remarkable consequences" (p. 1). The conflict contains a reaction against the self that distorts awareness of feelings and external possibilities. The aim of therapy is to

¹ Shapiro, D. (1965): *Neurotic Styles*. New York: Basic Books, p. 1.

² Shapiro, *Op. cit.*, p. 2.

enlarge patients' experience of themselves and to make possible the articulation of the feelings and thoughts involved in that conflict, and in this way to create the conditions for its resolution. Shapiro aligns himself with those theoreticians who reject the concept of drives and psychic energy in favor of concepts closer to subjective experience, such as Kohut and Holt. He is not particularly interested in the detailing of unconscious fantasies, but instead substitutes a detailed description of subjective experience. This entails the analysis of processes of self-deception and restriction or inhibition. It is to these processes that Shapiro accords a key dynamic function. These are the dynamics of the neurotic personality. For example, in describing the obsessional's traditional difficulty in making choices, Shapiro writes: "These are the occasions of decisions that give rise to acute discomfort. They do so not because of what the choices symbolize but because of how choosing feels" (p. 39). The problem with such statements is that Shapiro accepts the patient's conscious statements about her or his experience and accords them explanatory value. He believes that the fundamental disorder of the neurotic (the term is never clearly defined) is one of estrangement from oneself, largely brought about by the patient's ways of self-deception which are revealed by subtle distortions of expression of feelings.

Shapiro spends most of his time articulating the workings of the adult personality, especially its inhibitions and restrictions. Although he is excellent in teasing out the fine, descriptive aspects of current functioning, his theoretical stance leaves him no room for a genetic or developmental point of view. Thus he writes: "The restrictive attitudes originally formed in reaction to specific anxieties will in turn transform and greatly enlarge the category of what is anxiety-arousing to include all that is threatening to them. In such a way, neurotic personality becomes independent, in its dynamics, of its original sources" (p. 178). Shapiro further cautions therapists not to preoccupy themselves with historical prototypes, as this would represent a distraction from the subjective world of the patients sitting before them. He believes that, for the patient, historical constructions are "likely to dilute rather than enhance effective therapeutic communication in specific ways" (p. 185).

Shapiro has an antisystematic stance. He does not see it as an

unfavorable reflection on the therapist if she or he is unable in any systematic way to describe the course of the therapy, even if it is a successful one. The therapist's work does not require a preconceived plan, only an interest in what confronts him or her in each session (p. 204). Thus, although Shapiro starts out with an excellent general principle—to pay attention to the here and now and to ask what the patients are doing when they tell a story the way they do—he has crowded out all other considerations. The tactics of the work have taken over and drowned out any concern about strategy. Transference is likewise limited to current realities. There is no mention of countertransference, regression, or most of the mechanisms of defense. The theory has become hopelessly constricted.

In spite of these major shortcomings, a book such as this raises a number of crucial questions. What sort of relationship exists between psychoanalysis and psychoanalytically oriented psychotherapy? What sort of clinical experiences would lead Shapiro to undertake such massive revisions of generally accepted theory and practice? How does one test the value of innovations such as these?

Psychotherapy is a peculiar field, as there is no systematic overall point of view, outside of analysis, to account for as broad a range of perspectives (descriptive, economic, genetic, structural, and adaptive). A theory that is more inclusive and takes into consideration additional points of view is richer, as Waelder pointed out in his well-known paper on the principle of multiple function. If the borrowing is limited, one will end up with a poorer, more limited version. Psychotherapy is thus in a position of being an application of psychoanalysis, with modifications related to the different nature of the patient population, the goals, and the data provided by the patients. The face-to-face sitting position, the more controlled regression, and the generally more active participation of the therapist all modify the data gathered and the course of the treatment.

Shapiro does not make it easy for the reader to assess his work, as he does not provide any data about the frequency of sessions, the nature of the central conflicts and the duration of treatment. Most of the material consists of relatively short vignettes, and his sensitivity to the patient is evident. Could some of his patients have been in full analysis? Who were the therapists? In certain types of

therapy it may be appropriate to focus more on the present. It is also possible that in inexperienced hands reconstructions are made prematurely and are experienced as mere intellectual formulations. In other instances, the therapist may flee into the past in order to avoid the more taxing work in the present. Thus it may well be that many of Shapiro's ideas derive from poor examples of the use of classical technique. Who are the sources most often cited by Shapiro? One looks in vain for such names as Waelder, Kris, or Greenacre. There is no bibliography. Although there are some references to Freud, Reich, and, of course, Gill (because of his work on the relationship with the therapist in the present), such authors as Schimek, Schafer, Wachtel, Keiser, Piaget, and Werner and Kaplan recur with great frequency.

Shapiro does not escape a problem common among those who would revise classical analytic theory: they present a faulty or incomplete version of the theory they are trying to criticize and then seek to correct a flaw which does not in fact exist. For example, in another book, *Autonomy and Rigid Character*, which contains the bulk of Shapiro's main theses, we find the following passage: "It gradually became clear to me that the view of symptomatic behavior as a reflection of how individuals characteristically think and see is in certain ways not only different but actually contrary to the traditional dynamic view. . . . even symptomatic behavior is directed not by internal forces and needs, according to their 'aims,' as traditional 'dynamics' sees it, but rather by the neurotic person according to his aims, his thinking, and his point of view; and that however strange a neurotic person's behavior may seem to us and sometimes even to him, that behavior must in some way seem the thing to do."³ This passage is wrong in several respects. It presents as novel what is commonly stated as the adaptive point of view. Glover, in his 1926 article "The Neurotic Character," stressed that ironclad rationalization is the hallmark of characterologic behavior. Finally, current authors, such as Brenner, have repeatedly emphasized that all behavior entails compromise formation. What Shapiro presents as the classical dynamic point of view is a misunderstanding of some passages in very early Freud, before the development of the structural point of view.

³ Shapiro, D. (1981): *Autonomy and Rigid Character*. New York: Basic Books, p. 4.

Who might benefit from this book? I believe that students of psychotherapy of all types can find much of value. I state this, however, along with one important caveat—that it presents only a limited point of view.

FRANCIS BAUDRY (NEW YORK)

PSYCHOANALYTIC PERSPECTIVES ON MIGRATION AND EXILE. By Léon Grinberg, M.D. and Rebeca Grinberg, M.D. Translated by Nancy Festinger. New Haven, CT/London: Yale University Press, 1989. 230 pp.

It is a curious phenomenon that, although American psychoanalysis owes much of its vitality to the contributions of immigrants, almost nothing has been written about the pain of migration and exile.

The Grinbergs, natives of Argentina who now reside in Spain, attempt to close this gap in the psychoanalytic literature with their book, *Psychoanalytic Perspectives on Migration and Exile*. The work is a comprehensive, fascinating treatment of the most salient psychological facets of migration and exile.

Written in a Bionian/Kleinian frame of reference and primarily from the vantage point of object relations, the book deals with the vicissitudes of migration. The authors, using migration as a metaphor, present a view of human development as a succession of migrations, whereby each developmental step demands a greater distance from the primary objects. They state: "Each new step can be taken if the child can mourn for every lost or abandoned object relation and if he can devise new forms of relation with the same objects or with new ones" (p. 195).

Early on, the Grinbergs raise the question: "What fuels a person's desire to leave?" They answer it by means of case histories, clinical vignettes, and an inclusive discussion of the various terms and concepts they and others use in talking about migration, i.e., voluntary and involuntary migrations, interior migrations, immigrants as opposed to foreign workers, and exile.

The underlying thesis of the book is that migration, whether forced or voluntary, is traumatic. The changes it involves entail periods of disorganization, pain, and frustration, which, if successfully worked through, can bring about significant personality

growth. Emigrants have to cope with the fear of losing contact with the established structures and with the familiar, prescribed rules of social behavior. They must cope with the ambivalence of those left behind, who may welcome, encourage, or envy their move; with those who are hostile toward them because of the suffering they cause them and finally with those who become depressed and anxious by the loss of important objects. Each side responds to the separation with a feeling of mourning. The mourning process is further complicated by feelings of pain and guilt over the loss of parts of the self.

The newcomer's arrival in the foreign land brings about feelings of uncertainty and fear of the unknown. The individual frequently regresses, becoming less able to make effective use of adaptive resources. A new and strange language causes the immigrant to feel excluded, like a child who does not understand the secret language of the parents. In addition to learning a different verbal language, immigrants must acquire new communication codes in order to be able to participate in a world that seems to be, and often is, closed to them. These codes, which are completely foreign to the immigrants or poorly grasped at first, increase the ambiguity and contradictions contained in the information they receive. The familiar landmarks and predictable behavior of the old environment are absent and the individual becomes more dependent on his or her inner world.

The new environment, for its part, is not always friendly. It, too, feels the impact of the newcomers, because their presence modifies group structure and may even destabilize the existing group hierarchy. In some cases, intense xenophobic reactions and marked hostility make the newcomers' adaptational task even more stressful.

Faced with multiple and confusing responses from the new environment, immigrants must find ways to adapt. They have to give up part of their old identity, at least temporarily, in order to become integrated into their new surroundings. To some extent they must lose their own culture and language. Loneliness and isolation increase the immigrants' depression over these losses, since they can no longer depend on the support of their old milieu. Solid,

stable ties to a spouse or family help immigrants to confront and endure the stresses, to work through the sorrows, and to ease their assimilation into the new environment.

There is one group of immigrants, however, that comprises a privileged category: those prominent artists, writers, scientists, and other professionals whose work is known and respected in the countries to which they emigrate. These fortunate immigrants need not endure the same disruption of their identity, because they maintain their professional status and circulate in the same social circles as they did before their emigration. Often these professionals are even more celebrated in their new country than they were at home. At the other end of the spectrum are the exiles, who are forced to leave their country against their will and who know that return is not possible. Often these people must leave without even the consolation of a goodbye to friends and family. They are denied the protective rite of farewell. These exiles, according to the Grinbergs, find it even harder than voluntary emigrants to secure a place for themselves in the new society. Since exiles do not travel toward a desired goal but flee or are expelled, they become embittered, resentful, and frustrated.

Although this book deals with almost every facet of migration, there is one aspect of it, which has been mentioned in the American literature but is omitted here: the role of the drives and the defenses against them. As Freud said: “. . . past, present and future are strung together, as it were, on the thread of the wish that runs through them.”¹ Werman,² writing about nostalgia, pointed out that it can serve both as a screen memory and as a screen affect. Krapf³ and Buxbaum⁴ make the point that the original language contains all the intense childhood symbols and affects. Often the

¹ Freud, S. (1908): Creative writers and day-dreaming. *S.E.*, 9:148.

² Werman, D. S. (1977): Normal and pathological nostalgia. *J. Amer. Psychoanal. Assn.*, 25:398.

³ Krapf, E. E. (1955): The choice of language in polyglot psychoanalysis. *Psychoanal. Q.*, 24:343-357.

⁴ Buxbaum, E. (1949): The role of a second language in the formation of the ego and superego. *Psychoanal. Q.*, 18:279-289.

second language is used as a resistance, or in Greenson's words, "aiding the defenses against the old infantile impulses."⁵ Two of Buxbaum's child patients lost their foreign accents after analyzing their oedipal rivalry with their fathers. The Grinbergs, however, focus mainly on one aspect of the oedipal conflict, namely, the child's need to move away from the early love objects in a manner akin to the exogamic migration in primitive tribes.

Their de-emphasis of the role of the drives notwithstanding, the Grinbergs have written an admirable book on a topic of interest and importance, one that has been strangely missing, until now, from the psychoanalytic literature.

As useful as it is because of its focus on a topic of great interest and importance, the book has its shortcomings. The Grinbergs are not consistent in their theoretical model. They identify themselves with a Kleinian model that addresses relocation from a familiar home country to a new and strange one in terms of projection of phantasmagoric unconscious fantasies in which the new country is presented as being nurturing, starving, persecutory, idealized, seductive, etc. They remain true to this model in the chapter containing their case history, but in other chapters they stray from it to an approach that is almost diametrically opposed. In such chapters they describe the travails of the emigrant purely in external terms. While they are ostensibly dealing primarily with the consequences of object loss, their main thrust is to speak about the difficulties of coping with a new external reality. Now their frame of reference is more like that of Rapaport when he wrote about the influence of external stimulation on behavior, about the corruptibility of the superego of those removed from their usual settings, and so on, or like that of Hartmann when he stressed the importance of adaptation to external reality.

The conceptual fluidity encountered in the book is disconcerting, to say the least. If the reader can bear with it, however, the book will be found to contain useful, stimulating observations on a topic that, as important as it is, has been strangely neglected in the psychoanalytic literature.

H. GUNTHER PERDIGAO (NEW ORLEANS)

⁵ Greenson, R. R. (1950): The mother tongue and the mother. *Int. J. Psychoanal.*, 31:21.

BEYOND FREUD. A STUDY OF MODERN PSYCHOANALYTIC THEORISTS.

Edited by Joseph Reppen, Ph.D. Hillsdale, NJ: The Analytic Press, 1985. 418 pp.

This book is a collection of fourteen essays on "modern psychoanalytic theorists" whom the editor has judged as going "beyond Freud." If you reduce each paper to its basic point, the common element is that they all claim to bring Freud up to date, expounding on areas that were either out of awareness, not yet developed scientifically, or intentionally neglected. The result is a volume in which the contributions vary markedly in clarity and quality, with some papers admirably adding to psychoanalytic understanding of post-Freudian developments and others being almost beside the point. Five of the papers have little to do with clinical psychoanalysis; Freud is merely a departure point for excursions into the vast wilderness of philosophy. Two slimmer volumes might have been more appropriate, one for the psychoanalyst and one for the philosopher. This single volume is like a buffet set out by an eager chef, in which the innovative and excellent dishes are offered alongside strange and aging leftovers. The result is intellectual indigestion.

It is clear, however, that each author has a deep knowledge of and involvement with his or her subject. The commentaries range from adulatory to mildly critical, with some authors adding to the reader's interest by providing personal background on their subjects. An editorial, historical, and comparative overview would have been most welcome, although it would be a daunting task. Reppen also has decided against including an epilogue, since "it would be presumptuous to speculate as to where psychoanalysis is heading" (p. viii). It is left to the reader to figure out.

There are five outstanding essays. Bowlby, Peterfreund, Kohut, Mahler, and Kernberg are the subjects of well-written, highly informative, appreciative expositions. These chapters can serve as an introduction for the neophyte and as a review for the informed.

Victoria Hamilton presents a beautifully written, moving, and creative study of Bowlby that focuses on "attachment behavior" and the idea of loss as a major source of suffering in life. She brings in systems theory through the concept of the "zero message," i.e., the lack of psychological connectedness. "Absence per se does not seem to threaten life or limb. However, . . . the zero mes-

sage exerts just as much influence as its positive counterpart. Even among mature adults, mourning often is mixed with acute and irrational terror" (p. 22). It is easy to connect this work with modern infant observations that emphasize, as Bowlby did, the visual aspects of the mother-infant bond and the tragic consequences of early disruptions. The text is enlivened by the liberal use of quotations from Bowlby, including a poem written by a patient.

Peterfreund and his ideas about information theory are well presented by Stanley Palombo. For example, "Contemporary science is primarily concerned not with forces but with structures and procedures. Its subject matter is the accumulation of patterned information in complex systems . . . the human mind takes its place as a system like others. . . . The psychic apparatus is driven not by subjective feeling states but by adaptative decision making" (p. 112). The chapter informs clearly about an area that is unfamiliar to most psychoanalysts. He does not neglect the treatment implications. "From the information processing point of view, the treatment process is a series of coordinations or couplings that bring lower level functions isolated by the defenses into a more collaborative relationship with higher level functions . . ." (p. 127). This summary is both theoretically and clinically relevant. It is highly recommended.

Although much has been written both by and about Kohut, the chapter on him by Hyman Muslin is most valuable. It is a clearly written, short summary of the entire Kohutian system, from a conception of psychic structure and psychopathology to a theory of therapy based on empathy that leads to transmuting internalizations. The complicated terminology is clearly outlined, and the very real differences from Freudian theory are not minimized. This article will be useful for those who are not familiar with self psychology and who wish to evaluate it properly.

Kernberg is similarly well presented, by Monica Carsky and Steven Ellman. Theirs is an appreciation of a fairly familiar theory. It is also thoughtfully critical. The section on the borderline concept is particularly valuable. Their description of the "structural interview" can be useful for differential diagnosis. The section on treatment implications is also of considerable clinical interest.

The chapter on Mahler, while appropriate for a volume on modern developments in psychoanalysis, is relatively weak, in that

it is one of the shortest chapters and perhaps is overly condensed. There is an effort to elucidate Freud's concepts of early development and to compare them both with Mahler's work and with more recent child observations, such as those of Stern and others. The reader is stirred to move on to the original works.

Gill's work, as described in chapters by Hoffman and Schafer and by Donald Spence, is presented clearly. Their clinical observations and recommendations are outlined in detail. They set up Freud as a "straw man" to be knocked down for his lack of emphasis on the "here and now" aspect of analysis as it is expressed in the transference-countertransference paradigm. For readers unfamiliar with their work, these chapters serve as a quick overview that may or may not encourage them to go on to a more in-depth study. The section on Gill's courageous pioneering in the recording of psychoanalyses for study and rigorously setting standards for clinical research is historically most interesting.

George Klein's work is presented by Frederic Levine and Joseph Slap in a balanced account of a journey into metapsychology encumbered by a complicated terminology. There seems to be a lot of restatement of older views. For example, Klein's comments on treatment as "growth-inducing" are similar to those stated fifty years ago by Karen Horney, as well as by others since then.

Robert Langs's work, as summarized by Zvi Lothane, emphasizes the "communicative approach." In the spirit of the early Freud, "the traumatic reaction is the paradigm of disease, and identifying the trauma is the cure. . . . The extension of the traumatizing event to include the actual behavior of the therapist is the beginning of the specific Langsian emphasis" (p. 181). Lothane is appropriately but gently critical of this and of other ideas offered by Langs. His focus on the interpersonal is surely not original, but "no analyst before has defined the therapist as an ever present traumatizing agent" (p. 181).

The rest of the chapters fall into the category of philosophy loosely connected to psychoanalysis, or at least it is very loose for the clinically concerned analyst. Rubenstein is described by Morris Eagle in a densely written exposition of the mind-body problem, but without a sense of clinical relevance. Bion falls into the wildly philosophizing category. He is not only beyond Freud; at times he is hardly connected to him. The title of the chapter by James Grot-

stein, "An Odyssey into the Deep and Formless Infinite," is an appropriate description of its contents. Adolf Grünbaum offers reflections on the philosophy of science, and, like Ricoeur, he is neither clear nor convincing.

Lacan, a most controversial clinician, is discussed by Jeanine Plottel in a chapter that will be appreciated by those who have been striving to make sense of his often impenetrable writings. Without apology or rationalization, she tells it like it is. She states, for example, "A surrealist is never more serious than when he is playing. . . in that sense Lacan remained a surrealist to the end" (p. 339).

This is an interesting, very varied book. It is more suitable for "grazing" than for a square meal.

RITA W. CLARK (BROOKLYN, NY)

THE OEDIPUS PAPERS. Edited by George H. Pollock, M.D. and John Munder Ross, Ph.D. Madison, Ct: International Universities Press, Inc., 1988. 532 pp.

This book is a collection of 27 papers—21 previously published—which trace the historical origins and psychoanalytic applications of the Oedipus myth over nearly a century of psychoanalytic thought. It is the editors' view that "the interpretations included here have supplemented the central tenets of psychoanalysis by placing greater stress on unconscious communication, social environment, the age-specific conflicts and crises of adulthood, and the interpersonal and generational dialectic" (p. xviii). This is a succinct and accurate précis of a wide-ranging compilation offering considerable, often provocative grist for the analyst's mill.

The title is somewhat misleading: only a fraction of "the" papers on Oedipus is included; indeed, Pollock refers to a 1977 bibliography of 208 psychoanalytic reference books and articles on the Oedipus legend. Moreover, as might be expected in a book of this nature, there is much repetition and variation in quality among these articles. Such redundancy and variability prompt a suggestion that the main issues can be appreciated relatively concisely by concentrating on the most cogent chapters: the editors' introduction, which outlines the contents and the issues; the two papers by Ross on Laius and the "darker side of fatherhood," wherein he

explores the parental counterforces affecting the developing mind of the young child; and the concluding paper by Robert Michels in which the form and content of Sophocles' *Oedipus Rex* is the framework for a stimulating discussion on the nature and significance of insight, drawing together some of the book's divergent threads. Elaborating the idea of Oedipus' insight as compromise, he wonders also about Sophocles, struggling with his son, selecting a version of the myth minimizing Laius' transgressions, and Freud, close to his mother, similarly shielding Jocasta.

Despite the drawbacks of collecting papers from such different epochs and vantage points, reading through this series proves to be a rewarding venture, an opportunity to review and reconsider the oedipus complex at many levels. Mark Kanzer (four of his papers are included here) describes the difference between Homer's version of the Oedipus legend and the version in *Oedipus Rex*. He feels that the passing of the oedipus complex with the formation of the superego is demonstrated in Sophocles' subsequent play, *Oedipus at Colonus*. Kanzer is one of the earliest to suggest what becomes the essential theme of the book, the "counteroedipal determination of the father to rid himself of the rival son" (p. 88). Michael Bross contributes a complementary appraisal of the role of Jocasta in the "complex" of Oedipus. Gertrude Blanck details the convergence of the psychosexual and object relations lines of development in the oedipus complex, believing the failure of such convergence is the key to understanding the distorted oedipal position of borderline and narcissistic personalities. An anthropological perspective is offered in Melford Spiro's exploration of the universality of the oedipus complex.

It is in the area of the "preoedipal" parental influences on the developing psyche and object relations that the book raises its most interesting questions (particularly in this era of increasing emphasis on the effects of child abuse). For an act of homosexual abduction and rape, Laius was cursed with the prophecy that his son would kill him; to defend himself after having failed to avoid fathering a child, he ordered the feet of Oedipus pierced with a spike and abandoned the infant to die. George Devereux, enlarging on the "counter-oedipal" wishes of the father, notes that the "continued scotomatization of the complementary Oedipus complex is rooted in the adult's deep-seated need to place all responsibility for

the Oedipus complex upon the child, and to ignore . . . certain parental attitudes which actually stimulate the infant's oedipal tendencies" (p. 98). Ross and James Herzog describe the father's aggressive play with sons as a stimulant or releaser of the oedipus complex.

Surfacing repeatedly is the significance of Freud's focus on the unconscious of young Oedipus rather than on Laius (or Jocasta). Did the discovery that the "reminiscences" precipitating the seduction theory were largely fantasies and wishes shift his focus so far in the other direction that parental influences were scotomatized? Did the death of his father trigger not only the discovery of Freud's own oedipus complex but also a need to protect his father (and mother?) by overemphasizing the wishes and fantasies of the child?

The drama of the struggle between, and succession of, generations—heralded in the riddle of the Sphinx portraying the aging of man—is advanced in a series of papers by Norman Atkins, Henry Rosner, Erik Erikson, Béla Grunberger, Ross, Pollock, and Herzog, diminishing emphasis on the role of the child and increasing responsibility for the parents. There is a shift away from a focus on the instinctual drives and conflicts of the child toward an object relations concept. The oedipus complex is, as Pollock puts it, "a family affair" (p. 347). If the father nails his infant son's feet together and leaves him to perish, what is the son's later accountability for wishes to kill the father? Several contributors point out that psychoanalysis has largely ignored this issue. This book, while impressively detailing the evolution of our deepening awareness of the factors involved in development toward the oedipus complex, also ultimately falls short in exploring the nuances and richness of this question.

Some writers have recognized that, as Ross notes, "Personality does not come into being simply as a product of the dialectics of danger and desire alone" (p. 307). In his thorough review of the problem, Ross notes Burlingham's 1935 description of the effect of a mother's fantasy on the mental life of a young daughter; Hartmann, Kris and Loewenstein's recognition of the effects of a parent's concealed hostility; and Weil's later conceptualization of "the basic core" of the infant's personality, resulting from the mutual early interactions between infant and mother.

Moreover, Freud himself was not as uncognizant of the role of

parents as his boldest critics suggest. In the book's selection from *The Interpretation of Dreams* Freud said that "the chief part in the mental lives of children who later become psychoneurotics is played by their parents" (p. 3), which suggests a role for parents other than as passive drive objects. Freud also cited as a source of sexual excitation the child's mother, who "herself regards him with feelings that are derived from her own sexual life: she strokes him, kisses him and quite clearly treats him as a substitute for a complete sexual object."¹ Later Freud called the mother the "first seducer" in her care-taking arousal of the child.²

Certainly, then, from the beginning, psychoanalysts have been aware that a child normally develops within a family, that the members of the family are the child's first "objects," and that some aspects of these objects and these relationships eventually become internalized as object representations. Later, indeed throughout the life cycle, the members of a family continue to influence each other. Neither the Freudian nor the object relations schools, however, has succeeded in defining its own view of these processes in terms that make convincing sense to the other. Several papers in this collection consider that the Freudian analyst overemphasizes the instinctual drives and intrapsychic conflict, and thus the responsibility of the child and its infantile wishes. While these views, enhanced by observational research with infants and children, have been instrumental in the development of different approaches to treatment, such as family and marital therapies, their significance in clinical psychoanalysis is more problematic, at least with adults.

Ross writes that "interpretations of the oedipal dilemma have often been left incomplete and inexact by virtue of an exclusive focus on the intrapsychic conflicts of the patient as a child, as if excluding and exempting parents from the pressures of psychic life and its systematic scrutiny. In this vein, representations of destructive fathers have most often been ascribed basically to the workings of projection, with their bases in reality glossed over . . . Transference distortions underscore the unreality of the patient's

¹ Freud, S. (1905): Three essays on the theory of sexuality. *S.E.*, 7:223.

² Freud, S. (1940): An outline of psycho-analysis. *S.E.*, 23:188.

anticipation of murder and mutilation in the analytic situation and are used to clarify the 'internal' nature of his conflicts" (p. 404).

One problem is the implication that an objective judgment about the historical "truth" of the patient's story is possible. On the contrary, as Arlow has written, "What we think was real, or what we think really happened, is a combination of intermingling of fantasy with perception of reality. When memory and perception offer material which is in consonance with fantasy thinking, the data are selectively perceived and the memories are selectively recalled and used as material to serve as a vehicle for the unconscious fantasy. . . . the objective reality. . . . is almost impossible to recollect because what a child experiences is at the very moment of experience a complex intermingling of perception and fantasy. This complex intermingling is what 'really' happened as far as the individual is concerned."³ Thus, analyzing unconscious fantasy does not exclude important external reality, just as reconstructing a past trauma does not obviate continued analysis. Psychoanalysis is a specific technique for helping patients differentiate fantasy from reality in the analytic setting, through analysis of the transference, resulting in a more realistic perspective about themselves and their object world.

A related issue concerns the blurring and oversimplification of concepts of pathogenesis and therapeutic technique. The complexity and confusion in our understanding of the pathogenesis of mental disorders is insufficiently emphasized throughout the book, which implies greater knowledge or degrees of certainty than we have. Also, it is clinically reductionistic to suggest that with a patient from a "pathogenic" upbringing, analyzing conflicts, wishes, and defenses as they appear in the transference is blaming the patient, or to suggest that to acknowledge an unconscious wish is tantamount to exculpating a parent. (In this reciprocal either-or model it is no wonder that instinctual drives and wishes in the child are questioned.) While interventions beyond interpretation may sometimes be warranted, technique imposed by concepts of external pathogenic forces severely underestimates the intricacy of both our evaluations and our work.

DANIEL A. GOLDBERG (NEW YORK)

³ Arlow, J. A. (1969): Fantasy, memory, and reality testing. *Psychoanal. Q.*, 38:39.

Psyche. XL, 1986.

Emmett Wilson Jr.

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ABSTRACTS

Psyche. XL, 1986.

Abstracted by Emmett Wilson, Jr.

Freud's Theory of Insight. Ingrid Kerz-Rühling. Pp. 97-123.

Insight is an important clinical and theoretical concept, yet it is a concept that remains vague and ambiguous. The author seeks to clarify Freud's notion of insight by drawing on discussions in Brentano and Husserl, and by utilizing Brentano's theory of judgment. She claims that Freud's concept of insight was influenced by his attendance at Brentano's lectures. She presents some convincing analogies to Brentano's work in Freud's ways of expressing himself on logical issues, as well as in his theories of perception, memory, judgment, self-observation, and ultimately insight. The influence appears especially in Freud's logical formulations in his paper on negation. Brentano, and later Husserl, utilized the concept of insight as synonymous with evidence, knowledge, and judgment. For Brentano, insight was an act of consciousness in which there was an immediate, direct apprehension of certainty about the true grounds of an appearance or experience. Since direct apprehension of the unconscious is not possible, Freud, in essence, extended Brentano's concept of insight to the indirect knowledge of the unconscious acquired through incorporating unconscious derivatives and memories into an organized whole. The immediacy and certainty of the conscious judgment involved in this type of insight about the unconscious is, however, the same as in Brentano's general epistemological theory. The author emphasizes that this phenomenological concept is in opposition to the explanatory schemata of the natural sciences. For Freud, insight occurs on the part of the analyst, which is in contrast to the way it is usually spoken of today. Furthermore, Freud almost never connected insight with therapeutic change—that connection comes with later writers, who wish to find a way to define insight without making it tautologically dependent upon clinical change. Yet Freud spoke often about insight, and not just haphazardly. His use of the concept explains why he viewed his case histories as narratives, as if they were stories. In this method of understanding the patient and his or her past, Freud anticipated contemporary theories in the philosophy of history, as well as contemporary discussions of narrative in psychoanalysis.

Reality and Fantasy. Remarks on Freud's Concept of Trauma. Siegfried Zeph; Brigitte Weidenhammer; Jutta Baur-Morlock. Pp. 124-144.

The authors discuss the criticisms that have been raised by, for example, Jeffrey Masson and Alice Miller, against Freud for his alleged neglect of real traumatic life experiences in childhood in favor of an overvaluation of psychic reality and fantasy. They review Freud's writings to show the continuing emphasis he placed on traumatic events in the life history. However, the theoretical status of real events and the psychic consequences following from them are less well worked out in the theory. The repetition of the trauma in the dreams of those suffering from traumatic neuroses is a central issue yet to be explained. Two modalities for mastering

trauma have been described, but both strategies—subsequent attempts to cope with traumatic circumstances by making it not-to-have-happened, or avoidance of trauma through inhibitions and phobias—raise theoretical questions. The assumption of the existence of the psychical apparatus is involved, when it is precisely the unavailability of the psychic apparatus, with its usual modes of preparedness and defenses, that has led to the traumatization because of the overwhelming of the stimulus barrier. Freud saw the restoration of the psychic apparatus as the first task after such a trauma. (The authors mention that he also offered an alternative explanation for the repetition in the death wish beyond the pleasure principle, but this has, of course, remained problematic and controversial.) A means of sorting out these difficulties can be found in a remark of Fenichel's: he claimed that the development of the ego and the development of the sense of reality are two sides of the same developmental move. The recognition of the difference between perception and representation is the hallmark of the sense of reality and of the development of the ego. Indeed, the acquisition of a concept of reality could be said to constitute the ego. With this principle of Fenichel's in mind, the authors argue that the realistic characteristics of the trauma are transformed by repetition into their representational aspects, becoming fantasy. The compulsion to repeat the trauma is an attempt to master the inadequate preparation or readiness of the ego at the time of the trauma. Repetition is viewed as a return to those psychological conditions that prevailed before the trauma. Hence most patients experience repetition in dreams rather than in their waking lives, and the experience upon waking is such that the patient can say that he or she has failed only in his or her dream. Thus the repetition is not "beyond the pleasure principle" but rather before it and in its service.

On the Relationship between Psychoanalysis and Geneva Constructivism: Primary and Secondary Process, and Cognitive Structure. Burkhard Liebsch. Pp. 220-247.

Liebsch discusses the interrelationship of primary and secondary processes. For almost eight years metapsychological discussion has maintained a dichotomy in characterizing the id and ego: the id is unorganized, generates wishes, and causes us to dream, while the ego is realistic and intelligent, and has the capacity to form object relationships. Yet there is a certain basic assumption of psychoanalytic theory that holds that in some of its aspects the ego is clearly and unambiguously denied intelligence and the recognition of reality; this assumption also accords to the id an orientation of intelligent capabilities with respect to reality. The author feels that there is an evolution of cognitive structures in the id as well as in the ego. He argues that cognitive structures are ontogenetically developed methods of dealing with inner and outer reality and making it meaningful. He thus hopes to remove the theoretically crippling linkage of the motivational assumptions of psychoanalysis with the concept of the formal aspects of the psychical organization. For Freud, the deciding factor in differentiating primary from secondary process was in the inhibition of the natural discharge of tension under the pressure of bringing internal processes and external reality into harmony.

Through the influence of Brücke and Meynert, Freud attempted to develop a purely neurophysiological model for psychology, but to do so, he employed a

(seldom enunciated) psychophysical parallelism. This vague concept of parallelism encouraged from the beginning a vacillation between physiological and psychological descriptions. Long after the *Project* was abandoned, Freud conceived of the ego as an energy regulator. The concept of unconscious aspects of the ego and the introduction of the structural hypothesis brought about an important consequence for the concepts of primary and secondary process. The previously plausible division and mode of organization between conscious and unconscious was no longer tenable, for parts of the ego functioned by primary process. But if modes of id functioning are credited to the ego, then the id and the ego become less distinguishable; thus the move was made, as we see in Freud, to talk of a continuum between primary and secondary process thinking. But how is this continuum to be derived theoretically? How does secondary process emerge out of primary process? How does each develop? Rapaport's contributions concerning structure as "slow rate of change" are not helpful, for Rapaport utilizes both quantitative and qualitative descriptions of structure, and mixes energetic and formal characteristics in his descriptions. Does slowing the rate of change alone permit the development of a deductive, syllogistic intelligence out of primary process?

Subsequent discussions of structure have made it possible to remove the old psychoanalytic assumption that denies structure and intelligent forms of thought to the id. Structure is defined as the individual's competence to understand her or his world and to develop cognitive modes of coming to grips with that world and of performing operations upon it to transform it. In this way thought processes are also removed from motivational aspects of ontogenesis, and, when presented purely in a formal evolutionary connection, their continuity within the framework of cognitive development becomes apparent. Liebsch reviews Piaget's theory of the levels and phases of cognitive development, seeking to link the Piagetian theory with the condensation, displacement, and transformations of primary process thinking. He emphasizes that primary process thinking is topographically non-specific and can be found in the conscious processes of children as well as in the unconscious. He also claims that the psychical defense mechanisms profit also from the development of cognitive structure in their move from primitive methods of disassociation to repression as the superordinate defense. Finally, he discusses the ways in which his observations on the development of cognitive structure are also consistent with Kernberg's discussions of normal and pathological personality development.

Psychoanalytic Model Concepts for the Theory of Alcoholism. Wolf-Detlef Rost. Pp. 289-309.

The author begins by discussing what he would like to call "psycho-booms," by which he means the phenomenon of a band-wagon popularity achieved by various psychoanalytic theories that are "discovered," blossom, have a few moments in the sun, and then, in the course of time, fall into disrepute, or are regarded as contributing nothing new to psychoanalytic theory overall. Some aspects of this faddish emphasis on one theory or another have led to confusions and contradictory claims in the area of addiction theory, with the result that psychoanalysts have either withdrawn from work with addicts, or are regarded as having no reliable authority in matters of addiction or any theoretical understanding of it. Rost reviews the psycho-

analytic contributions over the past eighty years on addiction theory. Then he discusses what to him are the main paradigms of psychoanalytic theory: classical, ego, and structural psychology, the narcissistic and self psychology theory, and object relations theory. Some of the failures of the psychoanalytic approach to addiction and the therapy of addicts have come from a misunderstanding of addiction as a final common pathway for many types of conflict and personality disturbance. Misapplication of therapeutic techniques appropriate to one type of conflict, or to one historical level of the failure of psychological development, could lead to therapeutic failure. Yet a psychoanalytic model of addiction could be developed utilizing various theoretical approaches and models. The depth of the basic disturbance in development is the decisive factor in the nature of the treatment involved. The psychoanalyst can make a contribution to the treatment of alcohol and drug addiction, as well as contribute to the development of psychoanalytic theory, by attempting to differentiate and sort out the widely differing backgrounds in the various developmental pathways and character structures involved in the widely diversified phenomenon of alcohol and substance abuse. Several case histories are provided to illustrate the differences in character structure and stage of psychic development that are found in the background of patients who are given the generic label of substance abusers.

Family Scenes: Goethe's Fantasy World and the Construction of the Novel *Werther*. Peter Fischer. Pp. 527-556.

Fischer reviews past critics who have attempted to understand Goethe's *Werther*, and disparages their failure to see in its love story a depiction of Goethe's psychological conflicts. He suggests that *Werther* is a novel about childhood conflicts, and the story of the love for Lotte is a story about Goethe's love for his mother. He supports this with numerous textual citations which, he believes, indicate this as Goethe's own view of the work. The novel depicts a regression in fantasy to maternal love, in what Freud was to call "oceanic feelings." Nature and mother are equated. The theological interpretations, in which *Werther* is supposed to have renounced the old religious beliefs and the old God, as some critics have seen, fail to realize that setting up Lotte as a new God is, psychoanalytically, the worship of the powerful mother figure from the past, as Lotte becomes a figure on which *Werther* is totally dependent. He loses himself in helplessness, powerlessness, and disintegration of the self, and in his voluntary death rejoins nature/mother. Passages in the text make clear *Werther's* ambivalence about Lotte, and his longing for the early paradisiacal situation in a symbiotic mother-child relationship. Fischer suggests the notion of a personal myth to understand Goethe's situation here. To understand the figure of Lotte has been the aim and effort of much of *Werther* criticism, and the source of many difficulties. Some, for example Rank and Eissler, have suggested that she represents Goethe's sister, Cornelia. Goethe is dealing with his incestuous attachment to her, as well as with his resentment of her as intruding into the paradise he enjoyed with his mother before Cornelia's birth. The attempts to see in *Werther* a hero inspired by the French Revolution fail to understand the deeply regressive action involved in the suicide, with the preservation of the attachment to the mother, and to the "nobility" and *ancien regime* she unconsciously represented to Goethe.

Richard Wagner's Dream of Deliverance. Franz Strunz. Pp. 557-562.

When Cosima Wagner's diaries were recently made public, it was found that she had recorded many of Wagner's dreams, about which she and Wagner had many discussions; they had developed their own theory of dream interpretation. An unknown person later made many of the dreams illegible; presumably, this was done by someone who had read Freud, as, of course, Cosima had not. However, four hundred twenty-one dreams have survived from Wagner's last fourteen years. They include many nightmares in which Cosima leaves him and takes the children with her. The dreams have been studied, and compared statistically to available norms. In the dreams Wagner shows himself to be unsure of his masculine identity, more or less depressed, and often fearful of losing Cosima. Wagner's biographical circumstances, including the death of his father when Wagner was only six months old, his stepfather's death when Wagner was eight, and the unavailability of the sorely pressed mother, all contribute to Wagner's repeated thematic material of the hero longing after his mother, separated from her, and rescued by a woman. Parallel difficulties in Cosima's biography help us understand the strong attraction between the pair, which ensured, through Cosima's mirroring of Wagner's conflicts, her tolerance of his difficulties.

Revue Française de Psychanalyse. XLVIII, 1984.

Abstracted by Emmett Wilson, Jr.

The Metapsychological Situation of the Theory of Aggression in French Psychoanalysis. Ann Clancier; Sylvie Faure; George Pragier. Pp. 917-935.

This is an excellent, succinct resumé of the major discussions of the topic of aggression in Freud and in subsequent French psychoanalytic writings, with a summary account of most of the major recent French contributions to the theory of aggression. Among those writers discussed are Lacan, A. Green, Pasche, Lagache, Nacht, Laplanche, Barande, Grunberger, Diatkine, Lebovici, Bergeret, and Braunschweig and Fain. A comprehensive bibliography concludes the resumé of the various positions.

Aggression and Violence. René Diatkine. Pp. 937-946.

Diatkine considers "the old debate" on the relationship between the death instinct and destructive or violent behavior, a debate which has been present since the First World War, and the theoretical revisions in psychoanalytic theory that to some degree reflected the horrors of that conflict. Diatkine's position is that aggressiveness is not a useful concept in metapsychology. Many naïve psychoanalytic accounts discuss in confused, Adlerian fashion a "quantity of aggression that becomes pathogenic unless discharged." Diatkine maintains that aggression and violence are relational terms which have meaning only for an acting subject and an object that is being attacked. Freud's theory of the death instinct, in contrast, was a purely intrapsychic one: violence and aggression result from intrapsychic contradictions, from conflict between the desires of the individual and that individual's representations of others; in other words, from the dissonance between fantasies and perceptions of

others. The violence is aimed at eliminating this dissonance which menaces the subject's internal coherence and equilibrium. This, however, is merely a descriptive schema and does not take into account any of the internal transformations leading to violence. One of the most troubling aspects of aggressive behavior, both theoretically and practically, is the negative therapeutic reaction. To say that the patient has regressed to a preverbal level is not a very heuristically helpful description of the behavior. Diatkine argues that the analytic situation disorganizes the patient's habitual mode of operating. Projections and provocations do not receive their usual response, and prior equilibrium is disrupted. He suggests that the negative behavior derives from the homeostatic efforts to return to an earlier state of equilibrium. This contrast in external orientation to the object reflects the contradictions between libidinal cathexes and what Freud called the death instinct. We must recognize, however, that representations, whether pleasant or unpleasant, are always libidinal, hence the error in talking about a "quantity of aggression" which presupposes an object relation. The process of repetition and the withdrawal of cathexis are the direct representations of the death instinct and are intrapsychic processes.

Freud's Study of Moses and the Death Instinct. Ilse Barande. Pp. 967-986.

The author discusses Freud's last "psychoanalytic novel," *Moses and Monotheism*. She notes that there are striking absences in the text: Freud did not mention Karl Abraham's paper on violence and the rejection of the father in the story of Akhnaton. Similarly, the death instinct and maternal-feminine themes were neglected. Barande reviews the biographical situation of Freud at the age of eighty-one. He had just exceeded his father's life span and had established himself in England. In the study of Moses, Freud wrote of a nostalgia for the "great man" of childhood, and to some degree reinstituted the great man theme in the story of Moses, with its emphasis on doubling. He also began to voice a version of phylogenetic themes he had earlier rejected in Jung. Barande uses stylistic studies, especially of key words, to establish a picture of Freud's psychological development and to account for the changes in Freud and the lacunae in *Moses and Monotheism*. She links this to some larger themes concerning Freud's failure to reformulate his earlier work following his theoretical innovations of 1920.

The Genealogy of Destructiveness. Jean Bergeret. Pp. 1021-1036.

Freud wrote about death instincts in the plural, while the sexual instinct was always singular. Bergeret explores two hypotheses concerning this use of the plural. Freud may have meant to indicate that there are several forms of instincts leading to death or destruction. Or it may have been simply a generic plural connoting an imprecision in Freud's thought after 1920, as seen in the different successive definitions he gave of the concept. Freud's major discovery in the dynamic register was libido, and he never varied in his characterization of it after his letter to Fliess in June 1894. However, he sought various antagonists of libido, from life instincts to ego instincts, and finally the death instincts. This succession of different antagonists, always enunciated globally in the plural, reveals Freud's hesitation in determining the forces opposed to libido. Bergeret argues that his antagonism is not to

be understood in terms of a synchronistic opposition but rather in terms of some little-developed Freudian hypotheses having to do with a diachronic antagonism, that is, one that exists over time. The primordial conflict would thus be not between two parallel instincts representing the "good" and the "bad," but between two levels, one primary and the other secondary, similar to the contrast between primary and secondary process thinking. The author reviews Freud's discussions of aggression, destructiveness, and the death instinct, demonstrating Freud's uncertainties on the topic. He discerns a usable concept of destructiveness in some of Freud's comments on the ego instincts. Bergeret believes that analysts have concentrated on the mode of conflict that characterizes the oedipal model, and few have considered other modes, yet these might lead us to other views of the nature of aggression. The forms of destructiveness encountered in other categories of psychopathology have to do with fragmentation and annihilation, and not simply castration. Bergeret presents his own concept of a primitive instinct which he designates fundamental violence, and which he intends to use to further develop Freud's hypothesis of an instinct of mastery (*Bemächtigungstrieb*).

Psychoanalytic Study of Society. XIII, 1988.

Abstracted by John J. Hartman.

Géza Róheim's Theory of the Dream Origin of Myth. Sarah Caldwell Morales. Pp. 7-28.

The author critically evaluates Róheim's theory that myths derive from actual dreams that then come to be shared. Róheim interpreted myths according to the psychoanalytic understanding of dream work. Morales also evaluates Róheim's notion of the "basic dream" that has two parts. One part symbolizes the return to the womb, and the second part portrays a "returning" countermove to regain contact with the outer world. Morales argues that Róheim gave no proof for a causal connection between dream and myth. She concludes that from a structural point of view they share similar features. She notes that dreams are personal and idiosyncratic, whereas myths are socially shared and the product of a group process. She cites the work of Kluckhohn and Lincoln as providing some evidence for Róheim's thesis which he himself did not provide.

The Origins of Christianity. W. W. Meissner. Pp. 29-62.

Meissner proposes that Christianity arose as a cult within the context of Middle Eastern, largely Jewish, religious and political movements. He discusses the Sadducees, the Pharisees, the Zealots, and the Essenes as groups which may have played an important role in the development of Christianity. He uses his description of the politics of these groups to argue for Christianity as a cult. His emphasis here is on the messianic-chilastic millenarian aspects of the movement. The charismatic prophet of this movement was Jesus. Meissner then applies his notions of the paranoid process to the early development of the Christian group. Victimization and narcissistic assaults on the Jewish people led to restitutive mechanisms. Projection of aggression onto the enemy creates a paranoid object. A shared idealization, a narcissistic restitution, takes the form of a revolutionary ideal or utopian vision of

reality. He concludes that Christianity was one such messianic cult whose power derived from these intrapsychic processes.

Adaptive Symbolism and the Theory of Myth: The Symbolic Understanding of Myths in Inuit Religion. Daniel Merkur. Pp. 63-94.

Merkur takes issue with the current view of mythology as a product of literal historical accounts. He believes, with Róheim, Reik, and Bakan, that myths have a symbolic religious meaning to which psychoanalysis can make a significant contribution. Merkur's method, myth analysis, is an adaptation of psychoanalytic dream interpretation; aspects of the myth-telling culture can be understood as associations to the myth. Merkur uses material from the religion of the Inuit Eskimos to document his ideas. He focuses specifically on the Dog-Husband Myth in its different forms and interprets it using his method. He concludes that myths are "regressive" because they represent verbal concepts as concrete representations. He also observes that myths are "adaptive symbols" as they express abstract ideas for which no corresponding linguistic abstractions have been attained. Myths make use of both types of symbols.

Fire and Ice: The Psychology of a Sherpa Shaman. Robert A. Paul. Pp. 95-132.

The author gives a detailed personal account of how a Sherpa from eastern Nepal became a shaman. Because of the psychological depth of the Sherpa's recounting of his personal history, the author was able to interpret important psychological themes in the shaman's life. Specifically, the themes of the threatening quality of female sexuality and the lost plenty of a golden age were eventually interpreted in oedipal and preoedipal terms respectively. In his particular case, the Sherpa's father's early death and his own early unsuccessful marriage were contributing factors in his becoming a shaman. From this example the author infers that the single most powerful predictor for the choice of a monastic career for Sherpa men is the childhood loss of one or both parents; the consequence of this loss is a lack of resolution of oedipal wishes and fears.

The Sick Old Lady Who Is a Man: A Contribution to the Psychoanalytic Study of Urban Legends. Michael P. Carroll. Pp. 133-148.

Carroll applies psychoanalytic ideas to urban legends transmitted by word of mouth. He studied the story concerning a sick old woman who asks a younger woman for a ride home from a shopping center. The woman turns out to be a man who has an axe to kill the younger woman, but he is thwarted by a security guard. This legend has gained wide circulation in North America beginning in the early 1980's. The author contends that the particular details of the legend, the shopping center, the axe, the older woman-younger woman, and the gender disguise, are unique enough to merit interpretation along psychoanalytic lines. He feels the story reflects an unconscious projection by daughters of murderous hostility toward the phallic mother. This legend is compared with other similar stories and with the folktale "Little Red Riding Hood." The author concludes that the study of such legends helps us understand the projective systems of modern urban society.

The Dogma of Technology. Howard F. Stein and Robert F. Hill. Pp. 149-179.

Cultures and ages are known by the metaphors their members share and live by. Stein and Hill contend that today the symbol of technology serves as a shared unifying self-image for American culture. The history of the portrayal of man as a machine is briefly reviewed. The psychoanalytic literature on the "influencing machine" is also reviewed and integrated with the historical overview. The over-reliance on technology in current medical practice, including psychiatry and psychotherapy, is cited as evidence of the inroads of technology as dogma. The authors see the use of such dogma as a defense against various uncertainties and anxieties and the pessimism of modern existence.

American Imago. XLVI, 1989.

Abstracted by Anita G. Schmukler.

Claude Dagmar Daly: Notes on the Menstruation Complex. Mary Jane Lupton. Pp. 1-20.

In a lucid exposition of the work of Claude Daly, the author examines Daly's study of the menstruation complex. In Daly's view, the boy's sight of menstrual blood is followed by castration anxiety, repression of incestuous wishes for the mother, and fear of death. Daly supplements clinical illustrations with examples in world literature. It is notable that psychoanalysts have largely ignored Daly's contributions: Bonaparte, who made no reference to Daly's work on Poe; Rickman, who wrote Daly's obituary in 1950; and numerous analytic investigators during the past fifty years. Daly quotes Freud's searching exploration (*Totem and Taboo*) which concludes that we are ignorant about the origins of ambivalence in human relations. For Daly, the intense conflict stirred by the sight of routine genital bleeding of the beloved (omnipotent) mother is a significant source of such ambivalence. It was Daly's contention that his work would be ignored until psychoanalysts were able to confront the menstruation complex directly, whereupon it would have meaning not only in analytic practice, but in every area of applied psychoanalysis.

Johann Weier and Sigmund Freud: A Psychoanalytic Note on Science, Narcissism and Aggression. Emanuel E. Garcia. Pp. 21-36.

In Freud's assessment of the scientific achievements of Johann Weier, the sixteenth century Dutch physician equalled Copernicus and Darwin in his contributions to human thought. The author traces Weier's intellectual pursuits in an effort to understand Freud's possibly ambivalent stance: he considered Weier to be an outstanding contributor to the advancement of science yet apparently mentioned his name only once. Weier was able to give precise, detailed clinical descriptions and to investigate in a scientific, humanistic manner, dismissing artifice, bigotry, and supernatural explanations. One result was the exoneration of some suspected witches. In Weier's hands, medical knowledge replaced ignorance and magic. Weier's interest extended beyond purely physical phenomena: he acknowledged the role of wish fulfillment in fantasy, the power of suggestibility in groups, and the

clinical existence of projection and delusions. Garcia cites Weier's notion that witch-hunters were in fact carrying out the task of Satan, for whom they purported to search in examining the alleged witches; thus he perceived their unconscious intention. Weier examined the prevalent belief in the omnipotence of thought. While this is an expected phase of child development, Weier pointed to its affective tenacity throughout life. Clearly a belief in the omnipotence of one's thoughts is not conducive to scientific advancement. Weier's work struck a blow to human narcissism, as did the contributions of Darwin and Copernicus. Freud admired Weier, a scientist whose empathy remained intact. In this spirit, Garcia expresses a hope that delay between impulse and action, one of the foundations of psychoanalytic thought, might be employed to redirect our destructive trends in the interest of survival.

The Problem of the Self and the Other in the Language of Ophelia, Desdemona, and Cordelia. Joan Montgomery Byles. Pp. 37-59.

Ophelia, Desdemona, and Cordelia, presented in drama as motherless women, are profoundly affected by intense unconscious conflict over incestuous impulses, and have a subjective sense of themselves which is based upon the perspective of the male incestuous object—Polonius/Hamlet, Othello, Lear. Byles underscores the notion that women's view of themselves seems to require substantial support from the perceptions of others. There is linguistic support for this position and Lacan's work provides an underlying thread. The author asks why these female characters use language to evade rather than face up to misconceptions about what they are actually thinking and feeling. The reply is both interrelational and dynamic. With respect to the latter, the boy shifts his primary identification to father, and the girl, not needing to do so, may not establish as well-defined a separate sense of self. Also, the girl's unconscious guilt over persistent incestuous oedipal wishes provides a substantive inhibitory force. The author cites textual examples in support of her views.

No Rose without Thorns: Ambivalence in Kafka's "A Country Doctor." Etti Golomb-Bregman. Pp. 77-84.

"A Country Doctor" is explored as a study of ambivalence, and the reader's response of self-doubt and inability to feel empathy is likened to countertransference which occurs in response to a patient's manner of presentation. Countertransference is used in a therapeutic situation to further one's understanding, and the author suggests that the reader of Kafka's work employ his or her affective response to the story and style in a similar manner.

Identity Theme and *Mythe Personnel*: Two Views of the Rat Man. Margaret W. Blades Pp. 85-103.

Norman Holland and Jacques Lacan have studied Freud's case of the Rat Man. Both attempted a reformulation of the oedipus complex theory: Holland emphasized a scientific perspective, and Lacan approached the material in literary-philosophical terms. Blades suggests that both Holland and Lacan failed to examine the process of transference in the case, and thus dealt with the Rat Man more as a

literary work than an actual analytic case. Blades emphasizes three aspects of the transference: the meaning of debt for the Rat Man; his perception of Freud as "the cruel captain"; and the feeling resulting when the analyst did not answer questions directly but subjected their meaning to analytic scrutiny. A study of transference-countertransference in the recorded case material might provide us with material overlooked in the work of Holland and Lacan.

Women and the Father: Psychosexual Ambiguity in *Death Comes for the Archbishop*. Patrick W. Shaw. Pp. 61-76.

Shaw studies the three women in Willa Cather's *Death Comes for the Archbishop* with respect to both the manifest content of the narrative and Cather's psychosexual conflicts. The males portrayed by Cather are occupied with "facts" and have a considerable capacity to compromise personal integrity. The women, who for Cather bear prime responsibility for psychological disorders, are more rooted in introspection and imagination. The author proposes that Cather never came to terms with her conflicts over homosexuality, and that one piece of evidence for this was her inability to represent, in her fiction, a "traditional, heterosexual, child-bearing female." Cather's women are passive in the face of male authority and, although they engage in traditional female roles, are substantially resistant to them.

Meeting of the Psychoanalytic Association of New York

Jeanmarie Anderer

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NOTES

Once again, the editors of *The Psychoanalytic Quarterly* express their gratitude to the colleagues whose work appeared in our Abstracts Section during the past year. Their work involves two functions: choosing which of a vast number of articles would be of most interest to our readers, and then condensing what they have chosen into brief but comprehensive, clear abstracts. We know that our Abstracts Section is read and valued by many of our subscribers. That it is so valued is due to the efforts of the persons listed here. Again, we thank them for their excellent work.

JAMES R. EDGAR
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MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 23, 1989. THE EYE OF THE BEHOLDER: ON THE DEVELOPMENTAL DIALOGUE OF FATHERS AND DAUGHTERS. John Munder Ross, Ph.D.

Dr. Ross began his discussion by commenting on Shakespeare's preoccupation with the theme of fathers and daughters, specifically the indulgent or possessive fathers who look to their daughters for "sensuous and spiritual renewal." As with Shakespeare, Freud's original subjects were daughters who struggle to come to terms with fathers who exploit and betray them. In view of the female subjects of the early case histories, Dr. Ross asked why it is that Freud and other analysts constructed a "son psychology" with Oedipus as its core protagonist. What is frightening and elusive in the father-daughter relationship may help explain some of the sources of this phallogentric orientation, according to Dr. Ross. He then examined the transference and countertransference currents between Freud and his patient, Dora. As is well known, Dora was brought to Freud after having been "palmed off" to Herr K by her father so that the father's relationship with Frau K could continue. As Dr. Ross and others have noted, it was Dora's "horror at the loss of 'authenticity' and protection on the part of the various father figures . . . and their failures truly to requite her love" that Freud missed in his formulations. Although Freud acknowledged the reality of her situation, rather than addressing this he focused on Dora's erotic wishes, masturbation, enuresis, etc.

Dr. Ross posited, as have others, that Freud unconsciously "acted in" during the analysis with Dora. To illustrate this, Dr. Ross reviewed Dora's first dream and her associations to it. He pinpointed Freud's experiment with matches and his resulting interpretation linking "playing with fire" with childhood autoerotic activity and enuresis. He suggested that by this experiment Freud titillated Dora and violated her psychic privacy. This violation was further compounded by Freud's linking Dora's recollection of the smell of smoke with cigar smoking—Herr K's and his own. Dora reacted by playing with her purse; Freud responded with an incomplete interpretation relating this to masturbation. But as Dr. Ross pointed out, Freud omitted Dora's identification with his own titillation, his "playing with fire," his penetration of her privacy, his provocation. Dora's symptomatic playing with her purse represented both the wish for and the fear of penetration. Dr. Ross suggested that this expresses a preoedipal regression "when a daughter might revel in the exhibitionistic pleasures afforded by the father's gaze," free of oedipal and postoeidipal complications. A further meaning of the dream is seen by Dr. Ross: Dora's hope to be rescued from her mother's grasp by the attentions of her father and Freud. Dr. Ross also found these themes in the second dream, and he emphasized the sense of immobility in the dream. This he viewed as a key—Dora's desire to "move without moving," the yearning to "be looked at . . . but not invaded," in short, a desire to bask in the father's gaze, the safety of "paternal protection," able to progress in her development in relative calm and composure. Without this, Dora might remain trapped in the identification with her mother; as in the dream, her father would be lost to her—he would have died psychologically. Dora flees and then returns to Freud. Failing to understand her "hidden request for admiration," Freud draws himself up to the full height of his physicianly authority and tells Dora to leave for good. Dr. Ross perceived in this dichotomy—between intense psychological intimacy verging on violation and sudden withdrawal in response to challenge—the typical ambivalence of the father in real life responding to his adolescent daughter's developing sexuality. Similarly, in Dora's desire for "composure and containment in intimacy," her need to be looked at but not touched, Dr. Ross saw the psyche of the adolescent girl seeking "optimal distance" from the father.

After discussing Herzog's study of young girls and fathers, Dr. Ross introduced what he described as the "vulva-eye equation." "Her eye and vulva become equated as the little girl stares at her father while inviting him to look upon her genitals and herself." This in turn produces pleasure, not so much in the accompanying self-stimulation, but in the "idea of seeing oneself being seen." It is the gaze of the father to which daughters are most responsive; the real impetus behind this is the desire to be rescued from the mother's hold.

Dr. Ross then presented two clinical case examples to illustrate his thesis.

DISCUSSION: Dr. Harvey Beahler characterized Dr. Ross's ideas as challenging and evocative, but concluded that his thesis was not adequately supported by his case material. Dr. Beahler underscored Dr. Ross's emphasis on the place of exhibitionistic wishes and their relevance to the analyst's work with children and adults. He also cited the importance of Dr. Ross's linking the fathers non-sexual gaze with

the daughter's subsequent ability to escape the mother. Dr. Ross's paper, however, had provided insufficient clinical data to substantiate this intriguing idea. Rather, Dr. Ross had relied on an interpretation of the Dora paper as primary evidence. Dr. Bezahler dissented from Dr. Ross's choice; he asserted that Dr. Ross assumed more than can be drawn from Freud's own account of the case.

Dr. Anna Burton described Dr. Ross's paper as "literate, sometimes beautiful," but she disagreed with the stance of the paper. Dr. Ross had opened with a strong theme, dramatized in *King Lear*—that of "the father seeking in the daughter a return of the mother of his own infancy, the child as mother to the father." However, Dr. Ross had subsequently dropped this idea. Dr. Burton noted that he had overlooked Dr. Jules Glenn's work on Freud's unanalyzed tie to his own earliest caretaker, a nursemaid, a "blind spot" that had contributed to his countertransference problems in the Dora case. In contrast, Dr. Burton argued, Dr. Ross overemphasized the importance of the father's gaze to the daughter's development in the "eye-vulva" dialogue. Looking and being looked at, in Dr. Burton's view, is not a central function in separation-individuation. This visual dialogue occurs in other phases as well and with other family members (grandparents, siblings). Questioning the developmental importance of this "seeing-being seen" interaction, Dr. Burton also dissented from the author's belief that "a woman's desire to be admired by a man is at the core of her heterosexuality." Like Dr. Bezahler, Dr. Burton did not find Dr. Ross's material sufficient to support his thesis. She concluded that the subtext of Dr. Ross's paper lay in what he said implicitly about fathers. She contended that the fearful wish to be free from the overpowering mother, which Dr. Ross attributed to the infant daughter, is, in fact, a displacement of "the father's fearful attraction to the mother of infancy" as well as of his concern over what is inside a woman's body and not inside that of a man. As men move closer to children, they encounter the same conflicts that women have experienced: how to be tender but not seductive, admiring but not idealizing, etc.—all of which becomes possible when the beholding eye of the parent does not confuse the opposite-sex child with the opposite-sex parent.

Dr. Peter Neubauer commented on the need to expand upon the object relations component, i.e., what is the daughter's perception of the father's relationship to the mother? In the case of Dora, Dr. Neubauer noted the disaffection of Dora's father and mother and that of Frau and Herr K. He also raised the question of whether the young boy has a comparable need for admiration, and where this fits into the boy's developmental sequence. Dr. Harold Blum commented on Dora's need to be rescued by and from her seductive father. He called attention to how Dora was involved in a "swap" situation—being offered to Herr K by her father. Dr. Blum emphasized the analyst's need to ask where the mother is in this type of incestuous situation. He agreed that Dora wanted to disengage from the mother, but she also wanted to engage her mother to protect her from her father. The mother unconsciously colluded with the father, and Dora was left furious for want of love and protection. Dr. Blum noted that fathers are interested in far more than only their daughters' sexuality, and the object relationship has complex vicissitudes which change as development proceeds.

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

October 17, 1988. MOTIVATION, PERSONALITY ORGANIZATION, AND THE FOUR PSYCHOLOGIES OF PSYCHOANALYSIS. Fred Pine, Ph.D.

Dr. Pine advanced a view of motivation and personality organization derived from the "four psychologies"—drive, ego, object relations, and self-experience. He asked how motivations are born and how the personality becomes organized in the course of development. Drawing from empirical infant research, he proposed that there is an aspect of each of the four psychologies present from birth onward: a built-in prewired motivational tendency which undergoes developmental transformation, evolving into sustained, complex motives. He pointed out that in the domain of drive (both sexual and aggressive), we begin with biologically rooted urges which (a) become tied to specific objects and fantasies as those urges achieve cognitive representation and elaboration over time; (b) come to operate in relation to self-experience, ego functioning, and object relations; and (c) in the case of aggression, come to include reactive forms which achieve ongoing status as the capacity to hold the offending other in mind matures (object constancy). For the domain of the ego, Dr. Pine outlined the prewired tendencies toward elementary attunement, tension regulation, and adaptedness; he suggested that they evolve into a varyingly rigid, but never fully flexible tendency to maintain the achieved mode of organization in an effort to avoid negative affect. In the domain of object relations, there is a primal readiness for connection to the other, which then evolves into the tendency to repeat old, now internalized object relations in the effort to master the "strain" traumata associated with them. In the area of self-experience, we begin with a homeostatic tendency to ameliorate subjective discomfort (the infant's cry when hungry), proceed through the development of familiar subjective states of self (self-constancy), and then evolve a tendency to maintain that familiar self-state, although that state (seen from the outside) may be pathologically grandiose or abased, fragmented or undifferentiated. In delineating this array of psychologically central motives, Dr. Pine raised the possibility that one or more of them can achieve dominance and lead to markedly different modes of personality organization.

Dr. Pine then proposed that personality organization can be viewed in terms of individual hierarchical arrangements of the phenomena of the four psychologies. Beginning with discrete "moments" in the life of the infant, Dr. Pine noted that the infant is never a unity in terms of experience more than momentarily, and that "moments" of many different kinds of experience are formative for those diverse themes of personal functioning connected to one or another of the four psychologies. Each individual develops personal hierarchical organizations of the phenomena and motives of the four psychologies, so that one or more becomes central and superordinate, the others subordinate. He pointed out that the term *personal* hierarchy is meant to emphasize that no one of the psychologies has epigenetic (or theoretical) primacy; it is just meant to represent human variability, and there can be greater or lesser pathology within any of the hierarchical arrangements. Dr. Pine believes that our diagnostic thinking as clinicians reflects such hierarchical arrangements; reference to neurosis or to narcissistic character disorder, for example, reflects differing centrality of drive issues or self issues respectively. He proposed that

these personal hierarchies evolve out of the accidents of personal endowment and personal history, consistent with endlessly individual ways in which we learn about patients on the couch. He contended that if we endeavor to gain in-depth understanding of mental life, in keeping with classical Freudian intent, then a view of an array of motives organized in complex individual ways is useful.

DISCUSSION: Dr. Gerald Stechler supported Dr. Pine's attempt to integrate several different psychoanalytic schools of thought in a manner useful to clinicians. He suggested that we should sharpen our views of motivation and of aggression. He pointed out that we not only need to clarify whether there is an inner motive for mastery or whether mastery and assertion are derivatives of pro-active and reactive aggression, but that we also need to explain the range of individual differences in the manifestations of these phenomena. He proposed his own model which states that narcissistic injury (the stifling of assertive aims) creates a contamination between assertion and aggression, and that aggression becomes pro-active by taking on properties of assertion. Reactive aggression therefore becomes pro-active through injury. The more one has been injured, the more likely it is that one will exhibit pro-active aggression. Dr. Stechler noted the potential harm of a theoretical position that teaches patients, "through the analyst's eyes," that each time they reach out and try to make an assertion in the transference or in life, such behavior is a derivative of aggression and not free-standing.

Dr. Ana-Maria Rizzuto asked how the unconscious is formulated in Dr. Pine's model. He answered that all the phenomena described and the ideational systems connected to them may exist in consciousness or unconsciousness. He did not feel it was necessary to address that question now, because he saw his model as having no particular implications for the unconscious. Dr. Samuel Silverman asked Dr. Pine to elaborate on the potential clinical value of his theoretical model. Dr. Pine gave three clinical examples in which he showed an interplay of oedipal and self (boundary) issues in a female patient, a painful "self" state and its relation to repetitive object relations patterns in a male patient, and a "wounded" self and related repetitive, vengeful reversal of early object relations in the transference with another female patient. Dr. Stuart Hauser wanted Dr. Pine to explain more about his concepts of personality organization in relation to personal hierarchies, as he felt that there was more complexity to such concepts than Dr. Pine's model would suggest. Dr. Pine explained that his idea of hierarchy was a "loose conceptualization," not intended to explain every aspect of personality organization or how it came to evolve in a particular way. Dr. Hauser also raised the question of whether the term "hierarchy" was too restrictive and linear for the complexity of phenomena which encompass drive, ego, object relations, and self. Dr. Pine replied that he conceptualizes the four types of phenomena as running along together simultaneously and often interacting throughout the different phases of development.

LAURIE W. RAYMOND

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 8-12, 1991, at the Fairmont Hotel, New Orleans, LA.

The Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 14-16, 1991, at the Hilton, Santa Fe, NM. For further information, contact: Carol Ann Kiner, American Psychosomatic Society, 6728 Old McLean Village Dr., McLean, VA 22101. Phone: 703-556-9222.

The 6th INTERNATIONAL CONGRESS ON FAMILY THERAPY: DIVORCE AND REMARRIAGE; INTERDISCIPLINARY ISSUES AND APPROACHES will take place March 29-April 3, 1992, in Jerusalem. For further information, contact: Congress Secretariat, % International Ltd., P.O. Box 29313, 61292 Tel Aviv, Israel. Phone: 972-3-510-2538.