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OBSERVATION AND THEORY IN PSYCHOANALYSIS: THE SELF PSYCHOLOGY OF HEINZ KOHUT

BY LEON BALTER, M.D. AND JAMES H. SPENCER, JR., M.D.

The development of self psychology by Heinz Kohut illustrates the influence of observational method on theory formation in psychoanalysis. In 1959 Kohut began to emphasize empathy and introspection over the traditional combination of free association and evenly suspended attention. This became an important part of a process of revision in psychoanalytic theory which culminated in self psychology. This paper demonstrates how and why that particular change in observational method influenced that particular revision of theory.

INTRODUCTION

There has been little attention paid to the possibility that the radical differences among theories and schools of psychoanalytic thought may derive in part from critical differences in methods of observation. Arlow and Brenner (1988) pointed this out in a recent paper on the future of psychoanalysis. The present paper will use the development of self psychology by Heinz Kohut to show how a change in observational method can contribute to profound changes in psychoanalytic theory.

We have elsewhere (Spencer and Balter, 1990) described traditional psychoanalytic observation, as originated by Freud. It is a complex process which makes use of two quite different ways of observing human behavior: introspective-empathic and be-

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havioral.[1] It is also characterized by the use of free association and evenly suspended attention, two components of the process which become functionally integrated to form what Otto Isa-kower called the analyzing instrument (New York Psychoana-lytic Institute, 1963a, 1963b; Balter, Lothane, and Spencer, 1980). The latter entails a shared state of mind in which analyst and analysand together participate in a controlled regression which allows both to become more sensitive to derivatives of unconscious mental life (Balter, Lothane, and Spencer, 1980; Spencer and Balter, 1984, 1990). Free association and evenly suspended attention, and their use together as the analyzing instrument, are unique to psychoanalysis and are the essential elements of Freud's observational method. Kohut's method of observation, as described in a famous early paper (1959) and in later work (1971, 1977, 1984), may not be categorically different from this classical[2] method, but it embodies very different em-phases. We will delineate these differences, which have not of-ten been addressed, and then show how they have contributed to Kohut's more widely discussed revisions of theory.

KOHUT'S REVISIONS OF PSYCHOANALYTIC THEORY

According to his own statements, Kohut (1979, 1982) worked squarely within the theoretical tradition of what he called

[1] Humans may study other humans in two very different ways. One way (the behavioral) is to observe the subject objectively, as distinct and different from the observer. The subject's behaviors are seen as data to be understood in their own right, quite apart from and without reference to the previous experience of the observer. This is the manner by which human beings study the natural world. The second observational stance (the empathic-introspective) is based on the fact that the observer and subject share many essential human characteristics. The observer may then use this fact to see the subject in terms of how the observer would be, feel, think, react, if he or she were in the same situation as the subject. In the use of empathy, the observer's introspection is thus crucial to the understanding of the subject.

[2] For a discussion of the concept of "classical psychoanalysis," see Valenstein (1979).

"classical" psychoanalysis prior to his interest in narcissism. His first book, *The Analysis of the Self* (1971), summarized and elaborated his clinical and technical findings on narcissism within that tradition. He thought his findings required certain revisions in theory but that the most important of these changes, the assumption of an independent line of development for narcissism, could still be subsumed under the general schema of the structural model.

In his next book, *The Restoration of the Self* (1977), he broke sharply with classical psychoanalysis. In place of the structural model, Kohut proposed the bipolar self as a model of the mind for a new psychoanalytic theory called *self psychology*. The new theory was said to have greater explanatory power than the old for many patients and for human psychology in general; it was seen as superordinate to classical theory. In a final, posthumous publication, called *How Does Analysis Cure?*, Kohut (1984) clearly stated that self psychology and traditional psychoanalysis were disparate theoretical systems.

> [T]raditional psychoanalysis ... explains man in terms of a psychic apparatus that processes drives. ... [T]he psychoanalytic psychology of the self ... explains man in terms of a self that is sustained by a milieu of selfobjects. ... [A]lthough self psychology does not disregard psychic conflict and analyzes it when it presents itself in the transference, it does so only as a preliminary step on the way to what it considers the essential task of the therapeutic analysis: the exploration, in its dynamic and genetic dimensions, of the flaws in the structure of the self via the analysis of the selfobject transferences (p. 41).

The revision of theory had become radical enough for Wallerstein (1985) to call it "another separate theoretical perspective and 'school' within the corpus of psychoanalysis" (p. 403).

As Kohut himself frequently stated (e.g., 1977, p. 309), the development of these changes began seven years *before* his first publication on narcissism in 1966, with the paper on method entitled "Introspection, Empathy, and Psychoanalysis: An Ex-

amination of the Relationship between Mode of Observation and Theory" (1959). Kohut there set out to clarify our understanding of the process of psychoanalytic observation as it had been developed by Freud, and to emphasize its importance. We will contend that the paper actually heralded a significant break with Freud's method. This revision in method then influenced the later changes in theory which came to be self psychology.

KOHUT ON PSYCHOANALYTIC OBSERVATION

We will comment on three elements of Kohut's thinking which appeared in the 1959 paper: his definition of psychological phenomena, his treatment of free association, and his treatment of evenly suspended attention.

The Observed Phenomena: Introspection and Empathy

In 1959 Kohut defined the domain of phenomena he termed "psychological":

> The only fruitful definition is operational. We speak of physical phenomena when the essential ingredient of our observational methods includes our senses, we speak of psychological phenomena when the essential ingredient of our observation is introspection and empathy (p. 460).

> As I have stated repeatedly since 1959 . . . when science approaches reality via extrospection . . . we call it physics or biology; when it approaches it via introspection (and empathy), we call it psychology[3] (Kohut, 1984, p. 32).

This definition of psychology is restricted. There is an important school of psychological study called behaviorism which

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[3] For a comprehensive critique of this position of Kohut's, see Brenner (1968, pp. 688-691).

does not use empathy and introspection at all, but does use a particular form of extrospection—that is, behavioral observation. If Kohut's definition of psychology were strictly adhered to, it would exclude not only all the data of the behavioral school of psychology, but also important types of psychoanalytic data.

Both behavioral and empathic observation, of course, use ordinary objective sense perceptions to hear and see their subjects. But, such direct hearing and seeing for Kohut is used *in the service of empathy*, to provide data which allows observer-analysts to put themselves mentally into the position of their observed-patients and hence, through introspection, to grasp the patients' thoughts and feelings by observing their own. *It is this last step that Kohut considered to be the true observational process*, the "essential ingredient" of psychoanalytic observation. As he put it, psychoanalysis is a science that "explains what it has first understood" (Kohut, 1977, p. 303), and, for Kohut, this process of "understanding" *is* the process of observation that gathers the data for the science of psychoanalysis.[4]

For behavioral psychologists, the hearing and seeing of human behavior (including verbal behavior) does *not* serve empathy. It does not result in phenomena characterized by shared understanding. As in the observation of the natural behavior of water boiling or a star's motion or the movement of an amoeba, it gathers data descriptive of human behavior *without reference to empathic understanding*. And, it gathers data in this way even about human verbal behavior, treating it *as behavior*, rather than as the report of an experience or an introspectively observed mental state. Understanding or meaning is introduced later through the use of hypothetical constructs which do not neces-

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[4] It may be best to give the more general context of this statement by Kohut: "Among the sciences that inquire into the nature of man, psychoanalysis, I believe, is the only one that, in its essential activities, combines empathy, employed with scientific rigor in order to gather the data of human experience, with experience-near and experience-distant theorizing, employed with equal scientific rigor in order to fit the observed data into a context of broader meaning and significance. It is the only one among the sciences of man that explains what it has first understood" (1977, pp. 302-303).

sarily require investigators to put themselves empathically in the place of the subject (Spencer and Balter, 1990).

If Kohut had compared empathy-introspection with the behaviorist approach to understanding human behavior, rather than with physics and biology, he might have given more attention to the fact that psychoanalysts often gather data which they do not at first "understand" empathically. Contrary to what Kohut said, psychoanalysts do use extrospection routinely; they do make behavioral observations. For example, in psychoanalytic investigation, the objective circumstances of symptom formation are of great interest. They may be linked to the symptom by contiguity or in a stimulus-response relation which is not introspectively and empathically understood at all; but this link is nevertheless an important piece of observed data. We have pointed out (Spencer and Balter, 1990) how psychoanalysts use this type of observation when they attend to behavioral sequences in and of themselves. They use it when they treat the sequence of a patient's verbal associations as behavior in itself, and not just as the report of introspectively observed experience whose meaning resides only in its content. Although he may not have meant to do this in 1959, when he focused on empathy at the expense of behavioral observation in psychology, Kohut implicitly de-emphasized this kind of data for psychoanalysis, the kind of data which the analyst may not at first "understand."

Free Association

Kohut defined the subject's introspection and the observer's empathy as the essential basis of all psychological observation. He then went on to elaborate on this idea with regard to *psychoanalytic* observation.

> . . . Breuer and Freud . . . were *par excellence* pioneers in the *scientific* use of introspection and empathy [italics are Kohut's]. The emphasis on the specific refinements of introspection (i.e.,

free association and the analysis of resistances) [and] the ep-
och-making discovery of a hitherto unknown kind of inner
experience that emerges only with the aid of these specific
techniques of introspection (i.e., the discovery of the uncon-
scious) . . . have tended to obscure the fact that *the first step was
the introduction of the consistent use of introspection and empathy as
the observational tool of a new science* [italics added]. Free associ-
ation and resistance analysis, the principal techniques of psy-
choanalysis, have freed introspective observation from previ-
ously unrecognized distortions (rationalizations). There is,
thus, no question that the introduction of free association and
resistance analysis . . . specifically determines the value of psy-
choanalytic observation. . . . [However] free association and re-
sistance analysis are yet to be considered as auxiliary instru-
ments, employed in the service of the introspective and em-
pathic method of observation (1959, p. 464).

We will take for granted, from here on, that *introspection and
empathy are the essential constituents of psychoanalytic fact finding*,
and will attempt to demonstrate how this observational method
defines the contents and the limits of the observed field (p.
465, italics added).

Kohut wanted to return psychoanalytic method to its basic
essentials, but in doing so he introduced a radical shift in em-
phasis—from free association to empathy—away from the ele-
ment in Freud's method that he had said himself "specifically
determines the value of psychoanalytic observation."
     Freud, of course, recommended that we *listen* to patients'
communications rather than *examine* them physically or with a
set of questions, and in doing so, he of course relied on the
speaker's introspection and the listener's empathy as character-
istic of human communication about thoughts and feelings
(Freud, 1921, p. 110, n. 2). But he did not stress the "introduc-
tion of the consistent use of introspection and empathy as the
observational tool of a new science." What he did stress was free
association (e.g., Freud, 1900, pp. 101-102; 1913, pp. 124-135;

1924, pp. 195-196) as the way in which the psychoanalytic patient's verbal productions were to differ from those of other introspecting subjects.

Freud introduced free association to overcome the limitations of purely introspective self-observation. The latter is not effective in facilitating the inference of unconscious mental processes, and Freud had become convinced that the inference of such processes was essential to his science of psychoanalysis (1924, p. 196). Material produced by free association is more apparently determined by unconscious thoughts and motives, and thus provides a clearer perspective on unconscious mental life. And, just as important, the existence of the fundamental rule as a requirement accepted by the patient also allows the psychoanalyst to assume that the frequent interruptions to and deviations from free association are resistances which are themselves determined by, and therefore serve as clues to, unconscious thoughts and motives (Freud, 1916-1917, pp. 286-302). As Kohut himself said in the 1959 quotation cited above, this "hitherto unknown kind of inner experience . . . emerges only with the aid of these specific techniques of introspection."

Evenly Suspended Attention

Like free association, Freud's other unique contribution to observational method in psychology, the analyst's evenly suspended attention, suffered neglect in Kohut's later work. For Kohut (1966),

> [the analyst's] customary observational attitude ("evenly suspended attention"; . . . .) aims at excluding psychological processes attuned to the non-psychological perception of objects and to encourage empathic comprehension through the perception of experiential identities (p. 263).

As with free association, evenly suspended attention here is also auxiliary, used in the service of empathy—that is, to encourage the analyst's recognition of the patient's introspected experience

in his or her own. For Freud (1912), on the other hand, it was of crucial importance.

> The technique . . . consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention' (as I have called it) in the face of all that one hears. . . . For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him. . . . This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows. . . .
>
> It will be seen that the rule of giving equal notice to everything is the necessary counterpart to the demand made on the patient that he should communicate everything that occurs to him without criticism or selection (pp. 111-112).

Freud's "equal notice" will include aspects of the patient's verbal and other behavior which do not elicit Kohut's "empathic comprehension" by the analyst: "[T]he things one hears are for the most part things whose meaning is only recognized later on" (Freud, 1912, p. 112). Evenly suspended attention treats the patient's associations as behavior which may not initially be understood. In an important sense it aims to *exclude* empathy, or at least to delay it; and Freud was recommending that we may not, and should not, try to "understand before we explain."

Just as the importance of free association lies in its relation to the patient's unconscious mental life, so does the analyst's evenly suspended attention. In 1923 Freud referred to this relation:

> Experience soon showed that the attitude which the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of *evenly suspended attention*, to avoid so far as possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means to catch the drift of the patient's unconscious with his own unconscious (p. 239).

Limitations of Introspection and Empathy

Freud recommended free association, a unique and new addition to observational method, to overcome the limitations on the process of introspection. He was equally concerned with the limitations on vicarious introspection (empathy), and to overcome them he recommended evenly suspended attention as a new and unique method for listening.

The requirements that the patient free associate and the analyst listen with evenly suspended attention have been considered essential to classical psychoanalytic method (e.g., Fenichel, 1945, pp. 23-32), but in Kohut's work they became problematic. Considered a mere auxiliary *"refinement"* of the patient's introspection, free association was progressively de-emphasized or neglected in his writings. By 1977 it had become "replaceable":

> There is no question that the technical refinements (especially the consistent employment of free association) with which analysis implemented its basic observational stance are of the greatest importance. . . . Still, despite their value, these devices supplied by psychoanalytic theory and technique *are not irreplaceable* . . . (1977, p. 303, italics added).

In the 1984 book, even though it contains extended discussion of psychoanalytic method, free association is mentioned only in passing in three places (pp. 21, 108, 124) where the term is used loosely to refer to the production of material by a patient during an analytic session. Evenly suspended attention was not, to our knowledge, discussed again after 1966.

We would argue that free association and evenly suspended attention are the essential constitutents of a method of observation that Freud introduced to overcome the *limitations* of introspection and of vicarious introspection (empathy) in the investigation of unconscious mental life. If they are neglected or taken for granted in discussions of psychoanalytic method, one would expect to find a decreased concern with these limitations and a consequent decreased interest in what is hidden from

analyst and patient in the latter's unconscious mentation. Along with this, one would expect a concomitant increased emphasis on what the patient and analyst *can* see—namely, the patient's own conscious, introspectively available experience of his or her mental life and the analyst's "empathic comprehension" of this experience. As we will show, this was indeed what happened. Kohut's neglect of free association and evenly suspended attention paralleled an increased emphasis on just such empathic comprehension to the point where it went beyond simple "comprehension" and became what he called "acceptance."[5]

THE CHARACTERISTICS OF KOHUT'S METHOD OF OBSERVATION

If persistent use of the patient's introspection and the analyst's vicarious introspection is the essential process of observation, then the analyst's primary task will be to put himself or herself in the position, or mental state, of the patient *as the patient himself or herself introspectively perceives and describes it.* In order to do this, an analyst must place a high value on the patient's introspective

[5] Parenthetically, we would like to mention here a little-known figure from the distant past. In 1925, Theodore Schroeder published a paper in *The International Journal of Psycho-Analysis* entitled "The Psycho-Analytic Method of Observation." This paper is interesting in many ways, not least of which is its erudite discussion of the development of the term "empathy" from its German origin as *Einfühlung.* This exposition of the term "empathy" is the most elaborate and scholarly we have yet come across in the psychoanalytic literature. Of interest to the present concerns, Schroeder argued that the scientific validity of psychoanalysis can be properly evaluated only if it is clearly understood that its theoretical propositions derive from the use of empathy as a specific observational method. He contrasted empathy with the objective sort of observation characteristic of the natural sciences. Still further (though he did not use the term "evenly suspended attention"), he stated that the analyst's inhibition of "logical and critical processes" in himself is in the service of empathy. As far as we have been able to determine, no one has commented on the resemblance between Schroeder's views on psychoanalytic method in 1925 and Kohut's thirty-four years later. Indeed, in the enormous psychoanalytic literature on empathy that has developed since and because of Kohut's work (Shapiro, 1984), we are not aware of any reference to Schroeder's paper.

view, and the reader of Kohut's post-1959 writings will be impressed by the importance which he attributed to the analyst's *acceptance* of the patient's own perceptions and point of view concerning the important aspects of his or her life.

As may be seen in the following quotations, Kohut's notion changed from the traditional position of a neutral, non-judgmental, non-rejecting form of acceptance to a positive, actively confirming, and validating form of acceptance. It started as the traditional stance that fosters the patient's freedom to say anything that comes to mind, and the "freedom" of the patient's associations to be unconsciously determined. It became, over time, an attitude that valued and validated the conscious meanings of the patient's communications in themselves, and therefore diminished the need and the likelihood of finding a hidden, unconscious meaning.

In 1971, Kohut stated the following:

> In short, during those phases of the analysis of narcissistic character disturbance when an idealizing transference begins to germinate, there is only one correct analytic attitude: to *accept* the admiration (p. 264, italics added).

And, of the mirroring transference he said:

> The patient hopes that his remobilized grandiose fantasies and exhibitionistic demands will not encounter the traumatic lack of approval, echo, or reflection to which they were exposed in childhood since the analyst will communicate to the patient *his accepting empathic understanding* for the role which they played in the patient's psychological development and will acknowledge the patient's present need to express them (p. 191, italics added).[6]

These passages describe a form of acceptance that fosters the communicative courage of the narcissistically vulnerable patient. It does not differ from the classical psychoanalytic atti-

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[6] For other instances in *The Analysis of the Self* (1971) of Kohut's recommending an accepting attitude on the analyst's part, see pp. 176, 178-179, 182, 192-193, 273.

tude; in fact, it emphasizes its importance for a category of more reticent patients.

By 1977 Kohut had extended his recommendation for "acceptance" to the transference neuroses, a category of patient for whom such emphasis is usually not necessary.

> [I]n the classical transference neuroses . . . the transference nature of the analysand's object-instinctual demands will become illuminated more sharply if the normal average needs of the patient are not rejected out of hand as defensive disguises or as derivatives of infantile drive-wishes, but are first *taken at face value* and *responded to* (p. 253, italics added).

The patient's needs should not be "rejected out of hand." While it had been useful to stress this as a crucial requirement in the treatment of narcissistically disturbed patients, it had always been a truism for psychoanalytic method. The earlier passages from 1971 can be interpreted as the usual warning to analysts not to allow their own emotional responses to interfere with observation, as Freud had originally warned us not to let our own personal feelings and attitudes interfere with the respectful, neutral attention that facilitates the patient's free and unbiased communications.

In the 1977 passage just quoted, however, there is a shift of emphasis from simply accepting the patient's emotional needs as objects of neutral attention (rather than immediately and judgmentally rejecting them) to *taking them at face value and responding to them*. This is a real change, for two reasons: it implies a more active kind of acceptance than had been thought appropriate to classical analysis, and the passage seems to warn against interference by *classical analytic theory itself*, not (as in the previous passages and in Freud) from the analyst's personal responses. The shift of emphasis from neutral attention to active, responsive acceptance changes the function and purpose of the analyst's observation itself.

The shift begins with an attempt to affect *the patient's attitude* (enhancing the patient's communicative courage) and ends with

affecting *the analyst's own attitude*. Taking the patient's needs (or anything else) at face value indicates that defensive, infantile, or other unconscious ("disguised") meanings are not seen by the analyst to be of primary importance for understanding the patient; and responding to a patient's conscious needs assumes no great value put by the analyst on the subsequent analysis of their unconscious, defensive, or infantile meanings, since the recommended response may actually preclude the appearance of clues to such meanings. Thus, the importance of the concept of unconscious mental content and process is diminished here. And it is therefore implied that the use of classical psychoanalytic theory is likely to be an impediment to observation. This begins to suggest a change in theory (or at least a change in emphasis in theory). The kinds of data obtained with this shifted emphasis would be very different from those obtained when the patient's communications are not just understood empathically, but when their essential function is to serve as clues to unconscious dynamic and genetic meanings.

By the time of his writing the 1984 book, Kohut was saying that "the analyst truly grasps the *patient's perception* of his psychic reality and *accepts it as valid*," confirming "the *validity and legitimacy* of the patient's own perception of reality" (p. 173, italics added). The attitude of acceptance had now clearly become an active aspect of the observational process, whereby the analyst's empathy confirms the patient's introspective perception. This necessarily interferes with that fundamental psychoanalytic activity: the inference of unconscious mental processes. For that activity of the analyst, no matter how tactfully or sensitively it is carried on, cannot *accept* the patient's communications or point of view at face value.

Some of the above statements by Kohut were made in a mixed context; therapy, as well as data-gathering, was at issue. In part, Kohut meant his repeated emphasis on accepting the patient's perception to be a corrective to a too early and simplistic use of interpretations. In this respect his work was part of the literature on "analytic tact" and the timing of interpretations. However, the recommendation to "accept . . . as valid" the "patient's per-

ception of his psychic reality" takes the analyst beyond tact. It became a particularly important corollary of Kohut's emphasis on empathy as the principal method of psychoanalytic observation. By accepting in this non-neutral and active way, by diminishing concern with inferring the patient's unconscious mental processes, the analyst could more surely set up within him/herself a constellation of attitudes and feelings which correspond to those of the patient—and thus be enabled to explore more thoroughly within him/herself the emotional life of the patient through vicarious introspection.

Empathic understanding and accepting of conscious views and feelings of which the subject is fully or partially aware thus assumed a prominence in Kohut's thinking that was not counterbalanced by any stress on those conscious views and feelings being derivatives of unconscious mental processes whose meaning may well be quite different. And with this, there was no stress on the elements in the process of psychoanalytic observation that enhance the analyst's access to the patient's unconscious mental life. The analyst's skeptical attitude with respect to immediate empathic understanding of what is observed is fostered by using the behavioral mode of observation, and also free association and evenly suspended attention. It is precisely these latter constituents of psychoanalytic observational method that were introduced by Freud for the express purpose of obtaining clues to the unconscious thoughts, feelings, and motives that are obscured from the patient's conscious experience as introspectively perceived and reported to the analyst. These methods of observation tend to disregard or break up the conventional patterns of comprehension inherent in the initial empathic understanding of the patient. They foster the emergence of other understandings.

Kohut came to regard the inference of unconscious mental processes as having less value than the empathic observation of conscious experience.

[W]e [psychoanalysts] are steeped in a . . . morality-tinged scientific model about the need to make the unconscious con-

scious. In terms of this model, anything that opposes "making conscious" or "becoming conscious" is a resistance. In the self psychological outlook on the psychoanalytic process, this model, although retained and clearly useful in explaining certain details of the psychic process observed by the therapist (e.g., when he begins to analyze a dream), becomes subordinated to the theory of thwarted and remobilized self development responding to self development-thwarting and self development-enhancing selfobjects (1984, pp. 141-142).

For Kohut, the essence and purpose of psychoanalytic observation was not the *gathering of clues* to unconscious content and process but rather the *immediate "understanding" through empathy* of the patient's conscious experience and the exploration and uncovering of its nuances of feeling, thought, motivation, and perception. This was Kohut's major and often repeated point about observation, and he made his position quite clear in the final book. He described what he called the "understanding phase," which is essentially the observing phase as opposed to the later "explaining" or interpreting phase of the psychoanalytic process:

> In the understanding phase, the analyst verbalizes to the patient that he has grasped what the patient feels; he describes the patient's inner state to the patient, thus demonstrating to him that he has been "understood," that is, that another person has been able to experience, at least in approximation, what he himself experienced . . . (1984, pp. 176-177).

This statement is remarkably similar to one made by Edward Bibring (1954) long before the advent of self psychology:

> The technique of clarification . . . consists mainly in restating in more precise form the feelings which accompany the main train of thought by [to quote Carl Rogers] "verbalizing them in somewhat clearer form than [the patient] has put them" . . . "by recognizing and stating their meanings clearly and sharply" (p. 754).

There is little, if any, difference between this and what Kohut

meant in the passage quoted immediately before. *Self psychology's method of gathering data through empathic "understanding" and acceptance corresponds to the process of clarification as described by Bibring.* Bibring went on to say:

> This restating or reflecting has to be entirely based on the "statements" made by the client-patient, *that means it must not transcend the phenomenological or descriptive level.* . . . [It] aims at those vague and obscure factors (frequently below the level of verbalization) which are relevant from the viewpoint of treatment; it refers to those techniques and therapeutic processes which assist the patient to reach a higher degree of self-awareness, clarity and differentiation of self-observation which makes adequate verbalization possible (pp. 754-755, italics added).

And he also stated:

> Clarification, in the sense as used here, does . . . not refer to unconscious (repressed or otherwise warded off) material but to conscious and/or preconscious processes, of which the patient is not sufficiently aware, which escape his attention but which he recognizes more or less readily when they are clearly presented to him (p. 755).

Clinical material obtained by this process will elucidate (clarify) the patient's *conscious and preconscious thoughts and feelings* which the analyst has already accepted. The process of empathic observation throughout the analysis is a process of acceptance and clarification of the patient's conscious and preconscious thoughts and feelings. This is essentially Kohut's method of observation.

Throughout his work after 1959, Kohut modified his views on psychoanalytic theory and therapy, but all the while he preserved his basic position on the essential observational method of psychoanalysis.

> Although my views concerning many areas of psychoanalytic theory and practice have changed since I first formulated my

thoughts on the basic significance of our empathic-introspective observational stance, my opinion concerning this fundamental question has not (1977, p. 309).

In summary, we can say the following about this method. It emphasizes: (1) the patient's introspection; (2) the analyst's acceptance of the patient's report of consciously perceived thoughts, feelings, and motivations; (3) the need for the analyst to attempt persistently to put him/herself in the patient's position (as the patient reports it) and then, through vicarious introspection (empathy), comprehend these thoughts, feelings, and motivations. Its essence is said to be the "understanding" through empathy of some or all aspects of the patient's conscious experience, "understanding" that will later be explained by clinical theory. Unlike classical psychoanalysis, its essence and its purpose are *not* said to be the gathering of clues to unconscious content and process—clues whose meanings are ultimately understood by inference and interpretation rather than directly through empathy. It does not emphasize: (1) the patient's adherence to the fundamental rule as a crucial means of modifying the introspective process; (2) the analyst's use of evenly suspended attention as a means of modifying his or her listening—even empathic listening (Spencer and Balter, 1984); or (3) the analyst's attention to the patient's verbal productions as *behavior* rather than report—behavior which may provide clues to the existence of unconscious (i.e., not directly perceivable) processes of which the patient is unaware.

At one point in Kohut's 1959 paper, "the discovery of the unconscious" is mentioned briefly as "epoch-making," free association and resistance analysis are called "the principal techniques of psychoanalysis," and Freud's discovery is attributed specifically to these techniques (p. 464). In Kohut's many later discussions of method there is almost no reference at all to unconscious mental life or to ways in which observation in the psychoanalytic situation can be used to gain access to the patient's unconscious thoughts and feelings. It is, of course, im-

possible to observe directly something which is unconscious, but classical analysis, by continued reference to unconscious mental processes in both clinical and theoretical discussion, keeps this problem before us. And by treating free association and evenly suspended attention as the fundamental and unique tools of psychoanalytic observation it addresses the problem from the standpoint of method (Freud, 1924, pp. 195-196; Brenner, 1955, pp. 8-9; Spencer and Balter, 1990).

The difference between Kohut's and Freud's observational approaches paralleled and contributed to an important difference in the degree to which each valued the inference of unconscious mental processes as a goal.

THEORETICAL CONSEQUENCES OF KOHUT'S MODE OF OBSERVATION

We have suggested that Kohut's emphasis on empathy and his relative neglect of free association and evenly suspended attention represented a change in observational method that led to an emphasis on the elucidation of (pre)conscious mental life through clarification and a diminished concern with the inference of unconscious mental functioning. One would expect that this revised method would yield a somewhat different set of data and consequently that theory might begin to change. This did, in fact, occur, and the signs of this process of theory revision were already present in Kohut's first book.

The Analysis of the Self (1971)

Kohut here described a special "sector" of the ego which he thought was of particular importance in narcissistic personality disturbances. This sector is the repository of narcissistic mental contents which have not been repressed—which are *conscious* and *preconscious* (and even *"conspicuous"* and *"openly displayed"* [1971, p. 240]). This special "sector" was sequestered within the

ego by what he referred to, phenomenologically, as a "vertical" split or barrier (p. 79, n., pp. 183-186, 240-242) which he distinguished from the more traditionally recognized "horizontal" split effected by repression.[7] The vertical split entailed

> the side-by-side existence of cohesive personality attitudes with different goal structures, different pleasure aims, different moral and aesthetic values. It is the aim of the analytic work in such cases to bring the central sector of the personality to an acknowledgment of the psychic reality of the simultaneous existence (1) of unaltered *conscious* and *preconscious* narcissistic and/or perverse aims, and (2) of the realistic goal structures and the moral and aesthetic standards which reside in the central sector (pp. 183-184, italics added).

This "split-off sector" (p. 183) has important conscious and preconscious contents which must be integrated with the rest of the ego ("the reality ego"). The investigative and therapeutic process through which this integration occurs focuses on the "vertical barrier."

> What is the nature of the analytic work which is performed at such "vertical" barriers? . . . *The substance of the psychological*

[7] Kohut remarked that the narcissistic (idealizing or grandiose) content of this psychic formation "maintains itself within the realm of the ego itself, akin to the conditions described by Freud (1927) for the fetishist (i.e., separated from the reality ego by a vertical split in the ego)" (Kohut, 1971, p. 79, n.). The defensive process by which Kohut's "vertical split" is maintained seemed to be, or to be related to, disavowal and isolation. "The acceptance by the analyst of the phase-appropriateness of the analysand's narcissistic demands counteracts the chronic tendency of the reality ego to wall itself off from the unrealistic narcissistic structures by such mechanisms as repression, isolation, or disavowal" (p. 176). But the identity with isolation is later denied: "[The therapeutic task of integrating the vertically split-off contents] is akin to the abolishing of the defense mechanism of 'isolation' as it occurs in the analysis of the obsessional patient. But, while the circumstances here bear a certain resemblance to those in obsessional neurosis, they are by no means identical" (p. 183). And even later, Kohut was still not sure of the kinship of this structure to disavowed mental contents: "Why is it that the psyche's right hand (the centrally located reality ego . . .) does not know what its left hand (the grandiose, split-off sector) is doing? Is the barrier, as I am inclined to believe, akin to the mechanism of disavowal which Freud (1927) described for the analogous conditions in the fetishist?" (p. 242).

task is clearly not the classical one of "making conscious" with the aid of interpretations (p. 183, italics added).

The innumerable ways by which the increasing integration of the split-off sector is brought about defy description. But as a concrete and frequently occurring example I mention the overcoming of the often severe resistances—mainly motivated by shame—which oppose the patient's "mere" description of his *overt* narcissistic behavior, of his *conscious* perverse fantasies or activities, and the like. . . . The informed analyst will understand how difficult it is for the patient to accept the split-off sector as truly contiguous with the central one, and he will realize the extent of the endopsychic changes which have been achieved when the patient has become able to drop the *former veil of ambiguity and indirectness* and to describe his perverse fantasies or *conscious* grandiose claims and behavior *without distortion* (p. 184, italics added).

The correspondence between "the nature of the analytic work" as described here and the nature of clarification as described by Bibring is obvious. Bibring stated that clarification addresses those (pre)conscious mental contents which are kept "vague," "obscure," "below the level of verbalization," just as Kohut speaks of addressing "*overt* behavior," "*conscious* fantasies," and "*conscious* grandiose claims" as contents of the vertically split-off sector which are characterized by "ambiguity," "indirectness," and "distortion." And, as Kohut does in the above passage, Bibring also distinguished this process from interpretation. In Kohut's narcissistic patients there was "resistance" due to intense shame, but, as he pointed out, these resistances were due to conflicts between different sets of *conscious* and *preconscious* goals, aims, and values. Likewise, Bibring (1954) noted that

clarification as a rule does not encounter resistance, at least not in the proper sense as originating from unconscious defenses against the material being made conscious, *as it appears in reaction to interpretation*. If resistance does occur, it is of a conscious nature . . . (p. 756, italics added).

Kohut's new finding was a phenomenon characterized by its (pre)conscious quality; it did not refer to dynamically unconscious, repressed mental contents. Kohut's method of observation was no doubt of crucial importance to his discovery of the split-off sector in his narcissistic patients. Its emphasis on empathy-introspection tends to highlight and expand awareness of the complexity of conscious and preconscious mental life. And his commitment to his method of observation probably also led him to attribute special importance to the phenomena entailed in "the vertical split," phenomena which not only helped him to understand the patients, but also seemed to *confirm the value of the observational method* that put such great stress on the analyst's empathic acceptance of the patient's conscious and preconscious experience. When such previously obscure mental contents as those found in Kohut's split-off sector are newly discovered and clarified in a series of patients, in this case by a more effective use of empathy, they are likely to be particularly interesting and even exciting to the analyst who has discovered them and to others to whom he reports them. Under these circumstances, there is a tendency to see them as fundamental, as explanatory, and not as material for further analysis. The material in Kohut's split-off sector had these characteristics. Finally, we would also note that Kohut's 1959 definition of "psychological phenomena" also supports the tendency to consider the findings to be fundamental and explanatory.

Kohut's 1971 description of the ego's split-off sector demonstrates the power and value of his method's concentration on empathy and clarification. It also suggests a danger: the finding of new and unusual (pre)conscious mental content, along with an emphasis on the way by which it is "understood" in the very process of being observed, diverts the analyst's theoretical attention from unconscious mental functioning and diverts the analyst's clinical attention from considering the patient's verbal productions as clues to unconscious process and content rather than as description of fundamental psychic phenomena.

The Restoration of the Self (1977)

In the 1971 book, one sees the first *theoretical* consequence of the methodological revision initiated in 1959. One also sees Kohut's concern about the cohesion ("integration") of what was later to become *the self.* He there stressed the therapeutic aim of achieving a harmonious, integrated coexistence of the phenomena in "the split-off sector" with those of "the central sector." This latter concern led to the theoretical development seen in his next book (Kohut, 1977), a focus on the "self" as a whole.

In 1971 Kohut tried to explain the vertical split, using ego psychology and the "classical" model. But the structural theory and the traditional ideas about defense that he applied to the phenomenon—isolation, or disavowal—were, by his own statements, inadequate to the explanatory task (see footnote 7). With the formulation of the bipolar self as an alternative model of the mind in 1977, the narcissistic phenomena marked off by the vertical split became for Kohut the very basis of mental life itself and hence required no further explanation.

> Formerly, although the psychology of the self in the broad sense of the term was implicit in all my writings on the subject of narcissism, I defined the self exclusively in what I now call the psychology of the self in the narrow sense of the term, i.e., a psychology in which the self is a content of the mental apparatus [e.g., the vertical split in the ego]. The additional conceptualizations of the psychology of the self in the broad sense of the term, i.e., a psychology in whose theoretical framework the self occupies a central position, is spelled out consistently for the first time in the present work (p. 207, n.).

The transition from the vertical split to the self was an aspect of a transition from one model of the mind to another. The bipolar self seemed to be a more powerful model which could include classical ego psychology.

The finding of the vertically split-off sector led in the development of *theory* toward a concept of the self. At the same time,

the persistent emphasis on empathy in Kohut's *clinical* work would also lead to an emphasis on the self. He repeatedly insisted that the patient's conscious experience, as the patient perceives it and communicates it to the analyst, *must be accepted and confirmed as such.* It is evident that the most consistent, recurrent experience of any patient in the "perception of his psychic reality" (1984, p. 173) will be the experience of *him/herself as an experiencing person*—in other words, *the experience of the self.* Kohut put it thus:

> Under normal circumstances we do not encounter drives via introspection and empathy. We always experience the not-further-reducible psychological unit of a loving self, a lusting self, an assertive self, a hostile-destructive self. When drives achieve experiential primacy, we are dealing with disintegration products. . . .
> All the foregoing conclusions were stated (or, at least, clearly implied) in my 1959 essay (1982, p. 401).

On this score, Freud (1930) also said:

> Normally, there is nothing of which we are more certain than the feeling of our self, of our own ego (p. 65).

Kohut took the most consistent and recurrent finding of the analyst's vicarious introspection, the patient's self, to be an observed psychological phenomenon of fundamental importance, "not-further-reducible" within the frame of reference operationally defined in the 1959 paper: "we speak of psychological phenomena when the essential ingredient of our observation is introspection and empathy." According to this point of view, unconscious determinants of the self experience (such as wishes and defense mechanisms) would not be considered "psychological," since by definition they cannot be apprehended by introspection (or empathy), while "the self" would be preeminently a "psychological phenomenon."

The self was considered to be a complex entity which is subject to analysis—as witness Kohut's frequent reference to what

he called "complex mental states" and, of course, to the "analysis of the self." However, its complexity is *phenomenological* complexity, a matter of detail and nuance in the patient's present and the varied conscious experience of the self in the patient's past; it is not the result of the complex interaction of more basic intrapsychic determinants and processes. And "analysis," in self psychology, means the description of the self's various aspects as they come to be consciously experienced in the transference, and a review of its past history as it is recalled in analytic sessions. In other words, *for self psychology* what is meant by analysis of the self is *clarification* of self experience.

We do not question the clinical value of the process of clarification of the patient's self experience or the theoretical importance of the self as a concept in understanding behavior and motivation. But (and Kohut would no doubt agree), the process is not the same as the "making conscious" of unconscious determinants. And *the distinction between clarification and interpretation sharply delineates from a technical point of view a crucial difference between self psychology and classical psychoanalysis.* The latter does not see the self as a fundamental, irreducible psychological unit. In large part because Kohut's method of observation consistently emphasized empathy and clarification, the theoretical concept of the self which became central to his thinking differed radically from the corresponding notion in classical psychoanalysis. It was seen as a "not-further-reducible psychological unit," and the concepts of intrapsychic conflict and unconscious mental processes therefore became of limited value or completely unnecessary to theory.

CHARACTERISTICS OF KOHUT'S THEORY: THE ROLE OF INTRAPSYCHIC CONFLICT AND UNCONSCIOUS MENTAL PROCESSES

Classical psychoanalysis does not take a *symptom*—as perceived, experienced, and reported by the subject—to be a fundamental,

"not-further-reducible psychological unit" or phenomenon; no more does it take *the self*. Within a classical frame of reference, Grossman (1982) has written of the self as an entity of considerable importance, stating that it "seems to be a concrete entity, and is treated like an experiential 'fact' " (p. 925). But, he also wrote that the "self-state description is, according to our theory, constructed in the same way any mental product is constructed, . . . [rendering] feelings, impulses, and ideas in the form of a fantasy construction" (p. 925). Classical analysis attempts to elucidate these fundamental unconscious determinants of the self. Its structural theory conceptualizes them according to the functions of the id, ego, and superego and in the context of conflict. Thus, self psychology takes the self to be an irreducible entity which is best apprehended, and considered theoretically, as a *whole* (whose *parts*—such as narcissistic strivings, moral standards, etc.—are best seen as components of that whole). Classical psychoanalysis takes the self, or self experience, as a construction determined by more basic psychological elements which are conceptualized as separate, relatively independent, entities.

In taking the patient's conscious self experience as an irreducible fundamental whole, rather than a "constructed" mental product, Kohut's theory followed his observational method. A method which depends entirely on introspection and empathy to elucidate psychological phenomena *and also* to define conceptually such phenomena will always yield data which require a *general theory* of the sort provided by self psychology, a theory in which "the self" is taken to be an irreducible psychological entity.[8] Such data will not require or even suggest a theory in which the patient's introspected experience of him/herself is a product of more basic, disparate unconscious constituents or determinants (such as drives, defenses, unconscious wishes, and

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[8] It should be clear that we do not mean to underestimate Kohut's interest in narcissism as a possible determinant of his consequent focus on the psychopathology of the self, but the observational method discussed by Kohut in 1959 *preceded* this interest in narcissism (Kohut, 1966) and, we here suggest, fostered it.

conflict). These latter will be beyond the observational reach of
introspection and empathy and beyond the conceptual reach of
an essentially phenomenological theory. Kohut says as much in
the 1982 passage quoted above (see p. 384).

The classical method of observation, on the other hand, does
provide data which suggest the second type of theory. It em-
phasizes the subject's free association and the analyst's evenly
suspended attention rather than introspection and empathy, in
order to allow and *encourage* the gathering of data which are not
immediately available as part of the patient's own coherent in-
trospected experience: data which are unnoticed, disregarded,
or actively disavowed by the subject as unimportant and irrele-
vant to perceived experience; data which often, at first, appear
to be extraneous to the patient's conscious concerns, to the pa-
tient's conscious understanding of his or her experience, and
thus to *the analyst's empathic understanding of the patient's experience.*
Classical method does not stress acceptance of "the validity and
legitimacy of the patient's own perception of reality" (Kohut
1984, p. 173). (Nor, of course, does it overtly and critically *reject*
the patient's perception, as Kohut sometimes implied.) It
stresses skepticism, a continuous asking for more "free" associ-
ations, and the analyst's continuous use of evenly suspended
attention. Each time the analyst asks for more associations, she
or he is implicitly *not* accepting—or at least not quite accepting
or not *yet* accepting—what the patient has said so far. The clas-
sical method *seeks* material, and *perceives* material, in a way that
supplements, adds to, and often leads both patient and analyst
away from the patient's integrated, conscious experience. Such
seemingly extraneous data then make possible the further anal-
ysis of what appears initially to both patient and analyst to be
fundamental (not further analyzable) constituents of human ex-
perience—such entities as symptoms, character traits, and *the
self.* The classical method yields data which are seen as *clues* to
more fundamental processes rather than as various parts of a
whole—clues to unconscious mental functioning, clues to the
determinants of the (pre)conscious material under analysis,

clues to the presence, nature, and meaning of intrapsychic con-
flict as understood by the structural theory.

A method of observation which is based on acceptance of the
patient's conscious experience will have little need for the con-
cept of unconscious determination or for the structural theory.
Correspondingly, in Kohut's writings there was a progressive
de-emphasis of unconscious processes in his theoretical formu-
lations. In 1959 Kohut spoke of "the unconscious" as though it
were important to psychoanalytic theory (p. 464). And, in *The
Analysis of the Self* (1971), he continued to adhere to the prevail-
ing structural model of the mind and to view repressed mental
contents as important.

In *The Restoration of the Self* (1977), the bipolar self as an in-
tegrated experienced whole became the object of interest,[9] and
its crucial properties were, for Kohut, *phenomenological.* He gave
little attention to unconscious determinants and unconscious
conflict, the central concepts of classical psychoanalysis. And,
not accidentally, the roles of free association and evenly sus-
pended attention, whose main purpose is the gathering of data
which help us to infer unconscious mental processes, were not
given any attention in his references to method in the book, or
in related papers that preceded or followed it.

How Does Analysis Cure? (1984) can be taken as a final state-
ment of Kohut's views. Like its predecessors, it was very much

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[9] *Pari passu,* classical psychoanalysis and its tendency to concern itself with *analysis*
(the explanation of observed mental life on the basis of less global, more basic mental
processes) were held to be of lesser value. As Kohut stated later: "The explanatory
power of the old model is best—fully satisfactory, I would say—when it is applied to
isolated processes and isolated, circumscribed sectors of psychic life. It is worse—
indeed, quite often unsatisfactory—when it is applied to the complexities of man
and his personality and, in particular, to man's personality viewed along the time
axis of his unrolling life. . . . The [traditional] model is unsatisfactory, however, in
explaining personality in general and the psychopathology of personality distur-
bances in particular—especially disturbances in which the essential psychopathology
results from the thwarted development of the self" (Kohut, 1984, p. 113). ●f course,
Kohut's basic assumption here—that an *analytic* investigative strategy precludes a
subsequent *synthetic* interest in the general personality and the power to explain
it—is by no means established.

concerned with both theory and method. There, Kohut clearly associated unconscious determination and intrapsychic conflict with classical theory. The references to these concepts (pp. 45, 54-56, 103, 111-113, 141, 145, 197) all link them to classical theory and mostly to the traditional goal of "making the unconscious conscious." There are no references to unconscious determinants or intrapsychic conflicts as parts of self psychology theory. Kohut had implicitly discarded the concept of unconscious determinants in favor of a stress on (pre)conscious determinants. Just as clearly, and in this case explicitly, he rejected conflict theory as an overall concept with which to understand mental functioning; the concepts of drive, defense, and conflict are specifically repudiated (1984, pp. 113-115). Along with the absence of discussion of these theoretical concepts in Kohut's final formulation of his theory, we find a parallel absence of free association and evenly suspended attention in discussions of method. *In Kohut's last work, notions about unconscious mental life were not simply neglected; rather, they were rendered unnecessary by his revised method of observing human behavior.*

One might contend that Kohut's theoretical revisions, at least insofar as they imply a rejection of unconscious mental functioning, were more apparent than real—that his attention to his new ideas about the self led him to seem more radically innovative than he actually was. However, a careful reading of the general trend of Kohut's thought indicates an inner logic connecting method and theory that is coherent and consistent. He made his own theory quite clear in his later writings, and explicitly contrasted it with classical theory. However, he did not elucidate the clear differences between his observational method and classical method. We have tried to highlight and explicate these differences and, in doing so, to show how they contributed to the more widely discussed changes in theory.

DISCUSSION

There are several different psychoanalytic theories extant today. Pine (1989) and Wallerstein (1988) have described and dis-

cussed this at some length. Arlow and Brenner (1988) have suggested that differences in psychoanalytic schools may derive from differences in observational method. We have tried to show here that the difference between self psychology and classical psychoanalysis may stem in part from different methods of gathering data in the psychoanalytic situation, and not just from different theories about the data that are gathered. We have not aimed principally to compare the relative merits of these two schools; we wish mainly to argue for clear distinctions that may lead to further thought about the relation between theory and observation. Kohut explicitly contrasted his later theory with that of Freud, but he did not do the same for *method*. On the contrary, in the 1959 paper he said that he meant to return to what he saw as the essentials of Freud's method of observation, and he never subsequently said that his own method differed from Freud's.[10]

We have tried to show that Kohut's published work, starting in 1959, actually embodied a change in Freud's method. That change went largely unnoted by the psychoanalytic community.[11] In any scientific discipline well-established observational methods, like well-established theories, tend to be taken for granted. Freud's use of free association in conjunction with evenly suspended attention was originally a revolutionary addition to the data-gathering methods of psychology; but as several generations have passed, this unique innovation may have become taken for granted. An indication of this is that recent discussion of method in the literature does not often refer explicitly to free association or evenly suspended attention at all— they have not been emphasized, nor have they been discarded or rejected. The stage was thereby set for a conceptualization of

[10] Because of the peculiarities of psychoanalytic therapeutic *technique*, it is often operationally identical with psychoanalytic observational *method*. And Kohut's publications also generated much discussion of his technical innovations. But there has been very little discussion of his methodological innovations. This, despite his own emphasis on *method* as the basis of his innovations.

[11] More by way of exception than of example, see Stein (1981, pp. 888-889).

the process of observation by Heinz Kohut after 1959 which did not give them much attention, and for this view to be accepted uncritically by the psychoanalytic community.

Some might say that we have exaggerated the methodological differences between Kohut and Freud, stressing differences that are more apparent than real. We have certainly not exaggerated Kohut's emphasis on empathy and introspection, but it might be said that we have exaggerated an apparent neglect of free association and evenly suspended attention which is really just a by-product of his concentrated attention upon his own new ideas. Kohut's early work was not much concerned with free association or evenly suspended attention. He thought that Freud's revolutionary addition to the process of data gathering was the persistent use of introspection and empathy in the service of scientific psychology, and he wanted to make their importance clear and explicit. In doing so, he may not have meant to reject or devalue the importance of free association and evenly suspended attention, but, as we have shown, this *is* the net effect of his published work.

We would agree with Kohut's view of 1959 that Freud meant to set up a new method of observation sharply distinguished from the usual natural science or medical science vantage point and, in doing so, to give human introspection and empathy the consistency and objectivity that would make them into a scientific enterprise. And we would agree that the difference between observations made in this way and those made by the natural sciences about human beings (by biology and medical science) is quite fundamental. But we also think that Freud rejected introspection and empathy as they are usually conceptualized.

We would assume with Kohut that Freud used the empathic vantage point objectively and consistently to gather data for science. However, Freud soon found that his own initial observations required him to hypothesize something *hidden or not seen by either patient or analyst—and hence required the "hypothesizing" approach of the natural sciences.* Because of this, he introduced an important element into the process of data gathering: namely,

the behavioral observational element implicit in the use of free association and evenly suspended attention. This aspect of his observational method was entirely new, and it sharply distinguished Freud's method from the use of introspection and empathy as they occur in ordinary communication (see Spencer and Balter, 1984) and *as they are described by Kohut* in his later work.

In any case, whether inadvertently or deliberately, Kohut did repeatedly talk about the patient's introspection and the analyst's empathy *without* parallel discussions of the importance of free association, evenly suspended attention, and the behavioral vantage point. This had the effect of directing the theorist's and the clinician's attention to the patient's structured (pre)conscious fantasies, thoughts, and feelings. Such attention led to some new observations (the vertical split) and to a particular focus on certain kinds of observations (the experiences of the self). These were in themselves interesting, complex, hard to clarify, and in some degree explanatory. In accordance with Kohut's operational definition of psychological phenomena (1959), these (pre)conscious phenomena of the self were taken to be fundamental—that is, irreducible constituents of mental life.

Accordingly, there are substantial reasons to assert that Kohut did advocate, and effect, a real change in psychoanalytic method, and that this change was integral to the changes in theory which led to self psychology.

The relation between method and theory is never unidirectional, and a reverberative enhancement of each by the other accompanied the development of Kohut's self psychology. The heuristic value of any theory often lends the method associated with it an added legitimacy. In the present instance, self psychology theory provided a simple and descriptively powerful typology of narcissistic transferences, and this heuristic advantage acted as a powerful confirmation of the value of the empathic-introspective observational method.

Self psychology theory also enhanced the observational

method by directing attention to what appeared to be new data—and these newly observed data, then, seemed to demonstrate the heuristic power of the theory. Kohut (1984) stated as much:

> [T]he self psychologically informed psychoanalyst's . . . broadened theoretical grasp, while not altering his basic capacity for empathy, has expanded the potential range of application of this instrument of observation (p. 84).

> [S]elf psychology . . . can claim that it has supplied analysis with new theories which broaden and deepen the field of empathic perception (p. 175).

> [It is] a new theory that permitted the observer . . . to perceive formerly unrecognized configurations or, at the very least, to increase his awareness of the significance of configurations he had but dimly perceived (p. 176).[12]

According to this, self psychology theory makes it possible for analysts to see, acknowledge, or even look for a wider range of mental states (phenomena) in the patients, which they (the analysts) can understand through empathy. They will be on the lookout for psychological configurations (data) suggesting different present or historical versions of the self, selfobjects, and self experience. And, when found, such new data will seem to confirm the value of both theory and method.

However, insofar as it attempts to link present-day (pre)conscious mental life to explanatory events and experiences in developmental history, *self psychology theory is a guide to clarification.* And we would caution that the advancement of clinical understanding which occurs with Kohut's observational method is of a different sort than that which characterizes classical psychoanalysis. Kohut's self psychology elucidates (pre)conscious material

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[12] For a more general statement of how the theories of self psychology influence the evaluation of observations made in the psychoanalytic situation, see Kohut (1984, p. 41).

through clarification; classical psychoanalysis characteristically elucidates unconscious material through interpretation. In the latter, increased knowledge often entails the more radical change in understanding which occurs with the introduction and availability to consciousness of previously dynamically unconscious material.

CONCLUSION

Our argument has used the work of Heinz Kohut to show the fundamental importance of observational method in the development of psychoanalytic theory and how changes in method may lead to changes in theory. Kohut's work explicitly tied theory to method in the original paper of 1959 and consistently thereafter. Its development reveals an inner logic connecting a revised observational mode with subsequently revised theories. And, because it carried the empirical consequences of a revision of method to their ultimate theoretical conclusions, Kohut's work provides a rare opportunity for psychoanalysts to review the essential role of observational method in the development of theory.

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THE ANALYST'S POSTGRADUATE DEVELOPMENT—REREADING FREUD AND WORKING THEORY THROUGH

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The authors believe that important aspects of a psychoanalyst's development can only be accomplished after the completion of training, that potential resistances to learning are not uncommon, and that the first five to ten postgraduate years are critical. A crucial acquisition of this developmental educational phase is a "theoretical identity," a personal theoretical synthesis which requires working through incompletely resolved transferences to Freud, to personal mentors and institutes, and to theory itself. The authors use the example of their own working through experiences while participating in a postgraduate Freud study group and show how a concurrent deepening of their theoretical identities contributed to their maturation as analysts and analytic teachers.

In this paper we address an aspect of the process of becoming a psychoanalytic educator, and its relevance to the larger question of consolidating a psychoanalytic identity. Our focus is the experiential working through of transferences to idealized authority that arise inevitably in the course of psychoanalytic training, then often remain in varying degrees as possible resistances to learning in the course of postgraduate development. Attitudes such as uncritical reverence or dismissive contempt for particular theorists, theory teachers, or their theories—persistent idealizations and devaluations—are commonly based on distortions, on transferences or defenses against transferences that remain incompletely worked through. Clearly, identifications and idealizations are universal and necessary mechanisms in all processes of education. There exist, however, powerful individ-

ual and institutional resistances to fully working through the wishful, rageful, and fearful distortions that may be embedded in our early analytic identifications—especially those that involve the ideas of our necessary heroes (and villains) and the relationship of their ideas to our own.

We conceive, therefore, of a postgraduate working through process that necessarily accompanies the development of theoretical synthesis and autonomy. We will use as an example some of our own experiences while participating in a postgraduate Freud study group and will try to show how these experiences contributed to our maturation as analysts and analytic teachers. We will neither claim to have discovered something new about Freud and his work, nor assert that the study of Freud is the only path to this developmental goal. Rather, we use our experience of revisiting Freud to suggest that an essential aspect of a mature, independent psychoanalytic identity can only be fully acquired and consolidated some time after the completion of formal analytic training. We call this acquisition the analyst's autonomous "theoretical identity," by which we mean a unique, silent, and cohesive set of theoretical assumptions that organize, represent, and give meaning to clinical work.

This personal implicit theoretical point of view is inseparable from one's actual analytic and other life experience, and therefore cannot be acquired solely by intellectual means or by early training experiences. Of the many factors involved, one that may have been insufficiently acknowledged is the frequent presence of incompletely resolved unconscious fantasy relationships—transferences to Freud, to theory, and to theory teachers and mentors—which must be recognized and worked through experientially before attaining independent theoretical mastery and conviction. We believe that especially in the first five or ten years after graduation there remains a significant need for this kind of experience.

That a psychoanalyst's intellectual and emotional growth is not complete at the end of training and of the training analysis is, of course, self-evident. Our focus will accordingly be on what

we regard as a normal developmental progression, in which clinical maturation, further integration into the psychoanalytic community, and ongoing self-analysis are involved, not only the further study and theoretical synthesis that we emphasize here. We suspect, however, that this developmental process has not always been recognized as such, with the result that potential growth experiences are not always sought or provided and potential problems are unnecessarily exacerbated or prolonged.

Our Freud study group, most notably in the very early stages, drew our attention to the affect-laden elements that we believe are often a crucial factor in the personal experience that *necessarily* accompanies such psychoanalytic individuation and learning, especially early in an analyst's career. Identifications and alliances that facilitated training can now be challenged; regressively re-aroused conflicts can be revisited and mastered more completely. The study group met monthly and had as its sole agenda a close, chronological reading and discussion of the entire *Standard Edition* of Freud's works. Through this experience, we were drawn into a remarkably personalized process involving clarification and integration of similarities and differences among our ideas and those of Freud, of our mentors, and of the prevailing theoretical perspectives of our institute. In addition, all of these were eventually placed in greater generational-historical perspective, beyond our immediate relationships to them.

Our perspective is similar to that of Coen (1988), Mahony (1982), and others who emphasize the complex relationships among author, text, and reader in the experience of reading Freud. Coen (p. 483) notes that in much recent Freud scholarship, "content is subordinated to process, style, and what transpires between author and reader." Freud's many conscious and unconscious motives and our own analogous and reciprocal motives and feelings toward Freud powerfully influence—for better or worse—the learning process. Taking such factors into account may complicate, but also enrich the learning process by lessening the tendency toward naïve idealization or contemptu-

ous denigration of the so-called objective text. Authors such as
Coen and Mahony describe a dialogue, a process that is both
interactional and intrapsychic, in analogy to the play of trans-
ference and countertransference in the analytic process. We be-
lieve that an intrapsychic relational experience of this kind is
always an important aspect of psychoanalytic learning. This di-
alogic process cannot always be easily separated from the more
objective content being learned, and may even be a necessary
constituent of such learning. (An appraisal of the relations
among theoretical knowledge, character, personal values, object
relations, and self-experience in the psychoanalyst's life and
work is beyond the scope of our presentation. For a recent,
especially notable and scholarly effort, see Holland [1990].)

In what follows, we will first describe some of our experiences
in relation to Freud, then to theory, and finally to mentors and
teachers. We will follow this with our discussion and conclu-
sions.

THE RELATIONSHIP TO FREUD

In his recent biography of Freud, Peter Gay (1988) offers a
broad classification of Freud's motives. He points out that ev-
erything Freud did may be approached from three separable,
but interrelated perspectives: first, the advance of psychoana-
lytic knowledge, of the "science"; second, progress in Freud's
insight into himself, his self-analysis; third, the "strategic" fac-
tors—such as motives to advance his ambition or his cause, re-
sponses to rivals or friends, or pressures from personal, theo-
retical, or historical circumstances.

We found that, as rereaders, we were also interested in all of
these aspects: Freud the man, Freud's theory and its develop-
ment, and the placing of the theory in its historical context.
While the scientific value of a theory rests ultimately, of course,
on other criteria, our understanding and appreciation of a the-
ory may be enriched by our understanding of the person who

conceived it and the context in which it was applied. Freud's theory evolved in relation to multiple motives, needs, and circumstances. Our understandings of Freud's theory evolve similarly—influenced by our unique motives, needs, and stages of development.

While we cannot examine group process in detail, we believe that this process was crucial. Perhaps we can demonstrate this most easily by describing a sense of our initial experience in the group. In ways not dissimilar to the regressions noted when returning to see a former analyst or going for consultation with a new one, there was a subtle but definite giddy, anxious excitement in the early months. Re-immersing ourselves in Freud, in the "Freudian corpus," seemed to quickly re-evoke many feelings, such as adulation, intimidation, and irreverence. Later we understood that new wishes were mixed at the start with older, more anxious ones to master Freud. Many jokes and humorous asides indicated transference processes on many levels, processes that reflected re-aroused excitement and dread, an adventurous encounter with authority and authoritative knowledge. Our excited, ambivalent early seeking of some form of personalized relationship with Freud frequently was evident in such latent, but often transparent attitudes.

Later still we would realize that in taking Freud's measure anew, we were also necessarily measuring other sources of authority in our analytic histories—our own analysts, teachers, and institutes—partly by displacement, and also because all of these authorities have their own strong convictions and feelings about Freud and Freud's theory. We were akin to a band of brothers, drawing a circle within which we could more securely and less reverently challenge prior ideological wisdoms, fantasied and real. Clearly, conflicts, vulnerabilities, and aspirations related to training and the intense transferences and identifications of that period had been re-aroused. We came to view this as a healthy regression in the service of our analytic egos. It provided an opportunity to re-encounter Freud and all that he represented in an appropriately supportive setting for playing this out.

Regarding Freud, of course, we would before too long come to take for granted a more human-size version of him—a Freud who could still be usefully identified with and idealized, but whose magical properties diminished considerably. The examples that follow are necessarily from some of our very early reading, when these reactions were more intense. For purposes of illustration, we are describing subjective impressions about which we subsequently came to hold varying degrees of conviction; we will not claim to have discovered new "facts" which prove older or different views are less valid. Indeed, we consider the facts we "discovered" as rather peripheral to our main point.

Our responses to one early sequence of Freud's papers and our reconstructive speculations regarding them proved instructive. In early 1898, Freud published what struck us as a moral tract, "Sexuality in the Aetiology of the Neuroses" (1898a). Strachey noted that Freud came to have "contempt" for it, that it contained nothing that reflected his new insights of the preceding two years, and that it was written six months or so into his self-analysis. Although the paper contained important ideas about the relationships of sexuality, neurosis, and culture, we agreed that the paper was not flattering to Freud. He seemed not only obsessed with sex, but also arrogant and self-righteous—uncharacteristically revealing of his contempt for what he described as his hypocritical contemporaries, the medical and psychiatric establishment of the time. Ironically, he mostly argued for directive, corrective measures—patients should be told about the right way to have sexual intercourse to cure their anxiety neuroses and about the neurosogenic consequences of masturbation. The paper largely dealt with "actual neurosis," but in the briefer section on psychoneurosis, he trumpeted somewhat naïvely, considering its rudimentary nature, the superiority of his new treatment, psychoanalysis, over other treatments. The group had more than a little fun at Freud's expense, noting his pomposity, defensiveness, lack of tact, and scientific errors.

Only a few months later, however, Freud published "The

Psychical Mechanism of Forgetfulness" (1898b). This paper appeared to be based upon an elegant piece of self-analysis. With only a trace of ironic self-mockery, pieces of his own psychology were revealed that demonstrated much more frankly Freud's possible guilty concern that he might be mistreating his patients with his sexual theories. Wishes to have his sexual theories and his clinical powers revered were obvious. But the difference from the slightly earlier paper was dramatic. In the second paper, he seemed to us entirely self-possessed and self-contained. We were very excited by this, somewhat awed to see how his apparently fresh self-awareness had become a new instrument to help him more clearly describe the mental processes of which he wished to inform us.

Very soon after, we read "Screen Memories" (1899), written the following year, which had a deep effect on us—emotionally and intellectually. Though an irresistibly personal, revealing, and engaging paper in the early Freud writings, it is also a scientific landmark in his early work, and is widely considered to be one of Freud's most endlessly fertile and intellectually exciting papers. His ideas and experiences seemed to readily resonate with our own and the group had one of its most free-flowing, spirited, and absorbing early discussions.

When reading the paper, we were especially engaged with Freud in his use of his own childhood memories. We grew interested in the question of how deeply Freud was convinced scientifically of the nature and importance of infantile sexuality at the time. We grew more aware of possible multiple determinants of his ambiguous and sometimes inconsistent stance on this subject. We would continue to trace this question in future works.

Upon later reflection, we concluded that a subtle transformation in our attitude seemed to have occurred at this time, one that contributed to our responses and to the quality of the discussion. We think now that we had become able to grasp more directly aspects of Freud's real person—his character, motives, predicaments, and values, *as well as his developing ideas*. The abil-

ity to subjectively grasp him directly—without intermediaries, as it were—seemed to go hand in hand with an enhanced ability to articulate a more confident, clear, and personal version of his ideas and our own. The level of the *scientific* discussion seemed to have deepened. There was less anxious seeking after certainty, less concern about getting the "facts" exactly right, more reflection and dialogue—among ourselves and also with Freud—seeker to seeker, as it were.

How had this happened? We had learned a great deal more about Freud's ideas, of course, but also we now see that something more subtle and silent had taken place in relation to him and had reshaped our evolving dialogue with and about him.

In "Some Reflections on Schoolboy Psychology" (1914), Freud, then fifty-eight years old, offered a guideline to understanding certain characteristics of the developmental learning process we are examining. He described there the naïveté and passion that characterize the relationships of adolescent boys to their teachers. "[I]t is hard to decide," Freud wrote, "whether what affected us more and was of greater importance to us was our concern with the sciences that we were taught or with the personalities of our teachers" (p. 242). He elaborated:

> We courted them or turned our backs on them, we imagined sympathies and antipathies in them which probably had no existence, we studied their characters and on theirs we formed or misformed our own. They called up our fiercest opposition and forced us to complete submission; we peered into their little weaknesses, and took pride in their excellences, their knowledge and their justice. At bottom we felt a great affection for them if they gave us any ground for it, though I cannot tell how many of them were aware of this. But it cannot be denied that our position in regard to them was a quite remarkable one and one which may well have had its inconvenience for those concerned. We were from the very first equally inclined to love and to hate them, to criticize and respect them (p. 242).

Freud went on to explain that these substitute figures derive

from the imagoes of earliest childhood. To not know this is to proceed at our peril, for:

> Unless we take into account our nurseries and our family homes, our behaviour to our schoolmasters would be not only incomprehensible but inexcusable (p. 244).

In our response to Freud's three early papers, we discern a progression. First, like schoolboys, we are overexcited and cruel in the face of his discomposure and error, then perhaps overawed by his mastery and creative brilliance, but finally able to see the more life-size person who surely must have always been there. Reflecting back, we see that we had imagined and reconstructed such processes in the young Freud, and also experienced parallel processes in ourselves in our early study of him. As we felt more empowered to discern these parallels, we also appeared to become more able to replace an earlier highly idealized (or alternately devalued) image of him with one that became progressively less so.

We were able to infer Freud's psychodynamics in all three texts, but as we progressed, the dynamics seemed less and less to invalidate the data and conclusions drawn. The interweaving of the personal and the scientific as an aspect of his emerging vision became transparent. We became able to see that, as with any analyst, Freud's heart, sexual obsessions, neurosis, and transferences needed to be, at least for a time in his development, on his sleeve. In our later fantasied reconstruction of the possible relation between Freud's personal and theoretical evolution, Freud had had an acute regressive upsurge of old conflicts and feelings during the creative crisis of his self-analysis which affected temporarily his scientific detachment, followed by resolution, consolidation, and theoretical growth.

During our early rereading of Freud's work, written when he was creating psychoanalysis, we had been, inevitably we believe, fascinated by Freud himself. Though our major focus was on the ideas and their development, we had been irresistibly drawn to the person of Freud. Like schoolboys, we had been alternately

captivated, shocked, mesmerized, aghast, awed, irreverent, convinced, put off, delighted, appalled, and thrilled. Like the Freud we reconstructed from the earlier paper, we had been caught up in regressively re-aroused struggles and conflicts with our theoretical father which colored our scientific judgments of his ideas. We had idealized and identified with him and therefore could not imagine him as he was.

Since we were no longer *actually* schoolboys, however, it became gradually more possible than it would have been earlier in our careers to step back and see that Freud was a schoolboy himself in these developmental years. After all, at least in a manner of speaking, he was not only the first psychoanalyst, he was the first psychoanalytic candidate. Like all psychoanalytic students, he was doing three things at once: he was living a responsible adult life; he was undertaking a course of psychoanalytic studies that was absorbing and disconcerting, which would profoundly influence his future life and separate him to some extent from all prior interests and knowledge; and he was being analyzed, was in the grip of a profound regressive neurosis, whose full resolution would be a lifelong task, but a portion of which would have to be worked through before he could attain a level of integration sufficient to sustain a working professional identity. The power of "Screen Memories" and of the Dream Book (1900) that immediately followed, we believe, reflected a working through to a new level of integration and synthesis. Our glimpse of his prior struggle had the power of a personal insight into the path he traversed on his way to achieving a mature theoretical identity. This identity shines through his later works, despite the ambiguity over infantile sexuality that they retain.

This somewhat schematic and necessarily oversimplified reconstruction of Freud's inner life, its relation to his work, and our absorbing identificatory relationship with and deepening insight into his development comprise but a single example of a process permeating the very early months of our reading. At the start, this involvement had inevitable schoolboy features, but by

the time of "Screen Memories" we believe there was already a significant lessening of the idealized aura. As our schoolboy status in relation to Freud lessened, we seemed more able to identify with his struggle to integrate theory and experience, rather than to naïvely just "agree" or not with the content of his views. We became more empowered to appraise his views and engage in dialogue with them, but with more scientific perspective. Without much explicit awareness or fanfare, formerly latent transference attitudes must have lessened.

We also noticed that we became more alert to such processes in candidates, especially while teaching Freud. All psychoanalysts, of course, must live out such an additional "schoolboy" period—the often maligned period of "infantilization" and regression that is part of the price of analytic training. As was Freud, they are usually fully grown psychotherapists, researchers, academics, and heads of families. It is important not to underestimate them and the validity of their ideas. We found, though, that the more attuned we became to these processes, the less encumbered we became by the need to teach Freud as only a straight intellectual or "scientific" adventure. Thus we became more likely to exploit sources of enthusiasm as well as to confront transferential barriers to understanding in a candidate when it was necessary and possible to do so. We discerned unrealistic expectations, compliance, defiance, intimidation, and other transference-dominated attitudes more easily in classroom discussions. Without such understandings, candidates may be deprived of their phase-appropriate version of this relational learning process and not have the kind of personal involvement optimal for learning Freud.

THE RELATIONSHIP TO THEORY

As we de-idealized Freud, we also began to view his theory with new perspective. For the theory to be grasped and applied, idealizing fantasies of a powerful theory that will resolve all ambi-

guity and uncertainty must also be worked through. Reflecting
back on this second facet of the working through process, we see
that we gained a gradual awareness that our attitude toward and
expectations of the theory had changed; we had gradually given
up the illusion that Freud's theory could be acquired merely by
intellectual mastery or imitation.

Several aspects of Freud's work contributed to difficulties in
gaining this perspective. First, it was often difficult to separate
our own understandings, which we tended to project into
Freud, from what we could reasonably conclude Freud actually
knew at a particular point. Freud's common sense and our cur-
rent psychoanalytic understandings, to take a familiar example,
made some of the material in the *Studies on Hysteria* (Breuer and
Freud, 1893-1895) sound in turn quaintly naïve and astonish-
ingly modern. When he alluded to sexuality in that text, or
showed intuitive awareness of certain transference issues, it was
sometimes difficult to remember that he as yet had no working
theoretical conception of the unconscious wish, infantile sexu-
ality, the importance of early oedipal relations, an epigenetic
developmental psychosexual schema, a coherent concept of ego,
and so forth. Even in the case of Dora (1905a), though it does
not always seem so, many of these conceptions, even where
present, were far more rudimentary than they seemed at first
glance.

A second difficulty was Freud's constant emphasis (discernible
even in his earliest studies of hypnosis, for example) on clinical
and theoretical overdetermination. Sometimes in a particular
work, Freud considered one element to the exclusion of others.
His essentially nonreductionistic approach is arguably his great-
est strength, but it did not simplify the task of grasping the
complexity of his views at a particular moment.

A third and especially relevant difficulty was that of discern-
ing the actual clinical work that Freud was doing at a given time,
of knowing the practical therapeutic application of a theoretical
conception—knowing the actual relation of theory to practice.
At a certain point, we recognized an ingredient that helped us in

the theoretical working through process, one that would have been unavailable in earlier times in our careers. We were, like Freud, no longer clinical novices. Our own analytic experience and lessened idealization of him allowed us to identify with him as working clinicians, for whom the bridge between theory and practice is not a simple, fully comprehensible, articulated structure. We appreciated our comfort with a theory that was neither overvalued nor worthless. We accepted its useful application within its historical context. In addition, sometimes our more seasoned clinical sensibilities allowed us to recognize analytic processes in Freud's descriptions, even where Freud himself was thinking in theoretical categories that fail to highlight these processes to a modern analyst. For example, by the mid-1890's, he stressed a unique and detailed living through of recovered memories, though it was not until twenty years later that he would come to the notion of reliving memories of real childhood events in the here and now of the analytic situation.

As Freud's theory gradually became recognizably linked to clinical work with which we could identify, we seemed more realistic in our expectations of it. In analysis, or any other progressive *experiential* path to understanding, convictions may be partial, may alter in differing circumstances, and only gradually consolidate. A full picture emerges only over time, which allows one to know where one was in relation to the whole at a certain point in the past. Our understanding of Freud's theory seemed to have progressed in just such a fashion, and we came to believe that this must have been so for him also.

The concept of transference was, of course, Freud's great breakthrough that became the basis for bridging clinical and theoretical work. After we had passed the point of Freud's discovery and subsequent development of the concept of transference, our constant efforts to link his theories to concurrent clinical problems seemed more possible and therefore easier to identify with our own current work. In analogy to when an analysis "takes hold," Freud's theory took greater "hold" for us after the 1905 Dora case. As we recognized the theory's emerg-

ing clinical sense and utility, we more easily tolerated and worked with its many inherent complexities and contradictions. Our transference needs for a theory with all the answers seemed to have lessened.

This further sensitized us to the transference dispositions of our students, who, as relative analytic novices, have greater needs for ideal theories or ideologies with which to align or against which to rebel. We found that we could more easily accept their struggles with theoretical uncertainty and ambiguity.

THE RELATIONSHIP TO MENTORS

A third facet of working theory through is gaining a unique generational-historical perspective on Freud's thought. We came to appreciate more deeply its place in relation to what came after, as well as where we might fit on the larger historical continuum that includes the contributions of personal psychoanalytic mentors and models. This required that we further work through aspects of our often idealized relationships to these valued models and their ideas.

A revealing example of this process in our early study occurred in connection with our reading of "Delusions and Dreams in Jensen's *Gradiva*" (1907). We had not read the paper before, or heard or read any "expert opinion" about it. We had a strong subjective response: we seemed to react to the work as if we had come upon an undiscovered masterpiece of Freud's, *as if we saw something that no one who preceded us had ever seen before.*

In the paper, Freud used (somewhat unabashedly and propagandistically) the text of the novel to demonstrate the richness of his theory and therapeutic method. In the text, the irrepressible, creative, wishful unconscious is everywhere. Dream analysis reveals its mysteries and gives it healthy expression. Freud demonstrated the rich ambiguity and overdetermined textures in neurosis and in creative writing and fashioned a parallel be-

tween analyst and writer exploiting this ambiguity in reconstruc-
tion or story. We reacted not only to the content, but also to the
tone. Freud seemed to be having the time of his life—the writing
effortless and lyrical, Freud at his literary best. There was an air
of exhilaration and unbridled optimism; it seemed to flow with
passionate intensity and masterful vitality.

In his theory-building, Freud had found a way to firmly
ground his drive conceptions in what, for him, was bedrock—
the objective reality of biology and the body. Now he would
begin to expand clinically upon his conception of unconscious
wishing: to explore the newly discovered world of unconscious
fantasy, its forms, its stages, its ubiquity, and its organizing
power as an exploratory tool. We all know now that important
theoretical problems lay in the future, problems which would
require major modifications in the relatively straightforward
schema that at that early time simply linked complex fantasy
narratives to a relatively simple (and, to our ears, reductionistic)
biologic drive concept. Within a few years, he gained followers,
problems, and clinical and theoretical challenges; clarity and
naïve confidence would be replaced by caution, complexity, and
public and private struggle.

But not yet. These were honeymoon years of psychoanalysis,
when Freud was in love with his new discoveries and intoxicated
on the unconscious. Looking back, we can see that, once again,
we were undergoing a parallel process. When Freud got excited,
we got excited. Identifying with and idealizing Freud, we
seemed to experience directly those heady times when the theo-
retical and clinical powers of Freud's ideas were first realized,
before he would face later obstacles, a time when the theory was
new and its powers seemed to be unlimited.

But we are also aware now that our *intellectual* response to
Freud's early drive theory was not what we anticipated. By the
time our group read the *Three Essays* (1905b), for example, even
those members formerly most skeptical regarding the current
relevance of very early drive theory seemed at least to have
surrendered to the *experience* of Freud's nineteenth century sci-

entific world view. In the Dream Book, for example, whether Freud talked of the primary process or dream work, on the one hand, or intrapsychic dispensations of energy on the other, he seemed to us to be in a metaphorical system of great life and force.

In the *Three Essays*, the language of experience on the one hand (psychosexual phenomenology, for example) and force and cathexis on the other (the economics of energy flow) seemed, within their own terms, logical enough ways to think about the mind. Energics and hydraulics are often taken today as "mere" metaphors, but we seemed able to accept them as they were accepted in Freud's time—as natural, authentic ways to think about mental events. The forces of the natural world and of the mind were grasped according to this then common way of conceiving objective reality, the bedrock reality of that scientific age. Freud used these now somewhat superseded psychophysicalistic scientific conceptions to "demonstrate" and "explain" to his readers the vitality, immediacy, intensity, and movement inherent in both the natural world and the mind, not as mere scientific abstractions.

Looking back, we believe that our somewhat naïve fantasy that we had discovered the *Gradiva* paper had a kernel of truth. We believe that we *used* this paper as a step in our developmental process of defining and consolidating our own current and historical views of drive theory. Thus, the excitement of our identification with Freud was augmented by the excitement of discovering and refining our personal scientific points of view. We experienced the paper, as every new generation must, in relation to our unique personal and historical context. We began with fanciful feelings of unique powers and discoveries, in alliance with Freud; then our more earthbound historical reconstruction and subsequent evaluation of it, and our conclusions regarding its relevance for our current views, brought into sharper focus the similarities with and differences from the concepts of our personal theoretical predecessors.

While Freud and his followers knew that a drive was an ob-

jectively nonverifiable construct—a model or metaphor—they
often referred to drives *and their associated energies* as if they were
objective entities. This was consistent with their view that the
mind could ultimately be derived from material reality. Our
current theoretical perspectives kept us out of the controversy
over whether biological drives and the associated concepts of
actual psychic energy *as Freud posited them* can ever be *objectively*
verified. The generations preceding our own have been closer
to and inevitably more actively involved in these metapsycho-
logical struggles and controversies. We found ourselves predis-
posed neither to dismiss nor to embrace uncritically the early
concepts, but rather to try to make them compatible with or
supplemental to our own historical and current understandings.
We felt free to focus on how Freud *used* the concepts, an in-
creasingly acceptable criterion of what theories should do. A
comfort with metaphor linking mind and brain will surely be
necessary as we look ahead to our own scientific-theoretical fu-
tures.

Perhaps we could take certain other modern theoretical con-
ceptions for granted—object relations and self theory, or sepa-
ration-individuation theory, for example, theories that our pre-
decessors developed during their own process of liberating
themselves from their predecessors, the direct heirs to Freud's
physicalistic energic models. These newer theories were devel-
oped to challenge, even replace aspects of the earlier ones. Each
successive generation, however, will take for granted the ground
gained by the generations preceding. Undoubtedly, the theoret-
ical work of our predecessors has made it easier for us to see
meaningful connections in Freud's early thought to these now
commonplace modes of psychoanalytic conceptualization, and
less predisposed to stop listening when we hear the language of
quantities and mechanics. Are we like grandchildren discover-
ing and enjoying a grandparent, a generation removed from the
necessarily more binding loyalties or divisive rebellions of our
parents' generation?

The point is not the particular details of our own evolving

perspective. We emphasize what seems to us now to have been an aspect of the *learning* process that we think can be generalized. As all generations must, we can now see that such experiences helped us to gain new freedom to relate to Freud and his theory of that period in a way that became increasingly autonomous and independent, necessarily different in some degree (though not necessarily all *that* different) from what we had previously learned. We seemed to have acquired more secure footing in the psychoanalytic tradition that inevitably includes new knowledge and perspectives as well as historical continuity. As with Freud, relations with more immediate theoretical mentors also altered in various ways; we brought a wider, more personal perspective to and therefore engaged in deeper dialogue with them—not always an easy experience, but almost always a liberating one.

This led, we believe, to greater confidence in our teaching. As we (the authors) share major responsibilities for introducing Freud's works to candidates at the start of their psychoanalytic educations, we encounter, as all who have done such teaching will attest, very raw, bold, and intensely anxiety-ridden struggles with idealizations and devaluations. Students are often strongly intimidated by Freud and may focus on the sheer volume of his work to account for their sense of being overwhelmed. We discovered that as we more naturally sensed their struggles to alternatively embrace and distance themselves from their theoretical progenitor and ourselves, and as we understood more clearly and confidently their transferences to Freud, his theory, and ourselves, we became more effective teachers. We were more tolerant, for example, of these sorts of extreme reactions to the material, and more able to allow their expression without excessive or defensive concern that we would not have sufficient time, or would fail to teach the crucial "facts" in the "classic" Freudian corpus.

Our own rereading experiences helped in other ways. One author found himself, for example, unexpectedly and quite naturally introducing the subject of the candidates' own tendencies

toward breathless infatuation or cynical debunking by bringing up Freud's passionate idealization of psychoanalysis in the *Gradiva* paper as well as the instructor's own undisguised enthusiasm for the work. The subject of *idealization as a stage in psychoanalytic theory development and psychoanalytic learning* was an important part of that day's "lesson," in addition to the more objective facts of the theory.

DISCUSSION

Idealization as a stage in psychoanalytic theory development and in learning psychoanalytic theory is a central phenomenon that emerged from our group experiences and an important focus of this paper. Challenging the transference processes often concealed within idealizations (and corresponding devaluations) is an important part of the theoretical working through process we have described. We believe the phenomenon is virtually universal, in part because of an exaggerated and incorrect distinction between theory and practice built almost inevitably into analytic education.

Michels (1983), after describing the necessary supportive and transitional functions that theory must provide for all analysts, goes on:

This function of theory is particularly important for students or novices—it provides a partially illusory safety and reassurance that functions until accumulating personal clinical experience diminishes both its power and the need for its supportive function. When this process goes smoothly, all is well. However, at times the deidealization of theory precedes the development of personal experience, and the student is exposed prematurely without adequate support. Many such students become critical of psychoanalysis and turn against it. At other times students elevate the theory above clinical experience, and it is never deidealized. These students become followers of psychoanalysis, rather than independent profession-

als, and tend to be the favorite targets for the attacks of the first
group (p. 131).

Though especially prevalent in the candidate ("schoolboy")
years, these unfortunate attitudes toward theory and the gap
between theory and practice may persist in varying degrees in
many analysts, sometimes for many years after training.

Arlow (1972) has written persuasively on how commonly
overidealization is unanalyzed in analytic training; he notes the
omniscience institutionalized in the cult of the training analyst,
as well as subtler processes whereby theories are elevated into
sacred texts and Freud into a mythic hero. He points out that
the rituals of psychoanalytic training are analogous to initiation
rites in primitive societies, and that they serve a common pur-
pose: to gain the omniscience and protection of the re-created
gods of infancy and to ward off awareness of and any possibility
of fully resolving primal conflicts. In other words, theory is not
mastered and integrated with personal experience, but set
apart—venerated, complied with, avoided, or treated as a spe-
cial possession that confers rank or privilege.

Arlow's comments alert us to the unhappy fact that psycho-
analytic educators and institutions often play a role in the per-
petuation of such unhealthy trends. Kernberg (1986) and others
(Liebert, 1983; Person, 1983; Viederman, 1983) have also dis-
cussed how institutional narcissism and rivalries, authoritarian
attitudes in teaching theory, and psychoanalytic politics may
prevail over scientific inquiry and open-mindedness. Theoreti-
cal ideas can serve primary duty in self-esteem regulation and
paradigm wars rather than in facilitating autonomy and under-
standing.

An additional important contributing factor to this not un-
common state of affairs is the special nature and inherent po-
tential limitations of a training analysis. While it is almost uni-
versally now accepted that a training analysis should be, in its
essentials, an ordinary, in-depth therapeutic analysis like any
other, many have pointed out the greater difficulty of fully re-

solving certain issues there. Arlow stresses oedipal rivalry and ambivalence, but the truth of his account can encompass additional or different nuclear conflicts. Since we chose not to delineate personal factors in any detail, we did not explicate our own psychodynamics in our descriptions of our early experiences with Freud, but anyone can infer them from her or his own experience. The list includes hostile transferences, oedipal and sibling rivalries, narcissistic gains from ideological certainties or doubts, envy, guilt, primitive dependence, and ambivalence—it is a short list with an infinite number of personal forms. Premature ideological bonds and rigidly held theoretical commitments or denigrations may sometimes ward off awareness of such factors indefinitely. The analysand has necessary and real identifications with the analyst. There are common bonds, mutual narcissistic interests, similar roles, and often unavoidable extra-analytic contact during and after the analysis. These are real and also actualize internal processes in the psychic reality of both that may contribute to significant resistances to the complete resolution of important aspects of the transference. Commitments and loyalties to one's institute frequently augment such trends.

So tendencies inherent in analytic institutions and the training analysis often contribute to ideological attitudes which may intrude upon and influence an analyst's future educational development. But these unfortunately too prevalent limitations of psychoanalytic education should not be confused with those healthy, growth-promoting identifications and idealizations which are also inevitable and necessary at formative stages of a career, when a young analyst must identify with books and teachers. It is necessary to appreciate the ubiquity, inevitability, and necessity of these phenomena in an analyst's development—to try to understand, accept, and deal with them, in both their growth-promoting and their defensive aspects.

We believe that a significant portion of this extra-analytic working through experience can be accomplished only after training. Even where the training analysis and the institute are

good enough and the psychoanalytic identity at graduation well enough forged, this identity is ordinarily incompletely tempered and set. Additional clinical experience, further psychological growth, and a facilitating environment are required for the necessary further *independent* study and synthesis. We believe that it is in the first five to ten years after graduation that this is routinely so, and that either theoretical autonomy and maturity or compliance, disillusion, and rigidity may be eventual outcomes.

Good institutes and societies have always created collegial opportunities for this kind of theoretical and personal working through. But personal and institutional resistances may be formidable, and the working through process should not be taken too much for granted. Pressures toward theoretical conformity within an institute, for example, may be profound. It is not uncommon to see such phenomena as young graduate analysts who remain excessively deferential and constrained about speaking up at meetings, or who hold back from innovative and creative teaching or writing, or who, despite good potential to develop in the field, somehow drift away. Providing opportunities to counteract such tendencies is especially crucial for the development of young faculty.

Authoritarian problems and processes in analytic institutions are real and should not be ignored. However, if there is not too much dominance by powerful transference figures, not too much dogmatism or too many axes to grind, the theoretical-ideological need in the younger generation will flourish and the analytic growth we speak of will occur, often silently and without fanfare. There are many possible routes, but we think that our Freud group, while certainly not the only path, has functioned exactly this way, and has been an especially facilitative path for this purpose.

We consider such experiences necessary in the development of all analysts, but it was in our role as educators that we first became sensitized to them and came to think them through. For an analytic educator, the ability to define and explicate the theoretical basis for clinical practice is crucial for leading and inspir-

ing the generation to follow. The dangers of not integrating one's theoretical past and present are greater, because the responsibility to transmit this wider perspective is so obviously vital.

A myth exists that theory is a specialization in psychoanalysis, a higher realm for the lofty few, divorced from the everyday realities of clinical practice. Candidates sometimes conceive of "pure" theory as remote or abstract, having little to do with their clinical work. Ironically, some good teachers who are adept at and interested in pure theory (the intellectual-philosophical challenge of theoretical ideas in the abstract) unwittingly foster such attitudes. Many psychoanalysts, however, are less effective teachers when they attempt to teach theory as abstract ideas. A subtle and insidious danger exists when the teaching faculty shares the students' attitude that theory and practice are separable realms.

In fact, all analysts have theories which are implicit in and crucial to their practice. It is never a simple matter to make them explicit. We have argued that the challenge is not only, or even largely, an intellectual or philosophical one, and that it is crucial that analysts understand and work through their unconscious attitudes toward Freud, toward their teachers and institutes, and toward analytic theory itself. We have tried to show why a sig- . nificant portion of this theoretical synthesis may only occur after training. The task requires decades. In a sense, like self-analysis, it is an endless task, one which requires effort, patience, and collegial support. It is always to some degree a personal growth process of experiential working out and working through. Freud may be a worthy model in this respect, for he never stopped re-evaluating and reformulating the theoretical bases of his clinical work to the end of his days, and all who have studied his life and character will attest that this was never a mere intellectual or philosophical exercise for him.

Technical skills and a body of "facts" can be acquired over time, but nothing goes further, we believe, adds more "seasoning" to an analyst more quickly than the intangibles we

have attempted to demonstrate here. Students often intuitively sense such factors and are more likely to become meaningfully engaged when their teachers' mature theoretical identities inform their teaching, when they have synthesized and are utilizing in their practice and in life the theories they teach. The idea for this paper, in fact, arose out of the separate discovery by each author that within six months of beginning our Freud group, we had noticed that one dramatic effect of participation seemed to be an impact on our psychoanalytic teaching far out of proportion to the amount of newly acquired information. We seemed to have gained self-confidence and a more relaxed and effective teaching style, whether teaching directly about Freud or not.

A NOTE ON THE GROUP

We are aware that we have said only a little about the role of the group itself in the process. We have alluded to the "band of brothers" aspect, but while such psychodynamic factors are always present and necessary to confront, they cannot account for an outcome. In discussing an earlier draft of this paper, Arlow highlighted one possible important component of the process. He likened our group's experience to that of group formation in adolescence, in which the group ideally serves the legitimate developmental needs of its members on the path to an independent and secure adult individual self. He noted that Freud had served as our group's ideal. He recalled a similar group in which he participated just after he completed training. His peer study group chose for their major text Otto Fenichel's (1945) then recently published textbook; thus Fenichel was their group ideal, and aided them in their independent examination of theory. Arlow also helps us see that the unique circumstances and theoretical tendencies predominating during one's formative analytic years influence the path of one's future growth, and that the essential factors in such a process cannot be reduced to particular theoretical readings.

Rereading Freud may have a unique or special potential in this regard. Freud holds a special role in the psychology of all analysts, and probably is a universal stimulus for the troublesome transferences we have described, both in his own right and by displacement from other important transference figures, such as training analyst, supervisors, and teachers. He is also an object in *reality* for *appropriate* idealization by analysts, an extraordinary man whose theories have had an extraordinary effect. Since all young psychoanalysts have some form of intense transferences to and naïve and intimidated defensive idealizations or devaluations of Freud, some of these attitudes will have been transmitted from their teachers, whatever these might be. In every case, *independent* reappraisal of Freud and every other theoretical influence remains to be accomplished later. A group such as ours or Arlow's may play a powerful and beneficial role in such a process.

This particular group was very supportive and ultimately facilitative for these purposes. Healthy irreverence and healthy respect both for our subject matter and for each other seemed to be combined in the proper proportions. Psychological and intellectual exposure, gropings and fumblings, free associations and fantasies, tentative hypotheses, useful conclusions, agreements, disagreements, standoffs, and compromises—these were all sought, encouraged, and respected. We suppose that confident theoretical convictions are forged and expressed in give-and-take with one's peers, and such a group may provide a safe setting for "trial" exposure and theorizing.

In our vignettes we attempted to show how freedom to think theoretically for oneself and altered personal attitudes must have gone hand in hand. The unconscious attitudes of which we have spoken were inferred by us in retrospect and, by and large, were only present implicitly. They were more or less part of the semi-revealing banter, often couched in humorous terms, that characterizes psychoanalysts' shoptalk wherever they are comfortable with and mutually respectful of each other. A member conjectures with a daring and irreverent gleam in his eye that

for Freud to have written the *Project* in such a short time and in such a style, he must have been heavily under the influence of cocaine. Another jokes about his "terror" to interpret the Irma dream himself, in the light of eons of illustrious psychoanalytic ancestors all the way back to Freud who have previously pronounced upon it. Another gets a promotion at the Institute and is teased by the group at our next meeting for an uncharacteristic softening in his habitual critical attitude toward Freud, of which attitude he claims he is unaware. The latent attitudes implied, as well as changes in them, were never openly discussed as such, except in somewhat general terms or in the personal ways friends and colleagues often do with each other.

Not every group will be as successful as this one, however. It may have been significant that the authors, who assumed early leadership roles despite our earnest efforts to form a leaderless peer group, seem to have been just the right age and disposition to somehow have one foot in the "older" and one foot in the "younger" generation at our institute. Transferences among group members were plentiful, but apparently modifiable. Most important, as the individual members formed their own theoretical convictions and some of the inevitable intergenerational differences became activated within the larger intellectual life of our institute, these were treated with tolerance and respect on all sides. Deeper commentary on group process is beyond our expertise, but undoubtedly much more could be said. We suspect, by the way, that many of the personal and professional bonds formed here will be lifelong ones.

SUMMARY AND CLOSING REMARKS

To recapitulate, we have not intended to avow particular understandings of Freud's thinking or its development. Others will understand differently. Our purpose has been to demonstrate an important aspect of the theoretical working through process that we believe can be inferred from our subjective experiences. But we selected experiences from our very early readings, the

years of early Freud, and downplayed the dominant intellectual work we did from the start. We thus threw into bolder relief the transferences, idealizations, and de-idealizations we wished to emphasize. In much significant psychoanalytic learning, such processes are subtler or, for all intents and purposes, already largely accomplished. Naturally, in later stages of our Freud reading, the excitement became less personalized—much less "relational" and much more connected with the necessary and gratifying work of struggling with difficult ideas.

Naturally, our emphasis on working through unconscious attitudes to theorists, teachers, and theories does not mean we confuse these relational attitudes with the ideas themselves. We do not believe, for example, that Freud's ideas can be reduced to his psychological motives for developing them, or that understandings of Freud the man bear directly on the scientific value of his ideas. In analogy to psychoanalytic therapy, the relational attitudes must be analyzed and resolved because these fantasies are an impediment to appraising reality—in this case the ideas themselves—directly. In other words, resolving residual transference attitudes toward Freud and his ideas is necessary because that leaves us more able to evaluate those ideas on their own merits. We believe deeply that Freud's ideas, like those of anyone, must ultimately rise or fall on their scientific merits.

No one needs to be convinced that when people study Freud and grow more seasoned and secure, they frequently also grow more knowledgeable about and competent with Freudian theory. As when patients are asked what they learned in their analysis, however, the details may often seem commonplace, obvious, or formulistic. What did we learn?

In summary: First, Freud can be personally grasped, understood, struggled and identified with, and separated from. We can understand and modify the fantasies, needs, and fears as well as the historical distance that make it difficult to know him and therefore his ideas more directly. We developed more confident convictions about Freud's ideas—convictions that now seemed grounded in personal experience and in a sense of Freud's own experience as we came to know a more accessible,

human-sized Freud, who nevertheless remained worthy of admiration, emulation, and collegial pride.

Second, any powerful and influential theory, such as Freud's, derives much of its power from its ability to encompass and organize an enormous range of human experience, and also because it lends itself to wide practical application. But to grasp and use any theory requires that one give up transference-based illusions that the theory's power may be incorporated through simple intellectual mastery or imitation, or that perfect knowledge exists which will eliminate all doubts and uncertainty. Our rereading resulted in tolerance for ambiguity, contradiction, or apparent inconsistency. The theory was now seen as something that could be grasped and applied, rather than a fantasy attainment representing all knowledge, magically omniscient or omnipotent.

Third, every theory, no matter how powerful, is only understandable in its historical context. Freud's theory derived its power from its ability to unify theory and practice at an important juncture in historical time. The current relevance and power of a theory—the capacity to make use of it—requires assimilation and modification within one's own historical context, as well as one's own personal experience, before one can master and liberate oneself from it. Since such understandings are inevitably influenced by one's own moment in history, they will be different in some degree from those of one's analyst, supervisors, and other important teachers, as well as the prevailing theoretical views of one's own institute.

Genuine theoretical growth requires that one attain a personal version of these insights on the basis of a process we call working theory through. To understand Freud, one needs opportunities to recognize and work out one's transferences to Freud, which include inevitable struggles with idealization. To grasp analytic theory and forge a set of theoretical analytic convictions regarding what is true and actually important in the personal senses we have described, one must work through transferences and idealizations to theory. To place theory in historical perspective, one must work through transferences to

and idealizations of one's mentors and institute. What should remain and be strengthened are healthy identifications which contribute to a strong, flexible analytic work ego, and a mature professional and theoretical identity.

It is in the first decade or so after analytic training that we believe it is especially crucial to attend to these processes. The successful theoretical consolidation and synthesis that is the ideal outcome of this phase of postgraduate development we have called the analyst's theoretical identity.

One must be cautious about approaching Freud with too much zeal or devotion. As we have tried to demonstrate, however, not all idealization is defensive, nor is firm grounding in a tradition necessarily restrictive and repressive. These factors may facilitate healthy growth and the acquisition of new knowledge. Indeed, Freud can be read anew—seen fresh in the light of new data and new points of view. Rereading Freud in this spirit may be both liberating and grounding. This vitality is in Freud's own best tradition. The secret that constantly needs rediscovering, in psychoanalysis and in life, is that it is necessary to find out for one's self.

We believe that, inevitably, all psychoanalytic knowledge has a necessary and important experiential component. Such knowledge is never simply intellectual or reducible to facts in the so-called objective sense. Working and workable psychoanalytic knowledge is always linked to personal experience. In clinical work, it is psychoanalytic common sense that insight must supplant intellectual knowledge, that book or rote learning (however sophisticated or reverent) can never be a substitute for the deeper, more comprehensive and meaningful understandings that connect to the analyst's actual professional and personal life. We take for granted that this maturation is a lifelong process for an analyst. We aspire, as Freud did, to become not only effective self-analysts, but also independent theoretical thinkers. These distinctions may therefore also be applied to a working, mature knowledge and sophisticated application of psychoanalytic theory. This is why working through transferences to and idealizations of Freud, theory, and personal mentors and insti-

tutions is an important aspect of a process necessary to all psychoanalytic learning and crucial to the development of a psychoanalytic teacher; and it is why a significant portion of this work can only be accomplished after the completion of training.

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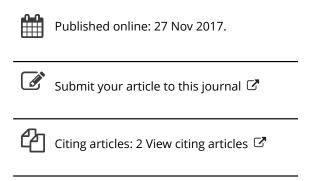*722 West 168 St.*
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Aspects of a Dilemma of Middle Age: Whether or Not to Place Aged, Failing Parents in a Nursing Home

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ASPECTS OF A DILEMMA OF MIDDLE AGE: WHETHER OR NOT TO PLACE AGED, FAILING PARENTS IN A NURSING HOME

BY EUGENE HALPERT, M.D.

A middle-aged person's involvement in making a decision about whether or not to institutionalize an aged parent whose physical and/or mental capacities have failed inevitably arouses intense feelings, memories, fantasies, and conflicts. Fantasies that equate putting the parent in a nursing home with abandonment and murder, as well as the narcissistic threat posed by seeing one's own future in a parent's deterioration, are common. The conflicts aroused may upset long-standing psychological balances. This paper explores ego, superego, id, and reality issues that are aroused as they were seen in the psychoanalysis and psychotherapy of several patients involved in making this decision. The importance of looking for the unique aspects of the conflicts set off in each individual facing this dilemma is stressed, as is the potential for countertransference responses.

Times change. The unconscious remains the same. One facet of changing times is that they present us with different surface manifestations of our unchanging unconscious strivings and conflicts, or they present different situations in which these strivings and conflicts are most likely to be intensified. A prominent change that has taken place in our times is the dramatic increase in life expectancy. One of the consequences of this increase in longevity is that it is not unusual for people in their forties, fifties, and sixties to still have one or both parents living.

Simultaneous with this general societal phenomenon, a change has taken place in the attitude of many psychoanalysts

regarding age as a criterion for selection of patients for analysis. It is probable that more patients in their forties, fifties, and beyond are being taken into analysis than was the case a decade or two ago. The confluence of these two relatively recent phenomena, middle-aged people with living parents and these same people being in analysis, presents the opportunity to study the vicissitudes of unconscious conflict as well as ego and superego functioning in different life situations.

One of the life situations of the psychoanalytic or psychotherapeutic patient in his or her middle age that often provokes conflict occurs when an aged parent's mental or physical health begins to fail. Since it is unusual for most elderly people in this country to live with their children, the questions that confront the middle-aged person whose parents' mental or physical health is failing are: Is it prudent or safe to allow my parent or parents to continue to live alone? Or do I and my spouse, or my sibling and his or her spouse, or some other relative wish to take my parent or parents in and care for them? Or is it necessary for them to be placed in a nursing home?

An adult child's involvement in deciding among these choices inevitably arouses intense feelings, memories, fantasies, and conflicts. It is the purpose of this paper to explore some of what is aroused as it was seen in the psychotherapy and analysis of several patients who were involved in making this decision. This exploration will be used to demonstrate the necessity of looking for the unique aspects of the conflicts aroused in each individual confronted with this problem. In addition, attention will be drawn to the potential for countertransference manifestations in analysts faced with this particular clinical situation.

There are not any reports in the psychoanalytic literature focusing on the intrapsychic effects of a confrontation with the question of whether or not to place one's parents in a nursing home. Cath (1972), reporting on material gathered as a psychiatric consultant advising families in regard to institutionalizing a failing parent, although he focused more on the dynamics within the family, made many of the same observations and

reached many of the conclusions that I do. He noted that the relatives involved in making the decision equate institutionalization with death, that the children recognize "the disintegrating ego of a parent as a harbinger of one's own fate" (p. 28), and that for everyone involved, the finality of the decision "activates deeply buried unresolved conflicts that include realization of unconscious oedipal and sadistic riddance wishes with the reactivation of early fears of retaliation for aggression, greed, and sibling rivalry" (p. 30).

It is also worthwhile noting that some of Freud's earliest writings dealt with patients, usually young women, nursing their physically ill relatives and some of the psychical consequences of this nursing of the sick. *Studies on Hysteria* (Breuer and Freud, 1893-1895) is replete with instances of this. The most familiar case is Breuer's twenty-one-year-old patient, Fräulein Anna O., who nursed her father for months during the course of his fatal illness and fell ill with hysterical symptoms while doing so. Less familiar in this regard are Freud's cases of Frau Emmy von N. (age forty) and Fräulein Elisabeth von R. (age twenty-four).

It was in the case of Fräulein Elisabeth von R. that Freud discussed in most detail the nursing of sick relatives and the role he felt it played in the onset of symptoms. Elisabeth was the youngest of three sisters, "tenderly attached to her parents" (p. 139), particularly her father, "who used to say that this daughter of his took the place of a son" (p. 140). After her father was brought home unconscious with acute pulmonary edema, she nursed him for eighteen months, sleeping in his room, until he died. About two or three years later her mother, who had also been chronically ill with an eye condition and "nervous states," became more acutely ill and had to be kept in a darkened room for several weeks while Elisabeth nursed her. Elisabeth first developed hysterical pains during the last six months of her father's illness. Following her mother's recovery, she deteriorated and essentially became invalided with her various hysterical pains. While Elisabeth was in a sanitarium, her second sister died of a heart ailment aggravated by a pregnancy.

Using his hypnoanalytic method, Freud uncovered a guilt-laden erotic fantasy involving her dead sister's husband, which he felt Elisabeth's symptoms were designed to fend off.

During his discussion of Elisabeth's case, Freud wrote about the role that he felt sick-nursing played in the onset of hysteria:

> There are good reasons for the fact that sick-nursing plays such a significant part in the prehistory of cases of hysteria. . . . But, in my view, the most important determinant is to be looked for elsewhere. Anyone whose mind is taken up by the hundred and one tasks of sick-nursing which follow one another in endless succession over a period of weeks and months will, on the one hand, adopt a habit of suppressing every sign of his own emotion, and on the other, will soon divert his attention away from his own impressions, since he has neither time nor strength to do justice to them. Thus he will accumulate a mass of impressions which are capable of affect, which are hardly sufficiently perceived and which, in any case, have not been weakened by abreaction. . . . If the sick person recovers, all these impressions, of course, lose their significance. But if he dies, and the period of mourning sets in, during which the only things that seem to have value are those that related to the person who has died, these impressions that have not yet been dealt with come into the picture as well; and after a short interval of exhaustion the hysteria, whose seeds were sown during the time of nursing, breaks out (pp. 161-162).

Freud continued to believe that sick-nursing played a predisposing or etiological role in neurosis, and in an 1895 paper, he listed it as one of the nonsexual etiological factors in anxiety neurosis. However, he did not return to the topic in later years to re-examine it from the vantage point of all that he subsequently learned about the workings of the human mind. His comments on sick nursing and its role in the etiology of psychopathological symptoms in *Studies on Hysteria* and in the 1895 paper referred to the conscious conflicts existing in the mind of the person doing the nursing, and he confined those conflicts to the tension that existed between the erotic, on the one hand,

and the moral-ethical standards on the other. Even in the realm of the erotic, he could not recognize the incestuous oedipal wishes and conflicts (he had not yet formulated them) which now appear so apparent to us in the material of his cases. For example, there was Fräulein Elisabeth's intense attachment to her father, with displacement of her sexual feelings onto another incestuous object, her brother-in-law. Nor could Freud be aware of the many other psychological factors which now seem so apparent in the material, but which he had also not as yet propounded, such factors as unconscious murderous wishes, ambivalence, penis envy, bisexuality, sibling rivalry, and unconscious guilt, to name a few. That all these factors were stimulated in the situation of nursing a sick parent, as seen in Freud's cases, is important to bear in mind as we turn now to the topic at hand, the middle-aged or older person with an aged parent in failing health when the question of chronic care must be addressed.

In approaching this topic, it is necessary to comment first on some of the psychological factors common to many, if not all, middle-aged people and some of the factors that bring them to treatment. King (1980) listed five different factors as being common to older patients. I see all of them as vicissitudes of the ego's perception of the inevitability of various narcissistic mortifications attendant on the aging process, culminating in death. These narcissistic mortifications usually begin sometime in one's forties. Some of them are caused by dramatic events, such as the climacterium in women or the increasing frequency of serious illness and/or death of friends or relatives of one's own age. Less dramatic, but more numerous are all the everyday indications of the aging process that the ego interprets as evidence of the oncoming downward slope of the body's (and its own) various abilities. It is the ego's awareness of transition into an ultimate closing and the fantasies and conflicts stirred by this awareness that form the psychological underpinning of the factors that King listed. This is also the underpinning of much of what is

stirred by the even more marked physical and/or mental decline of an aged parent.

To be confronted in middle age with the decline of one's aged mother or father to the point where they are no longer capable of taking care of themselves is inevitably experienced by individuals as a taste of what is in store for them. While this would be true no matter what the age of the individual, it takes on more poignant, urgent meanings when one is already confronted with various indications of one's own decline, even if they are minimal. It is harder to distance oneself from the evidence of mortality presented by one's enfeebled parents when one is already feeling some sense of decline than it is when one is in the full bloom and vigor of youth. At the very least, the meanings in general of observing the decline of one's parents will be different if it occurs in youth than if it occurs in middle age.

Another factor that contributes to the difference is that the middle-aged person often has children who range in age from the teens to fully grown, and may even have grandchildren. The fact of being a parent and/or grandparent oneself evokes a more ready identification with the aged parent. Being a parent or grandparent also has its effects on that aspect of the ego ideal which has to do with being a good child. One's image of oneself and one's feelings of guilt and shame are affected by how closely one adheres to the commandment to "honor thy father and thy mother." In the first decades of life, before one is married and has children of one's own, one is only a child. At that stage of life the ideal of being a good son or daughter has less intrasystemic (intrasuperego) competition that it does later on when one has a spouse and children or grandchildren. Later in life there are times when to live up to one's ideal of a good spouse, parent, or grandparent may be in conflict with being a good son or daughter. It is also true that the importance to the superego and the ego of the ideal of being a good child diminishes (or at least changes) in comparison to the ideal of being a good spouse,

parent, and/or grandparent as one goes into the middle decades
of life.

In addition to whatever is common in the psychology of mid-
dle-aged people, there are, of course, all the individual factors of
psychology and external reality which will have their effects on
the intrapsychic consequences and meanings of placing a parent
in a nursing home. Some of the vicissitudes of individual psy-
chology that are of particular importance are: the way in which
(and to what degree) the oedipal conflict has been resolved dur-
ing the course of life, the intensity of the ambivalence toward
the parent, the nature of the superego, particularly the ego
ideal, the preferred mechanisms of defense, and the capacity for
empathy. Among the aspects of reality that are of particular
importance are: the real nature of the relationship with the
parent over the course of the years, the presence or absence of
siblings with whom one can share the emotional experience as
well as the responsibility of making decisions and the financial
burden, the geographical distance from the parents and/or sib-
lings, the degree of financial security of the parents, the siblings,
or other relatives, the feelings of one's spouse and children to-
ward one's parents, and the nature of one's own physical health
and well-being. It is in the complex interweaving of ego, super-
ego, id, and reality factors that the individual's response to the
question of what to do about parents who can no longer care for
themselves will be determined. Reference to several individual
case histories will illustrate many of these points. Only that ma-
terial which is most relevant to the topic at hand will be pre-
sented.

Case 1

Mr. A, a forty-five-year-old married man had been in analysis
for several years when his eighty-five-year-old, widowed mother
began to show signs of decline. Up to that time she had been in

vigorous good health both physically and mentally. He took pleasure in noting that her face was relatively wrinkle free and youthful looking and that she participated actively in various causes.

Since his father's death some dozen years before, his mother had continued to live in the same house in the city in which Mr. A had grown up, despite the fact that her children and nieces and nephews had moved away. The only relatives who had either not moved away or died were those approximately her own age. Because of his relative geographical proximity to her as compared with his siblings, and his being her favorite, everyone in Mr. A's family, including him, shared the belief that his mother was more his responsibility than anyone else's. More important, because he was youngest of six children and had been born when his mother was forty and his father forty-five, he had been told by them when he was six that he was the child of their old age whom they had had so that he would be there to take care of them when they were even older. This had been his assigned task in life, the reason for his existence. It had only been through his overcoming some of his profound sense of guilty responsibility for them in a prior course of treatment that he had been able to marry and to move away from them. In his treatment with me his rage at both his parents over this assigned task, as well as the guilt-ridden derivative vicissitudes of it, had come up again and had been explored further.

When his mother's health began to fail and it became apparent to everyone else that she could no longer continue to live by herself even with full-time help in the house, he resisted the idea of putting her in a nursing home. This was despite the fact that she was occasionally burning herself on the electric stove, was having dizzy spells and falling, was increasingly forgetful, and was having episodes of loss of bladder control. All the medical workups suggested generalized arteriosclerosis and senility. His wife refused to take her into their home. She pointed out to him, as the doctors had, that his mother's condition was a slowly

progressive one which required chronic long-term care of a fairly intensive nature that could best be provided in an institution.

In the midst of his pondering this question he came into a Monday session and reported a very brief dream. "I dreamed that I was in Shangri-La." His associations were as follows. The previous evening he had watched *Lost Horizons*, the 1937 movie with Ronald Coleman, in which the Coleman character and his younger brother, together with a few others, are taken to the hidden earthly paradise of Shangri-La. Mr. A had gone to the video store specifically to get this movie after visiting his mother. During the visit, he had felt for the first time that putting his mother in a nursing home was not only the only realistic solution to her difficulties but a kind solution. He had looked at his mother and seen how much she had aged. She was no longer the young-looking, vigorous woman she had always seemed. Her face was now lined with wrinkles, her eyes appeared dim and vacant, and she looked very old and frail. Driving home, he thought of the movie which he had seen with her as a child. Before he watched the video, he had thought that he had remembered it merely as a way of trying to undo or deny the feelings of sadness, anxiety, and confusion he had felt on recognizing her frail, sick, aged condition by recalling a happy time when she was young and healthy and had taken him as a special treat to the movies.

The scene from the movie that made the greatest impact on him was one which took place after the two brothers had left Shangri-La with a supposedly young woman of twenty. The story of Shangri-La as he told it was as follows:

> Shangri-La is a place hidden somewhere in the Himalayas that was discovered by a priest, Father somebody or other, who has chosen the Coleman character to be his successor. People in Shangri-La don't get sick, and they live extraordinarily long lives. The priest is over two hundred when he dies. And since everything is so plentiful, there is no envy or greed. No one covets another man's woman or wife but if that ever should

happen it would only be polite for the second man to allow the first to have her. The younger brother doesn't believe the story and wants to leave but cannot get the older one, who does believe it, to do so. The older brother has been told that any of the older people who would leave Shangri-La would lose their youth and would look and feel their age. He has also been told that the woman who says she is twenty is actually sixty-nine. This woman falls in love with the younger brother and wants to leave Shangri-La. The younger brother uses her to convince the older brother to leave. She is successful in convincing him that what he has been told about people in Shangri-La being happy, living to extraordinary ages without showing signs of their age, and never wanting to leave is a hoax. She is successful by using herself as an example. She tells him that she is unhappy there and wants to leave but has been kept there against her will. Finally, she refutes what he has been told about her being an old woman by asking him to look closely at her face, eyes, and skin. This convinces him, and, disillusioned, he agrees to leave.

The scene which stood out so in Mr. A's mind was one in which the two brothers and the woman are lost, struggling through the cold and snow of the Himalayas, trying to find their way back to civilization. The older brother is carrying the woman on his back. Then, in Mr. A's words, "The younger brother looks up and sees her face. It is the face of an old woman, wrinkled, sagging. They have passed out of the zone of Shangri-La. In shock and horror he goes mad, falls off the mountain, and is killed. The older brother, realizing that the story of Shangri-La is true, spends years trying to find it again."

The patient's associations to the sight of the young woman turning into an old one, seemingly in an instant, led immediately to the day residue of his recognition that his mother really was a sick, old, dying woman and of his response to it. He equated himself with both brothers and saw them as representing different aspects of his own conflict. The younger brother had to deny completely that the woman was old, being deceived by her looks. The older brother could see that even if the

woman looked young she was really old and would die. How-
ever, each brother within himself was also conflicted. The
brother who realized that the woman was really old believed that
if she had stayed in Shangri-La, she would have been protected
from aging, while the brother who believed that she was really
young did not believe that she could be kept from aging. Each
brother played out both sides of the complex conflicting
thoughts that the patient struggled with.

The patient's further associations led him back to his child-
hood. When he was under the age of five, he remembered his
mother as a very beautiful young woman. When he was five or
six, however, he began to notice that his mother, who was then
forty-five or forty-six, looked different from the mothers of his
playmates. Also, some of his playmates, particularly after an
open school day, began to taunt him with chants of "Your
mother is an old lady." He responded with feelings of humilia-
tion, rage, confusion, and fear. If his mother were really old, she
would die and he would be left alone. If she died, then he feared
he would die too. He defended himself by blotting out both the
taunts of the other children and the evidence of his own per-
ceptions with the fantasy that they were all wrong, that his
mother was as young and beautiful as he had always thought she
was and that she would not die for a very, very long time. He
would always be there to protect her. Thirty-five years later
when he was again confronted by the evidence of his own eyes
as well as the observations of others that his mother was indeed
very old and entering into a decline toward death, he initially
had to deny it the same way he had as a child. He could not place
her in a nursing home.

In subsequent sessions over a period of weeks and months the
patient had further associations to the younger brother's shock
and horror at seeing the Shangri-La woman's face suddenly old
and wrinkled, which contributed to his understanding of his
need to deny evidence of his mother's deterioration. These as-
sociations led to memories of seeing his mother naked in the
bath. He had, in fact, taken baths with her up to the age of six

or seven. He remembered the triangle of her pubic hair and his feelings of uneasy confusion and anxiety connected with the perception that she did not have a penis that he could see. He had noted that her pubic hair, unlike the hair on her head (which he did not at that time realize was dyed), was streaked with white like the hair of an old woman. His fantasy was that only that part of her body had aged and that her penis, which he imagined had been there, had shriveled up with age to such a small size that it could no longer be seen. In short, he linked castration with aging and death, and denied all in fantasy. As is so common, the visual impact of seeing the genitals was displaced upward, in this instance onto the face.

His dream of being in Shangri-La fulfilled his wishes that neither he nor his mother would grow old and die, that he would never be castrated for his wish to have her, and that this would all come about without any danger from or competition with his father. This latter wish was reflected in his associations to the priest, the father whose fondest wish is to hand over Shangri-La to the older brother, whom he refers to as "my son." The priest dies peacefully after a long productive life.

Case 2

Mr. B was a gruff, successful entrepreneur in his mid-forties when he was referred by his internist because of recurrent chest pains and negative tests and physical findings. In the first appointment he staggered into the room, slumped into the chair, and dramatically clutched at his chest, saying "Doc, you gotta do something. It's killing me." He had been depressed for six months, during which time he had developed his chest pains, but he could not relate the onset of his symptoms to anything, except to vaguely allude to some difficulties in his business.

He began psychotherapy, and it quickly emerged that the business problems involved his seventy-five-year-old tyrannical, controlling father. His father had founded the business that the

patient had joined in his late teens and had been in ever since. Although his father had retired some ten years earlier, he still attempted to control everything.

Mr. B rapidly uncovered the enormous rage that he felt toward his father and some of the connections between the guilt-ridden, murderous, sadistic fantasies that accompanied it and his various symptoms. He felt that the oppression by his father had existed "since the day I was born." He said of his father, "I think he wishes that I'd fall on my ass. I think that he never wanted me to be more successful than him." He also began recalling with bitterness that his mother would always side with and be protective of his father rather than of him. The one time as a grown man that he had worked up enough courage to argue with his father, his mother had said, "Don't. You'll give him a heart attack." After he had related that, he revealed that his father had actually had a mild heart attack a few weeks before he (Mr. B) had begun to become depressed and to develop chest pain. In addition, his father had subsequently had a series of small strokes or transient ischemic attacks that had impaired his memory to a moderate degree and had caused him to become more irascible and explosive than ever. He had wandered out of the house on several occasions and gotten lost. Mr. B's mother, who was hypertensive and severely arthritic, was no longer able to manage him even with the help of a full-time housekeeper. As a result, his mother had raised the question of possibly placing the father in a nursing home or of both parents moving in with one of the children. As the oldest sibling and the head of the family business that supported them all, Mr. B was the one they all expected to make the decision. Mr. B's wife had washed her hands of the matter, except to tell him that under no circumstances would she ever permit his father, whom she detested, to live with them. It was in this context that Mr. B had fallen ill.

The story of Mr. B reads like that of a modern-day Oedipus, with his father, like Laius, threatened by him from the "day I was born." Like Laius, the father struggled to keep the son from

ever gaining control of the family business, and like Oedipus, Mr. B felt like an unwanted orphan struggling with murderous rage at his father. Contrary to the story of Oedipus, however, the murderous confrontation with the father occurred not early in his life, but during his middle age when he was faced with the question of accepting his father into his home or, in his mind, putting his father out to a nursing home to die. The responsibility for deciding whether or not to place his father in a nursing home fell on his shoulders by virtue of the fact that he was the head of the family and the business in the eyes of his mother and his siblings and in his own eyes. This intensified his underlying conflict and guilt, leading to a regressive identification with his ill father as well as to his abdication through illness of the responsibility for making any decisions. His guilt-laden, self-punitive identification with his father's cardiac symptoms was also in part determined by his fear that his own children might identify with his treatment of his father and someday abandon and kill him. (Children may indeed identify with their parents' treatment of their aging or ill grandparents.)

As noted above, Mr. B's symptoms represented a wish to be relieved of the responsibility of having to make a decision about his father. They also represented even more regressive wishes to be fed and cared for as an infant devoid of all adult responsibilities. As some of these connections were made, his cardiac symptoms disappeared and his depression lifted. The decision to place the father in a nursing home was made and acted upon within a few months of Mr. B's starting treatment, and the treatment was terminated within a year. He was functioning better than he had been premorbidly, and he had no desire to change anything more about himself.

Case 3

Mr. C, age fifty-five, was not too dissimilar to Mr. B in his psychology or his response to his father's physical and mental decline. However, he was more motivated to change, as well as

more curious and introspective, and he entered into analysis. He subsequently learned more about the roots of his response than Mr. B did. He came for treatment because of anxiety and depression, which he related to the breakup of his marriage the previous year. However, in the initial interview he also mentioned, seemingly in passing, that his father's second wife had been hospitalized with an incurable illness. I inquired when he had learned about that, and he told me, "Just before I became depressed." His father, who was eighty-five, had married this woman after his mother's death some thirty years before.

He was an only child and had led a lonely, emotionally isolated life, growing up in a small town. His parents were totally consumed with earning a living, so they spent little time speaking to him, much less showing any signs of affection. Throughout his youth his mother often reproached him with the comment, "Your father is killing himself working for you." He said of her, "She was always making a martyr out of him, and I was always feeling guilty." His mother constantly spoke of the necessity of making things easier for his father, as if this was the greatest virtue that she and Mr. C could strive for. He adopted this idea of virtue as his own and tried to cater to his father's wishes. Although successful in business, he felt that he had been a failure in his personal life. Shortly after college he had married a beautiful, narcissistic woman who had not been able to have children.

Even at the start of his treatment Mr. C was aware that all his life he had not permitted himself to feel. He had approached all situations and relationships from behind a wall of defensive isolation. The roots of this went back beyond what he was originally able to consciously recall. His mother had had a couple of pregnancies that had ended in stillbirth before he was born. We were able to reconstruct his mother's chronic depression, which periodically became overtly symptomatic. We were also able to reconstruct her ambivalent, anxiety-ridden attachment to him as the replacement for the dead siblings; this had led Mr. B to an intense, anxiety-ridden, phobic attachment to her. He identified

with both her depression and her anxiety, and shared her fantasy that he might die at any time. He recalled sucking his thumb and drinking from a bottle till he was five. He also had been afraid of the dark in those years and would call for his mother. She would leave the father's bed and either sit or lie by his side until he was able to fall asleep.

At age five he had a hernia repaired. Coming as it did at the height of his oedipal phase, it is not surprising to learn that he unconsciously experienced the operation as an attempt to castrate and kill him for his incestuous longings for his mother that lay behind his calling her from his father's bed at night and his regressive sucking on bottle and thumb. He stopped sucking his thumb and gave up both his bottle and calling to his mother at night. Beyond these external behavioral changes, he withdrew more deeply behind the defensive emotional isolation which already had been his style. All that he felt—his longing for his mother as well as his hatred of her, his hatred and fear of his father, and all other human emotions in general—had to be kept at a distance. Thus had he gone through life up until the time that his wife left him and his father's second wife lay dying.

These two events occurring when he was in his mid-fifties upset the psychological balance he had reached in childhood and maintained throughout his life, by intensifying his already powerful, long-repressed oedipal and preoedipal memories, feelings, and fantasies. He had no wife. He had no children. He had no siblings. He was unconsciously being reminded by his father's wife's fatal illness that he had no mother. And in effect he had no father, since he had never felt that his father had ever been a father to him. Besides, his father was now in failing health. He felt as totally alone, helpless, abandoned, and vulnerable to castration and death as he had as a child in the hospital. The even earlier fantasy that he shared with his mother—that, like his stillborn siblings, he could die at any moment, particularly if she were not there to protect him—was also reviewed. We learned that this fear of death if abandoned by mother was also unconsciously felt by him to be another retal-

iatory punishment for his (in his mind) killing these siblings so that he could be alone with his mother.

He now became aware that his father's second wife had relieved him of much of the burden of responsibility for him. That he had continued to feel responsible and to be continuously preoccupied with his father's well-being was both a result of a reaction formation against his murderous feelings toward him and a response to the ideal stressed by mother that virtue lay in taking care of father. First, with his father's wife's illness, and then with her death, he found himself faced with the dilemma of what to do with his father who was weak, frail, subject to dizzy spells, depressed, and progressively more forgetful. His father could not get along with any of the housekeepers that Mr. C hired for him.

The alternative of taking his father into his own home was emotionally impossible for Mr. C. He said, "I can't turn my home into a nursing home. I'm not going to sacrifice my life for his." These words, however, were said in the face of his overbearing sense of guilt, because he felt that putting him in a nursing home was tantamount to abandoning him to die. That was precisely what he felt that his father had done to him when he had been hospitalized as a child: abandoned him in an institution to be killed. At this level of feeling, he was sure that if he put his father into a nursing home, he would be punished in kind; that all of his childhood fears of being left alone to die would come true. His father's physical and mental decline worsened. He became incontinent, and his mind wandered more than ever. Eventually, Mr. C's own conflicts and fears about putting his father in an institution where he could be properly cared for were resolved sufficiently so that he was able to do so comfortably.

When Mr. C's father entered the nursing home, other events common to this situation occurred that also frequently stimulate intense feelings and conflicts. Knowing that his father would never return to his home, and needing to make all the financial arrangements for the nursing home, Mr. C had to go through

all of his father's financial records, insurance policies, etc. (This situation also occurs when a parent or other relative that one is responsible for dies.) In going through these personal papers, he discovered something to be true that he had secretly suspected, but had never allowed himself to think about openly. His father was not impoverished as he had always made himself out to be. He was, in fact, fairly comfortable, with sums of money squirreled away in various bank accounts and investments. Mr. C realized, with feelings of bitter rage, that his father had never been impoverished and that all the privations forced upon his mother and himself when he was a child and a teenager were unjustified in reality. He recognized that it was his father's own psychic reality, his fear of impoverishment and rage, that led to his mistrust of everyone, including his wife and son. These realizations led to new avenues of approach to Mr. C's own intrapsychic life, in particular to his own identifications, defenses, fears of abandonment, and murderous rage at his father.

Going through his father's papers also led to another discovery: that his father had siblings whom he had never even heard about. (The discovery of facts about one's parents leads to unanswerable mysteries that serve as a prime stimulus for fantasy; this is common in the situation where a sole surviving parent is placed in a nursing home or a hospital, or dies.) Why had his father never told him? Had his mother known also and not told him? What was the family secret behind the mystery? Each of these questions and others eventually led back to his own childhood secrets and guilt-ridden conflicts, i.e., was he responsible for the death and disappearance of the two siblings born before he was and the fact that his mother had no children after him?

These three cases illustrate many of the emotional issues and fantasies that can be stimulated when a middle-aged person is confronted with the question of what to do with a parent who, for physical or mental reasons or a combination of both, is no longer able to be maintained in his or her home. While none of

the feelings, fantasies, or conflicts elucidated in these cases are unique to the dilemma of what to do with a failing, aging parent, this dilemma often seems to touch on feelings and thoughts in such a powerful way that long-held psychological balances may be upset. This was true of both Mr. B and Mr. C, each of whom had made it through more than forty years of their lives without the development of symptoms of anxiety and depression debilitating enough to drive them into treatment. It also seems to be true that the greater the responsibility individuals have for making the decision of what to do with the aged parent, the greater is their vulnerability to having long-repressed passions and conflicts stimulated sufficiently to disturb intrapsychic balances. It is possible that Freud's patients, who assumed even more direct personal responsibility for the care and nursing for their sick relatives, had their passions and conflicts stirred even more powerfully. For example, being at your father's bedside and handing him his bedpan and taking it away, smelling and seeing his urine and feces, as Fräulein Elisabeth may have done, is a stimulus of greater intensity than hearing from a third person about your father's excretory functions, as my patients did.

As Cath (1972) noted, placing parents in a nursing home always seems to be equated with feelings and fantasies of abandoning them to die. This seems to be true not only in a dramatic instance, such as the case of Mr. A, who had been told that his purpose in life was to take care of his parents when they became aged and infirm, but in most other instances. Some part of the ego ideal of most, if not all, people has to do with the commandment which says to honor thy father and thy mother. Part of that honoring by the child relates to caring for them in their old age as they cared for the child in the beginning of its life. The fear of loss of the object and loss of the object's love and identification with the lost object were revived in dramatic fashion in all three of my cases. In addition, unresolved unconscious oedipal wishes and conflicts were also revived in all three cases. To be sure, the degree to which this would be true in any given individual would depend upon his or her pre-existing psychology. It

is therefore essential for the analyst to be alert in searching out the unique aspects of the common conflicts set off in each individual faced with this problem.

There are certainly other situations in life which touch upon many of the same emotional issues as those involved in whether or not to put a parent in a nursing home: for example, whether or not to place or maintain a critically ill, dying, aged parent on a life-support system or to give consent for other heroic measures which are available with modern medical technology. Although I have not as yet had experience with a patient facing such a question, I would imagine that, since the individual is being asked to decide whether a parent should live or die, many of the same issues as in the nursing home dilemma would be raised. However, there are some factors related to the question of the nursing home that are unique to it. One of them, not discussed up to this point, involves money and conflicts stimulated by it.

According to the federal Medicare laws, aged individuals have to use their own money to pay for the care in a nursing home until they are essentially impoverished, at which time the government will assume financial responsibility for the cost. Unless the aged patient is wealthy (in which instance, round-the-clock private care at home might be opted for rather than a nursing home), this usually means that the parent will be rapidly impoverished since an average cost is at least $140.00-$150.00 per day, seven days a week. This can and does have real as well as psychological impact on the children. If the children are not well-to-do themselves, they are often deprived of their inheritance in reality. Even if they are well-to-do, they may still feel deprived, according to whatever their parents' money may mean to them. For Mr. A, for example, who was well off, the idea of his mother's financial resources withering away replicated the fantasy that his mother's imagined penis had withered away with age. Some people handle the financial situation by having their aged parents sign over their assets to them when they anticipate that the parents might need institutionalization within a few years.

Without any assets, the parents will be covered by Medicare from the first day of nursing home care. This maneuver, too, can be fraught with conflict, depending upon the meaning of the money and of the maneuver to both the parent and the child. In addition to the feelings, fantasies, and conflicts stimulated by the question of the inheritance of money, the question of other kinds of inheritances can be equally dynamically charged. These other kinds of inheritances include various kinds of personal property, from clothes and jewelry to real estate and art work, each of which can have specific unconscious meanings for the individual.

Another difference between the questions of a nursing home and the question of whether or not to keep a comatose, fatally ill parent on life-support systems is that the individual does have a good deal more choice over the quality of the nursing home the parent gets into than over the medical situation. There is a great deal of variability in the quality of the care given to the aged from one nursing home to the next. The sense of guilt over feelings of abandoning one's parent can be eased somewhat by the feeling that one has gotten them into a "good" home.

Another pertinent issue, which I have not discussed up to this point, is the possibility of analysts' identifying with patients confronting the problem of an aged parent in failing health. Most analysts are, like their middle-aged patients, middle-aged. They are just as statistically likely as their patients are to have, or to have had, aged parents whose frailties were such that the question of nursing home care arose. How they have resolved their own conflicts if they have had the experience will in some measure affect the degree of neutrality and objectivity as well as the kind of empathy with which they are able to listen to the patients facing this particular dilemma. Even if an analyst has not had the experience, the situation is one that easily evokes strong emotional responses that can interfere with the capacity for neutrality, objectivity, and empathy. In this regard there are common countertransference tensions and temptations which arise in dealing with patients who face this problem.

It is usual for patients to regressively experience in the transference the anxiety aroused by the unconsciously equivalent threats of separation, death, and castration inherent in this situation and to manifest this anxiety by pleading with the analyst, either overtly or in disguised derivative ways, to advise them. Analysts may be asked to advise patients as to whether or not to institutionalize the parent, or to evaluate the pros and cons of one nursing home as opposed to another, or to evaluate a given physician's advice. Patients may cite their own conflict and indecision about what to do as a rationale for analysts to intervene with advice and opinions. Analysts may find themselves tempted to accept this rationalization and to acquiesce to the patients' pleadings. This temptation is a manifestation of a countertransference fantasy often based on identification with the patient as a helpless child threatened with separation and death; the failing, dying parent is replaced by a reincarnation of the all-wise, omnipotent parent of early childhood in the person of the analyst. This fantasy serves to deny separation and death in the attempt to rescue both the patient and the analyst from the threats posed by each.

The transference and countertransference manifestations just described occurred during the course of treatment of each of the three patients I have described. In each case awareness of my own temptations to give advice led to associations dealing with my own widowed mother who, during the years that I was seeing these patients, ranged in age from her mid-seventies to her mid-eighties, and on back to the illness and death in my home of my grandmother when I was six. It was essential for me to rework my feelings, memories, and fantasies surrounding my grandmother's death and my feelings and fantasies concerning my mother's advancing age so that I could deal appropriately with the countertransference pressures I felt.

The idea that these countertransference pressures may be widespread received supporting evidence when I presented this paper at the midwinter meetings of the American Psychoanalytic Association in December 1989. Several colleagues said that

they had thought of coming to hear this paper, but that they could not bear to do so. The topic was too painful. They each then proceeded to tell me a tale of personal woe involving one of their parents or their mother-in-law or father-in-law. The prevalence of these kinds of intense conflicts among analysts touches upon a problem within psychoanalysis that is quite similar to the dilemma of what to do with an aged failing parent—the dilemma of what to do with an aging analyst whose physical and/or mental capacities are failing. Whether the analyst is on an institute faculty or not, a training analyst or not, a person of authority or not, the same questions and the same psychological issues that have been demonstrated in the situation of the adult child with the failing parent might be stimulated.

The poet Shelley has, I think, in fourteen brief lines, captured the essence of what I have tried to say.

> I met a traveller from an antique land
> Who said: Two vast and trunkless legs of stone
> Stand in the desert. Near them, on the sand,
> Half sunk, a shattered visage lies, whose frown,
> And wrinkled lip, and sneer of cold command,
> Tell that its sculptor well those passions read
> Which yet survive, stamped on these lifeless things,
> The hand that mocked them and the heart that fed;
> And on the pedestal these words appear:
> 'My name is Ozymandias, king of kings:
> Look on my works, ye Mighty, and despair!'
> Nothing beside remains. Round the decay
> Of that colossal wreck, boundless and bare
> The lone and level sands stretch far away.

While the poem can be read as a comment on the folly of unbridled narcissism in general, it can also be understood from the point of view of mature children looking at their aged parents, who once appeared so mighty and invulnerable, and realistically seeing their decay and, in it, their own future.

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The Tormentor and the Victim in the Nursery

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THE TORMENTOR AND THE VICTIM IN THE NURSERY

BY HERMAN ROIPHE, M.D.

In our research nursery study of the emergence and vicissitudes of aggression, we had the opportunity to observe the unfolding of a particularly intense tormentor-victim relationship between two boys aged seventeen and nineteen months. Through the large body of developmental information we have accumulated about both of these toddlers, we have been able to explore the infantile roots of what we view as the erotization of aggression. We see the fusing of aggression with libido as playing a crucial role in both normal and pathological personality formation.

In the past several years in our research nursery, we have been observing the emergence of aggression in normal babies in the first two years of life. We have seen babies hitting, biting, and teasing their mothers and their peers. We have seen children under the age of two in despair as another child takes a favorite toy. We have watched as a toddler smiles at the tears he has provoked in another. This aggressive activity arises in the context of the separation struggle and reflects the child's primary ambivalence toward the nurturing object. The need to master the fear of object loss and the overwhelming anger this evokes appear to form the basic drama in the psychic life of the small child.

We have seen children developing defenses to blunt the force of object-directed aggression and to preserve the basic attachment to the external object world, i.e., the nurturing mother. Such toddlers may try to hit themselves, or, under the stress of parental vacations, they may somatize and develop colds or asthma. When angry at the mother, they may kick a ball, dis-

placing their anger onto the toy. They may regress to more infantile states, insisting that their mothers hold the bottle when they are capable of doing so themselves.

We have observed children of seventeen to nineteen months exhibiting distinct pleasure as they tease one another. Any direct expression of raw aggression is usually accompanied, in either children or adults, by dysphoric affect, tears, and distress. But the teasing that we have observed in our nursery is accompanied by smiles and real pleasure. This leads us to interpret the tormenting and teasing as a sign of the toddler's fusion of aggression with libido. At this stage of development the fusion of aggression with libido does not, of course, have any of the fantasy elaboration of the later phallic-oedipal phase, although it may be the direct developmental precursor (Spitz, 1957, 1959) of the phallic-oedipal sadomasochistic personality organization.

It is certainly in the experience of all children on numerous occasions to feel helpless rage because of frustration, anxiety, or humiliation. From the point of view of ego psychology, the smiles of the tormentors can be seen as a reflection of pleasure in the fact that it is another who is in a helpless rage, rather than themselves. The smiles may reflect the tendency to turn passive into active as well as identification with the aggressor. The smile itself has both drive and ego determinants; this paper, however, will explore only the drive aspects of the tormentor behavior.

In its passive form, which the little victim represents, the observational evidence for the erotization of aggression is much less compelling, because there is usually no smile of pleasure as the child is dominated by the tormentor. The only thing that can be said with some degree of confidence is that the tears of the children who are the victims help to assure their possession of the desired inanimate object, or, more to the point, their possession of the mother. These little victims may create situations again and again in which they are reduced to a passive, painful, helpless state, so that their mothers must come to the rescue. These children do not actively express their anger but instead regressively assume the passive, helpless state.

In the course of our study we had the opportunity to observe the unfolding of a particularly intense tormentor-victim relationship between two little boys, seventeen and nineteen months of age respectively. Through the large body of information that we have about these toddlers, we shall explore what we view as the infantile root of the erotization of aggression. We see this as playing a crucial role in both normal and pathological personality formation and as leading either to the consolidation of a well-functioning superego or to sadomasochistic perversions and perversions in general.

We believe that the erotization of aggression is by no means some exotic turn in development found only in the most pathological families: it is a normal, ubiquitous step in the necessary regulation and modification of the aim of aggression (Grossman, 1986; Roiphe and Galenson, 1973). Perhaps some commonplace examples, of the sort which can be observed every day in the nursery and at home, may serve to make all this more comprehensible.

From about one year of age on, toddlers, out of their increasing physical competence, mobility, independence, and boundless curiosity about the external world, constantly get themselves into situations in which their mothers have to intervene with a "don't do that" or a "no," out of concern for their safety or for that of others, or to protect some household object. It is striking how early on these little people demonstrate the operation of a rudimentary conscience. Toddlers show a surprising memory for parental prohibitions and also give evidence of a quite coherent self-observing function. They will also usually exercise an inhibition of forbidden impulses, provided that they are not under pressure from a particularly intense curiosity, a defiant independence thrust, or an especially intense aggressive impulse.

Little Albert, playing in the room where his mother is tending to a number of bills that have accumulated, climbs onto a stool. This is an activity that mother has several times before prohibited since it is somewhat precarious. This time, preoccupied, she

fails to notice what he is doing. Little Albert makes a number of small noises until he manages to attract his mother's attention and evokes the expected "don't do that." He then gets off the stool with a broad smile.

In this sequence little Albert demonstrated a remarkable condensation of both the active and the passive forms of the erotization of aggression. Mother was emotionally unavailable. Albert defied the prohibition against climbing on the stool, and then when he finally succeeded in attracting his mother's attention, he had to submit to her prohibition. The pleasure in both the defiance and the submission centered on the fact that Albert was able to re-establish an immediate emotional closeness to his mother.

In another example, whenever the door to the nursery was ajar, eighteen-month-old Henry, with an impish grin, would run out of the nursery and down the hall, out of sight. Mother would run after him, sweep him up into her arms, and return him to the nursery with a broad smile on his face.

This latter game is usually and quite properly described, from an object-relations point of view, as the quintessential separation-individuation play: separation and re-engulfment (Mahler, Pine, and Bergman, 1975). However, this game has an essential drive aspect as well. With differentiation in the latter half of the first year, the child destroys the symbiotic object as he or she places the maternal representation separate from the self-representation (Winnicott, 1969). Although this maneuver is clearly in the service of a growing sense of reality, it also places a child under the constant potential threat of the loss of the mother. In his separation play, Henry actively abandons his mother, in contrast to his daily experiences of being left by her. She anxiously runs after him, sweeps him up, and re-engulfs him (Kleeman, 1967). In this game his hatred of the mother of separation is tempered by the erotization of his aggression, in that the structure of the game incorporates the pleasurable reunion with her.

At this point we can turn our attention to the tormentor-

victim relationship that developed between two little boys who attended the research nursery, Henry (Roiphe and Spira, 1991) and Mark. Some summary remarks about the development of both these little boys, the strengths and strains as we knew them, will help to establish the emotional scene.

Henry was nine months old when he started attending the research nursery along with his mother. They were an unusually well-attuned pair. The mother was remarkably easy, confident, and responsive in the nurturing care of her infant, and Henry was sturdy, cheerful, and self-assured. There was a solid and comfortable attachment of this pair, and beginning in the second half of the first year there was a vigorous separation-individuation thrust. Henry's development throughout the first year appeared to be optimal in every respect.

When Henry was fourteen months of age, his mother became pregnant. While the father had not particularly wanted a second child and the pregnancy was not planned, the mother was pleased, since she definitely wanted another baby. The mother's pregnancy, especially in the last trimester, and the birth of a baby brother when Henry was twenty-three months old had a major disruptive effect on his development, with significant strains and distortions in object relations, the regulation of aggression, and core gender identity. From the beginning of the pregnancy it became increasingly clear that Henry was drawn into the drama of his mother's childhood experience of the birth of her own brother. While her memory of first learning of her brother's birth—her complete shock and total surprise—may represent a defensive distortion of her actual experience at the time, we believe it strongly suggests the traumatic impact of the event. In this light we can better understand the mother's depression during her pregnancy when she learned that the fetus was male. This evoked a serious object loss strain by virtue of its resonance with her experience of having been displaced as her parents' baby with the birth of her brother. In addition, she had wanted a girl, since she knew her husband would want a boy to be circumcised, something which she felt with extraordinary

passion was medically unnecessary. After Henry's birth she had continued to brood about his circumcision, since she believed it had been badly done, leaving too much foreskin. All of this suggests that her own brother's birth not only challenged her with feelings of being displaced, but left her with a strong, unresolved castration reaction.

Unfortunately, in spite of her conscious resolve to spare her son from being as shocked and overwhelmed by the birth of his brother as she had been by hers, her efforts came to naught. Henry felt the same sense of displacement and loss on the birth of his brother and some of the same sense of helpless rage and castration fear. Henry was having to cope with a mounting level of aggression as a consequence of object loss strain as his mother became emotionally less available to him during the course of her pregnancy; this was reflected in his pronounced teasing behavior at seventeen to twenty months, to be described later.

Mark was almost one year of age when he started to attend the research nursery along with his mother. He already had a considerable single-word vocabulary, and his language and symbolic thought continued to show a rapid and precocious development. It soon became apparent that he was a child of unusual intelligence. It was also clear that he was a rather anxious child who much of the time maintained a clinging closeness to his mother. In the many daily situations in which another child would take a toy that he was playing with, or would already be playing with a toy that he was especially interested in, or would be standing at the top of the slide preventing him from using it, etc., he would collapse in helpless sobbing or piercing screams and return to his mother's side for comfort. In all these situations he would never assert his own interest by direct aggression. While his mother did not secure the toy for him, she was unusually patient in comforting him on the many such occasions that arose.

Mark's mother, an intelligent and attractive woman, did not marry until her mid-thirties. She had great difficulty becoming pregnant and was thirty-eight before she gave birth to Mark.

When Mark was twenty-three months old, she anxiously began efforts to become pregnant again. A year and a half later she had not yet succeeded. After Mark graduated from our research nursery his mother enrolled him in a regular nursery group for two-year-olds. Much to our surprise, Mark had little trouble in separating from his mother, and he seemed to do very well. All this tended to confirm our speculation that Mark's pronounced separation problem had a good deal to do with his mother's sticky closeness to him. Her resistance to his independence appeared to arise in important measure from her apprehension over whether she would be able to get pregnant again and have another baby. The decision to go ahead and try nevertheless had something to do with her enrolling him in the new nursery group and giving him tacit permission to separate.

Almost from his entry into our nursery Mark was caught in a tight bind with his mother that resisted the normal push toward independence and separate functioning. In the myriad daily situations in which he found himself in conflict over some toy or activity with another child, he could not actively and aggressively assert his interest or possession. In these situations again and again he was reduced to a completely passive, painful, helpless state; in this state, even if he did not gain possession of the inanimate object, he unfailingly gained possession of his mother and her warm, encompassing comfort.

In this fertile setting Mark met his partner in Henry. Henry at sixteen months was, for the first time, showing evidence of a growing object loss strain as his mother's pregnancy made her emotionally less available. We began to observe an increasing number of incidents of apparently unprovoked aggression by Henry, and most of them involved Mark. Initially, Henry would stand near while Mark was playing with a toy. Mark would become very upset by Henry's hovering and would scream in distress. Henry would stand his ground with equanimity and a smile on his lips. The teasing behavior between them began to center around a retractable tape measure which very much ap-

pealed to both boys, since it lent itself so well to the age-appropriate anal and early genital concerns as well as to their ongoing object loss anxieties (Galenson, 1971; Kleeman, 1967; Roiphe and Galenson, 1981). For Henry, teasing Mark gradually became the primary focus of his interest in the tape measure. On entering the nursery, Henry would rush to the toy shelf even before he had his jacket off and would secure possession of the prize. If Mark had not already noticed that he had the tape, Henry would be sure to flaunt it until Mark would collapse in helpless screaming. Henry would be pleased by Mark's dramatic display of distress. He usually initiated the conflict, taking books, toys, balloons, etc., from Mark. He was clearly more interested in Mark's reaction than in the toy itself, often abandoning the object after provoking Mark. While Mark was his favorite target because of the predictability of his helpless collapse, at one time or another Henry would attack other children as well. However, there should not be any misapprehension that Henry was running amok in constant angry attacks on other children. Most often, up to the third trimester of his mother's pregnancy, he engaged in surprisingly social and cooperative play with other children, even with Mark.

This tormentor-victim relationship between Henry and Mark persisted unabated for four months. Mark continued on in his victim stance, which we viewed as the passive form of his erotization of his aggression. It remained unchanged until he was two years old and left the research nursery. Henry, however, in the third trimester of his mother's pregnancy when he was twenty to twenty-three months of age, began to show a gradual shift in his mood and general demeanor. From a child who had been usually cheerful, outgoing, independent, and unflappably confident, he gradually became subdued, anxious, and clinging during this three-month period. Earlier, he would bound into the nursery with tremendous enthusiasm and quickly become involved in some interaction with a child or an adult. In the last months before his brother's birth, he was either locked in an

anxious, angry closeness with his mother or aimlessly wandered about the nursery, unable to become involved in play or social interaction with other children.

During these months we began to notice signs of a tempering of the "love affair" between mother and son as the mother became more involved in thoughts and feelings about the new baby. The mother showed, for her, an unusual insensitivity to Henry's distress whenever she lifted little Arthur, a ten-month-old nursery baby, onto her lap and played with him. On one particularly poignant occasion, Henry was sitting on a new rocking horse when he noticed his mother holding Arthur on her lap and feeding him a bottle. There was a look of extreme distress on Henry's face as he struggled to dismount. When he succeeded and ran to his mother to try to get Arthur off her lap, she paid no attention to this request for attention. Crestfallen, he walked away and climbed into another child's stroller, with his back turned to his mother. He put his bottle into a pocket of the stroller, took the other child's bottle out of the pocket, and, unusual for him, began drinking it. His mother continued to hold Arthur and paid no attention to Henry's needs.

Perhaps most striking was the decided shift over a period of two weeks (he was twenty months of age) in Henry's general state whenever there was a scuffle with Mark over a toy. As described above, he was usually the instigator, but even in those situations where another child tried to take something away from him, he had before generally been secure and in control while standing his ground. Now in these scuffles, particularly when Mark let out his helpless screams, Henry seemed less certain of himself and even somewhat anxious and upset. He now frequently looked to his mother appealingly or returned to her side for comfort and help. As a consequence of this growing object loss strain, he was no longer able to maintain an active, aggressive stance, nor could he sustain his defensive self distance from the passive Mark, whose helplessness reflected his own. Now he showed a growing anxiety in any situation in which he actively expressed aggression, and his immediate need

was to re-establish a physical closeness to Mother. In the remaining three months of the pregnancy Henry's teasing behavior completely ceased.

From the time that Henry's brother, Joshua, was born, he manifested an escalating level of unprovoked aggression. Almost from the start we had an increasing number of reports that he was hitting or biting his mother and father without any obvious cause, except for his general jealousy of the new baby. He would sometimes hit the baby, but most often he would hug Joshua so vigorously that the baby would cry. At one point his mother said she didn't know if she could have the two children share a bedroom, in view of Henry's angry frame of mind. On one occasion when Henry was sitting in his mother's lap comfortably talking with her, he suddenly slapped her in the face.

In the nursery he now frequently hit or pushed other children without any obvious cause. At times he seemed drawn to other children's activities merely to interfere with their ongoing play. The teasing behavior, the smile as he took a toy away from another child, was completely absent, and we saw only the direct hitting, punching, and biting behavior of an angry child.

At first his mother tried to ignore Henry's aggressive behavior or find an alternate explanation, since it was difficult for her to acknowledge his obvious jealousy of his brother. She became increasingly angry with him because of his many hostile acts against Joshua and the other children in the nursery. Henry was experiencing both a diminution in his mother's availability and a change in the quality of her attention. When she was angry with him, which she often was, she withdrew from him, telling him not to talk to her or to leave the room. Henry would collapse, sobbing that he was sorry. We made a very moving observation near the end of a nursery session. Henry, tired, drifted off to sleep in his mother's arms. After a few moments he startled, awoke, and cried out, "I'm sorry, I'm sorry."

This tormentor, who had changed his dominant position for a more passive one, eventually became an anxious, angry little boy who developed a severe castration reaction. He attempted

to anchor himself by means of pronounced identification with his mother. He was heard to say, "I have a vagina, just like you, and I have a baby in my belly." His experiences during and after the birth of his brother sharply altered his character position. As the ability to control his aggression weakened, his sexual identity was also shaken.

DISCUSSION

With the emergence of the infant's primary ambivalence to the external nurturing object world early in the second year, we usually see the mobilization of a range of defensive maneuvers. Because of the destructive force of the aggressive drive at this stage in development (Freud, 1920), this is imperative in order to preserve the infant's attachment to the mother and to preserve the coherence and integrity of the ego. The regularly observed defenses of displacement and turning against the self serve to maintain the basic attachment to the object, but do nothing to modulate the destructive force of the aggressive drive. Somatization, while blunting the operation of aggression in the mind, undermines the integrity of the body; in spite of this threat, somatization has the adaptive value of helping to preserve the basic attachment to the mother (Roiphe, 1973). Regression and splitting serve to compromise the coherence and integrity of the ego (Freud, 1938). The erotization of aggression, the fusion of aggression with libido, can serve to blunt and modulate the destructive force of aggression. The aim of the fused sexualized aggression is no longer to destroy but rather to dominate or be dominated, to cause suffering or to suffer, as a condition for loving or being loved (Freud, 1924).

In the course of relatively normal development—that is, when there has been "good enough" mothering and no undue insults to the body-self from severe illness or accidents—the titer of aggression seems well within the ego's capacity to fuse with the sexual current; hence aggressive aims can be modulated. There

is always some moderate level of teasing behavior or of helpless clinging in the course of normal development as a stage in the regulation of aggression. It is clear from Henry's and Mark's development that when there is a higher level of object loss strain than usual, the titer of aggression that these children have to cope with is also much greater than usual. While this seemed to be within the limits that their egos could manage, it resulted in a more decided coloration, an exaggerated quality, to their characteristic adaptation—that is, to their erotization of aggression—than we usually see in their peers.

For Mark, the outline of his adaptation remained pretty much unchanged throughout the second year, since there seemed to be no change in his basic relationship to his mother during this period. For Henry, however, the level of object loss strain and aggression continued to mount when his mother became less emotionally available as her pregnancy proceeded and after the birth of his baby brother. Beginning at twenty months of age, with his increasing ambivalence, he was no longer able to maintain the earlier active form of the erotization of aggression, his teasing and tormenting behavior. In the two-week transition period he continued to fight with other children over possession of a toy, but in contrast to his former unflappable confidence in such situations, he now became distinctly anxious as the other children protested, and he would invariably return to his mother's side for comfort and help. After this transition period and for the remainder of the third trimester of his mother's pregnancy, he no longer got involved in any fights with other children over possession of a toy. He was trapped in a hostile clinging to his mother and was unable to get involved in play with other adults, children, or inanimate objects. As a consequence of his growing lack of confidence in his mother's emotional availability, Henry was now locked into the passive form of the erotization of aggression.

Gradually, toward the very end of his mother's term and then explosively after the birth of the baby, Henry's aggression erupted in frequent hitting, biting, scratching attacks on

mother, father, baby brother, and all the nursery children. This was a raw, unmodulated form of aggression, untempered by a fusion with the sexual current that had characterized his earlier tormentor-victim behaviors. What is suggested here is that when the aggression reaches a certain level of intensity, the ego is no longer able to consistently fuse the aggression with libido in the service of modulating its destructive force. Henry was now driven by a hatred of his mother, whom he loved at the same time out of need. This is a very unstable state, since it threatens to destroy the nuclear structures of self- and object representations, and also to shatter the coherence of the emerging ego. The object loss strain was so intense in Henry that he was unable to fall asleep or to sleep through the night unless he slept in his mother's bed. Even then, he was noted to startle awake from time to time, sobbing "I'm sorry, I'm sorry." His conscience assumed that the loss of his mother or his mother's love which wakened him from sleep was a consequence of his hatred of his mother and his little brother.

In this same period and as a consequence of the object loss strain and object-directed aggression, Henry also developed a profound castration reaction, along with a pervasive castration hypochondria (Roiphe and Galenson, 1975). His genital masturbation, which had been well organized since the age of thirteen months at the time of normal early genital arousal, became stringently inhibited. It is our impression that genital masturbation cannot support a fusion of the erotic current with high levels of aggression such as we have reason to believe was affecting Henry. In its stead we observed the emergence of anal masturbation. It has been our theory that the anal zone, from its initial arousal, is a central channel for aggression directed at the mother of separation (Roiphe and Galenson, 1986). On one occasion when Henry placed a finger in his anus, he was heard by his mother to exclaim, "My vagina." In this same period he would pat his abdomen and say, "I have a baby in my belly."

Henry, confronted with the threat of object loss and his rage at his mother, and no longer able to modulate his aggression

through a fusion with libido, now had to resort to the more compromising cross-gender identification. This maneuver served to stabilize his situation by blunting his hatred of his mother and by ameliorating the threat of object loss, since he was now like her and one with her.

SUMMARY

In our research nursery we usually see the emergence of the infant's primary ambivalence toward the external nurturing object world in the period of twelve to sixteen months. It is an essentially unstable state, since the tendency of the infant's aggression at this point is to potentially destroy the very object who is loved out of need (Roiphe, 1979). In this context we regularly observe what we believe is the mobilization of a fusion of aggression with libido as a developmental step in the modulation of the destructive force of aggression. This is reflected in the normal oscillation between teasing behavior and clinging behavior so characteristic of the second year of life.

In those developmental situations in which there has been less than "good enough" mothering or significant body insults, such as birth defects, severe illness, or surgery, the level of aggression is much greater than usual, so that the erotization of aggression results in a more prominent teasing-victim pattern of relatedness. The active form, as expressed in the teaser-tormentor behavior, still more or less reflects a basic confidence in the integrity of the self and in the fundamental availability of the object. The passive form, as seen in the clinging-victim behavior, seems to reflect a more compromised confidence in the integrity of the self and the emotional availability of the object. This was clearly the case with little Henry at twenty months. As the object loss strain significantly mounted, he could no longer maintain the active teasing pattern, and in its stead he was locked in a passive, hostile, clinging relationship with his mother. In Mark's case his mother, out of her anxiety about her ability to conceive another

baby, resisted his active striving for independence and kept him in a passive, hostile, clinging relationship to her. It seems to us that these may represent the preoedipal outlines of later sado-masochistic character trends.

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Sublimation. Inquiries into Theoretical Psychoanalysis. By Hans W. Loewald, M.D. New Haven/London: Yale University Press, 1988. 89 pp.

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BOOK REVIEWS

SUBLIMATION. INQUIRIES INTO THEORETICAL PSYCHOANALYSIS. By Hans W. Loewald, M.D. New Haven/London: Yale University Press, 1988. 89 pp.

In this all too brief essay we are presented with a text of enormous complexity, a distillation of Loewald's thinking concerning sublimation. The complexity is due not only to the degree to which Loewald has compressed and condensed his ideas: it also reflects something that is characteristic of Loewald's earlier contributions to psychoanalytic theory. It could be described as a paradox in which Freudian theory is both preserved and transformed. I know of no other contemporary author who can explicate Freudian theory with such passion, depth, and subtlety. Yet Loewald manages to both retain and transform Freudian concepts: he continues to employ terms that are associated with Freud's instinct theory, such as *object libido* and *narcissistic libido*, *primary narcissism*, and so forth; he retains these terms but at the same time transforms the theory with which they were formerly associated.

Freud, in "Instincts and Their Vicissitudes," considered instincts to be forces arising from within the interior of the individual, without reference to the human environment. But Loewald, on the other hand, conceives of instincts, such as Freud's life and death instincts, as residing not in an already separate psychic unit, the infant or the infant-self, but as intrinsic to the interactional process that occurs within the mother-child matrix. In this view, Loewald comes close to expressing a position similar to that of Winnicott,[1] who said that "ego relatedness" takes precedence over the forces of the id. I must confess that despite the fact that Loewald understands *object libido* and *narcissistic libido* to refer to "the products of differentiation, within the mother-infant matrix," these terms no longer possess meaning for me. The problem, as I see it, is with the concept of instinct itself.

Freud admitted that his use of the instinct concept was entirely dependent upon biology. He stated, with regard to his discussion of

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[1] Winnicott, D. W. (1958): The capacity to be alone. In *The Maturational Process and the Facilitating Environment*. New York: Int. Univ. Press, 1963, p. 33

the life and death instincts: ". . . it should be made quite clear that the uncertainty of our speculation has been greatly increased by the necessity of borrowing from the science of biology. Biology is truly a land of unlimited possibilities. We may expect it to give us the most surprising information and we cannot guess what answers it will return in a few dozen years to the questions we have put to it. They may be of a kind that will blow away the whole of our artificial structure of hypotheses."[2]

I believe that Freud's remarks were prescient, inasmuch as biology has in fact blown away the concept of instinct iself. It is only within the last half of this century that studies of the evolution of behavior have developed into a separate discipline; and in this process, the term *instinct* has lost its scientific status. If one consults recent authoritative texts on the evolution of behavior, one discovers that the term *instinct* or *drive* no longer exists. It appears to have joined the ranks of such pseudo-explanations as phlogiston. This does not mean, however, that we can ignore the phenomena that the term *instinct* signified.

Loewald is, I am sure, aware of these recent developments within evolutionary biology, but he adopts a position with regard to the concept of instinct which I judge to be problematic. He says: "I have stressed that I use *instinct* as a psychoanalytic and not a biological-physiological (or ethological) concept" (p. 33). If psychoanalysis reserves the term *instinct* for itself, the term must be redefined, and its discontinuity with the term *instinct* as previously used in biology must be made explicit.

I find it difficult to continue to believe in Freud's libido theory, as it was informed by a now obsolete psychobiology. Consequently, it is also difficult for me to be comfortable with the term *sublimation*. For sublimation is traditionally linked to libido theory, as in the taming of instinctual passion, a diversion from a "lower" (instinctual) aim to a "higher" (cultural) aim. Again, I find myself distracted by these connotations of language, and wish that there were a fresh term that one could substitute.

Cooper, in his 1988 appreciation of Loewald,[3] observes that the

[2] Freud, S. (1920): Beyond the pleasure principle. *S.E.*, 18:60.
[3] Cooper, A. M. (1988): Our changing views of the therapeutic action of psychoanalysis: comparing Strachey and Loewald. *Psychoanal. Q.*, 57:15-27.

redefinition of old terms is a characteristic of Loewald's writing and, further, that Loewald appears to be committed at the same time to both the scientific and the poetic version of psychoanalytic terms.

I would not quite characterize this essay as poetic, although it affords the reader who has a taste for psychoanalytic theory considerable aesthetic pleasure. I see it more as an attempt to reach the philosophical assumptions that inform our ideas concerning consciousness, subjectivity, and the origin of the self. It touches on such fundamental epistemological problems as the nature of the "reality" that psychoanalysts observe. Loewald calls his contribution an essay in *theoretical psychoanalysis*, a term that he prefers to *metapsychology*. But, like metapsychology, it goes beyond psychology; it could equally be described as an essay in the philosophy of psychoanalysis. What the reader may find demanding is the nearly effortless way in which Loewald shifts back and forth between science and philosophy. On one hand, Loewald, like Freud, attempts to identify those fundamental observable elements that are analogous to the elementary particles of the theoretical physicist, yet he addresses questions that are beyond observation, such as the nature of infant subjectivity and the origin of the self in relation to the forces of the universe. Here, he is guided by Freud's life and death instincts. Loewald perceives the interactive implications of Freud's last instinct theory, implications that Freud himself failed to develop. For example, in discussing Freud's last instinct theory, Loewald describes the "spontaneous activity of the universe, of which man's psychosomatic life, and particularly his unconscious, is but one manifestation" (p. 80).

The subject of sublimation may be viewed as a vehicle that enables Loewald to consider a vast array of topics within psychoanalytic theory. Inasmuch as sublimation refers to the process by means of which a "lower" mental state is transformed into a "higher" mental state, this theme takes in a great deal of territory. The word *sublimation* derives from the procedures employed by the alchemist to *sublimate* a base metal into gold. The process of sublimation therefore refers not only to the growth of the individual, but also to the process of creativity and to the birth of culture itself. Loewald examines the problem of sublimation not only from the standpoint of instinct, but also from the perspective of defense,

symbolism, and illusion. He compares and contrasts his ideas to those of Winnicott, whose views on sublimation he largely shares. A bare summary of Loewald's intricate theory taken out of context can be misleading. However, he suggests that sublimation is a form of internalization that *reconciles* or brings together that which had become separated. As does Winnicott, Loewald sees sublimation as a restoration of a mother/child matrix.

In the epilogue, Loewald indicates that this work is unfinished, a fragment. But even as a fragment, it manages to encompass many of the fundamental elements of psychoanalytic theory and to provide us with a fresh perspective. This is a remarkable and unique achievement.

ARNOLD H. MODELL (WABAN, MA)

DEVELOPMENTAL BREAKDOWN AND PSYCHOANALYTIC TREATMENT IN
    ADOLESCENCE: CLINICAL STUDIES. Edited by Moses Laufer and
    M. Eglé Laufer. New Haven/London: Yale University Press,
    1989. 217 pp.

This fascinating, challenging, sometimes disturbing book addresses the psychoanalytic treatment of severely impaired adolescents. Through the presentation of nine case studies and four chapters on theoretical and clinical implications, the Laufers and their colleagues acquaint us with current data from an ongoing study and provide us with considerable food for thought.

The book is a report of a clinical study of mental breakdown in adolescence at the Centre for Research into Adolescent Breakdown/Brent Consultation Centre, prompted by the authors' view "that psychopathology has a different meaning in adolescence than it does in childhood or adulthood and that the severe disorders of this period—some of which give the impression of the presence of psychosis, confused thinking, and distortions of the body image—may be more amenable to intensive treatment than they had been thought to be" (p. 1). Firmly anchored in a psychoanalytic developmental model of the mind, the Laufers assume that each developmental phase from infancy through early adulthood fundamentally affects the subsequent periods and makes a specific contribution to the move toward normality or psychopathology.

One of the great values of this book is the vivid and comprehen-

sive illustration of the effects of puberty upon mental processes in adolescence. Although there is nothing new in this idea, rarely have I seen it demonstrated so convincingly through detailed clinical examples. The Laufers feel that sexual maturation forces every adolescent to make unconscious choices that result in an irreversible sexual identity by the end of adolescence. Stated in another way, the main developmental function of adolescence is the establishment of the final sexual organization. "Once this final sexual organization has been established, the opportunity for some kind of internal compromise, which may have existed earlier in adolescence, exists no longer" (p. 11).

The use of the phrase "final sexual organization" and the statement that the opportunity for internal compromise "exists no longer" ignores the effect of normal and pathological developmental processes in adulthood on sexual development and may unintentionally skew technique by suggesting to the analyst that change must occur now or never. In fact, this is one of my major criticisms of the book. Sometimes the theoretical ideas and clinical material seem disconnected from the extensive body of analytic theory on pre- and post-adolescent sexual development. Take, for example, the role assigned to sexual development before puberty: "Before puberty they could maintain the belief that they did not have to be male or female, that they could be omnipotent without being sexual. Physical sexual maturity suddenly shattered this illusion and forced them to acknowledge their bodies as being inadequate and dangerous at the same time" (p. 20). Or consider this statement about the possibilty for change after adolescence: "We were aware at the time of assessment that there was a possibility of *developmental foreclosure*, a psychic giving up during adolescence and acceptance of the pathology as deserved, irreversible, and gratifying" (p. 21).

The adolescent's pathologic reaction to physical and sexual maturation leads to a developmental breakdown, defined as an unconscious rejection and hatred of the sexual body, and a need to maintain unconsciously the picture of himself or herself as someone who is victimized, persecuted, or made helpless by inner forces which cannot be controlled. In my opinion, the concept of developmental breakdown as a framework from which to understand pathology in patients of any age is enormously useful. Complementary to other existing psychoanalytic theoretical conceptualizations of psychopa-

thology, it has great clinical relevance. As the Laufers state it in regard to adolescence, the breakdown in development *is* the pathology. The various manifestations, whether they be attempted suicide, anorexia, delinquency, or drug-taking, help trace the specific road the patient has unconsciously chosen to live out the fantasy expressed in the pathology and at the same time to attack the sexual body and the image of himself or herself as a sexual male or female. I found the notion of an attack on the sexually mature body and its functions very organizing. It made the clinical material presented in the book more understandable and added a dimension to my own work with adolescents.

One of the keys to understanding the adolescent developmental breakdown is the *central masturbatory fantasy*. This universal phenomenon, which contains the main sexual identifications and various regressive satisfactions, has special characteristics in very disturbed adolescents. They have a compelling need to live out this fantasy in their relationships and sexual lives, feeling that this is the only gratification that really matters. In all of the case studies presented, the therapists attempt, with the patient, to analyze the central masturbatory fantasy and understand its role in the patient's abnormal behavior.

The book might be more aptly titled "Developmental Breakdown and Psychoanalytic Treatment in *Late Adolescence*," since six of the nine patients presented were eighteen or nineteen when they first contacted the Centre. (The other three were sixteen.) The focus on these ages is understandable in view of the expectation that the patients involved in the study would voluntarily ask for help, and the theoretical assumption that adolescence as a developmental period ends at about age twenty-one. This age is seen as the time when responses to anxiety become more predictable, and represent a more fixed internal structure and an established relationship to oneself as a sexually mature person.

The nine detailed case studies are monuments to the extremely dedicated, hard-working analysts who gave so much of themselves in an attempt to help these very disturbed teenagers. The problems presented were enormously complex, almost overwhelming on occasion, for both analyst and patient. Despite this, we are privileged to witness the application of the analytic method, week after week, year after year. The reader will learn something from each of the

studies, since they all present fascinating insights into the inner lives of these adolescents and young adults—the analytic work continued well into the twenties in some—and will be better able to determine if he or she wishes to take similar patients into analysis.

One of the most valuable chapters in the book is the one entitled "The Dynamics of the Transference," by M. Eglé Laufer. As described therein, these severely disturbed adolescents relate to and experience their sexual bodies through the use of negation, projection, displacement, and physical attacks on themselves. These defenses result in areas of psychotic functioning in which the adolescent alters reality by partially abandoning relationships to real objects or to his or her own body. Within the transference the patient will experience "sexual wishes and demands which create anxiety and a need to force the analyst to relate to him in a way that he feels will relieve the anxiety. . . ." The adolescent may "demand that the analyst deny the abnormal nature of his sexual wishes or collude with them . . . he may want the analyst to participate in the adolescent's own need to destroy or attack his sexual body" (p. 172). The ability to keep these transference paradigms in the forefront of the analytic work was critically important in forestalling acting out of sexual and aggressive wishes and in the maintenance of the therapeutic alliance.

The demands on the therapist were enormous, provoking powerful countertransference responses. In many ways the aggressive aspects of the transference-countertransference interaction were the most difficult to manage. They fell into three overlapping categories: (1) the analyst was fearful that active violence would be directed at him or her or at others; (2) the analyst had to be constantly on the alert against the possibility of self-destructive attacks; and (3) the analyst was constantly vulnerable to feelings of helplessness and confusion. The various therapists were supported in their efforts by regular meetings with the others who were participating in the study, thus providing vital supervision and support.

If cure is the goal of the analyst who chooses to treat individuals who are this disturbed, he or she is likely to be disappointed. In writing about "Sam: An Adolescent with Necrophilic Fantasies," his analyst, Ronald Baker, concluded, "It would appear that the big achievement of the analysis was the communication and unmasking of the necrophilic fantasy. . . . the further achievement of the anal-

ysis was the analyst's survival in the wake of massive provocation by the patient" (p. 42). In the case of "Mark: Acute Paranoid Breakdown and Treatment," involving a paranoid schizophrenic youngster, his therapist, Kanival Mehra, concluded that "Mark, now in the sixth year of analysis, has made some gains, although more work still needs to be done" (p. 149).

The treatment results were not always so bleak. The patients described in "Charles: A Fetishistic Solution," treated by Donald Campbell, and in "Mary: Attempted Suicide—A Search for Alternative Paths," analyzed by Rosalie Joffe, showed considerable symptomatic improvement.

However, the overall impression that I came away with was that, although these analyses provided the patients with a caring relationship unlike any they had experienced previously, thus facilitating positive development, and in some instances proving to be lifesaving (none of the nine succeeded in killing themselves), the therapeutic process did not significantly alter the profoundly pathological processes (some of them, in all probability, organically based) which were present. Reading this book strengthened my impression that analysis is most effective, i.e., curative, with neurotic patients; the sicker the patient, the poorer the chances of basic intrapsychic change. But reading these wonderful case studies further enhanced my appreciation of analysis as the most exquisite research tool currently available to understand the awesome, sometimes awful workings of the human mind.

CALVIN A. COLARUSSO (LA JOLLA, CA)

BULIMIA: PSYCHOANALYTIC TREATMENT AND THEORY. Edited by Harvey J. Schwartz, M.D. Madison, CT: International Universities Press, Inc., 1988. 549 pp.

This large book is a valuable attempt at a comprehensive survey of current psychoanalytic understanding concerning bulimia. It includes fifteen papers, one of them co-authored, and covers the contributions of sixteen authors. The focus is entirely psychoanalytic and stresses the necessity of grasping the unconscious motivations of this eating disorder in contrast to behavioral, pharmacologic, or supportive approaches. The contributions, however, show that there is no consensual, theoretical foundation, and this reflects

the wide range of perspectives which exists in current psychoanalysis as a whole. This reviewer feels that the ongoing drive/object-relations debate is wasteful and unfortunate. It would seem simpler to recognize that one cannot conceive of a drive which does not have an object and that one cannot conceive of an object that is not the object of a drive, either love or hate.

The object-relations model is well represented, as is the classical structural drive-defense model. Some of the authors use the various models as all-inclusive, making absolute claims of explanatory power. Several contributors, however, attempt an integrated use of the two models, with varying degrees of success. The use of different models implies different views of pathogenesis, technique, and theory of cure. Those papers adopting the object-relations approach posit the centrality of an ego defect in bulimic patients. The symptoms are seen as repeated attempts to re-enact and master, through the use of the body, failure of separation-individuation and access to autonomy. The origin of the disorder is seen in the early dyadic mother-child relation. The symptoms of gorging and purging are considered to be pre- or semisymbolic, with intense use of the mechanisms of splitting, projection and introjection, as well as projective and introjective identification.

The authors adopting the structural drive-defense model stress the centrality of intrapsychic conflict, involving all levels of psychosexual development. While one of these authors (Marion Oliner) focuses on anal components in bulimic patients, most of the others, including the editor (Schwartz) emphasize that the core issue is defensive regression from unconscious oedipal wishes for incestuous impregnation by the father. Importance is given to traumatic primal scene experiences, perceived by the child as sadomasochistic. The child feels excluded and essentially castrated. There ensues a defensive bisexual identification with both parents, in which the future bulimic feels both phallic and impregnated, via use of the body as a vehicle of symbolization of the incestuous libidinal and aggressive urges. Through upward displacement and genitalization of the oral cavity, all the drives seek pathological gratification at the cost of a retreat from the child's feminine genitality. The quest for the father's penis and baby remains paramount in the symbolic, incorporative, incestuous act, which is regressively represented in the bulimic gorging and in the punishment of regurgitation, which

is tantamount to doing to oneself what is wished for from the father. Schwartz, in his paper, refers to this as the mouth-vagina equation and the phallic compromise.

In this regard Schwartz adds that bulimia is a masturbation equivalent, in which oral hunger is a screen for genital arousal in patients who are frequently vaginally anorgasmic. The author nevertheless states that these dynamics apply to "higher level" bulimic patients, without explicitly conceding that they do not necessarily apply to all bulimics. In my own practice with adult patients showing eating disorders, I have often found, in accord with Schwartz's views, that alimentary anorexia is often a defense against genital bulimia, which also coexists with the evidence of early dyadic deficits in the object relations of such patients.

Oliner, in her paper on "anal components in overeating," also uses the structural drive-defense paradigm. She takes the view that bulimia is not just a quest for reunion with the mother but also an anal-sadistic and self-punishing attack on the self instead of on the object which is viewed as fecalized. It is an attempt, in short, to control the object and avoid emptiness.

Daniel Gesensway, with the drive model in mind, also considers bulimia a symbolic expression of a forbidden incestuous wish to be pregnant with father's baby.

The object-relations approach is paramount in many contributions in which narcissistic and preoedipal events are seen as the core issue. David Krueger sees in bulimia the result of a preverbal developmental arrest, with failure of the child to achieve a separate body self, self/object boundaries, and body image, leading to separation-individuation problems. He suggests that the mother's intrusiveness and lack of empathic availability leads to the child's defect in symbol and fantasy formation. Food for the bulimic is not a symbol but a symbolic equation for the mother; it is an external replacement for a deficient internal regulator. Bulimia is seen as the consuming of a good object and the expulsion of a bad and poisonous one. This repetitive re-enactment is described as a magical quest to restore a good self-object bond and to stifle destructiveness. The quest repeatedly fails, however, because of the incapacity to mourn.

Marjorie Sprince echoes this line by describing bulimia as a fantasy of an all-healing merger with the idealized mother which fails

because of the twin terrors of engulfment and abandonment, a paradox which this reviewer has described elsewhere as the "narcissistic impasse" and a regular determinant of psychosomatic vulnerability.

Harold Boris, in a moving contribution, reveals the transference and countertransference pitfalls in the treatment of bulimics. He convincingly shows the constant interplay of projective and introjective identifications. He sees the patient as endlessly seeking a container when the bad mother-analyst is stuffed in the self, leaving the self poisoned and needing regurgitation. He stresses the therapeutic aim of reversing the process of desymbolization.

Ira Mintz also sees bulimia as an enactment of a cannibalistic destruction of food-mother, with self-punishment to assuage the primitive guilt. The core issue is also seen as linked to separation and the dread of abandonment with the affects of hunger and rage hidden in the symptomatic acts of bulimia.

Still with an object-relations approach is the contribution of Kent Ravenscroft whose paper deals with psychoanalytic family therapy. He voices his dissatisfaction with the use of the drive paradigm which he feels leaves an impression of a "smorgasbord" of all psychosexual levels. He sees the early roots of bulimia in family pathology, which leaves the child with a structural ego defect and severe boundary problems experienced at the body level. The bulimic is fixated in a schizo-paranoid position, fearing as the parents do, the outsiders. There is a defect in "psychosomatic partnership" with the mother. The bulimic symptoms are seen as a manic wish for reunion with an idealized object, with simultaneous attacks on all that is experienced as bad, ending in the expulsive purging to protect the self and others.

Several contributors offer a vision which attempts to integrate the object-relations and drive components, the oedipal and preoedipal determinants.

A notable contribution is offered by Clifford Tabin and Johanna Krout Tabin. Highly original in this paper is the suggestion that bulimia's core problems are those of the two-year-old toddler in whom issues of both separation-individuation and oedipal sexual concerns coincide, especially when primal scene experiences have been prominent. The child faces the dilemma of clinging to the mother, thus losing sexuality, or claiming sexual progression and

risking the loss of mother. In the face of this Hobson's choice, the future bulimic will develop an accommodating false self, what this reviewer has called elsewhere the fantasy of the "Faustian bargain," whereby the sense of ownership of one's psyche and soma is forfeited in the service of survival, and where the fear is that any transgression of the pact will carry lethal retribution. The authors feel that the child sees bulimia as the only compromise. They stress, however, that the oedipal urges in the future bulimic are not handled as they would be by the fully oedipal four- to six-year-old because at this "primary ego level" objects are only part-objects, boundaries have not been firmed up, and space-time orientation is not fully consolidated.

Other authors also see a mixture of object relations and drive components in bulimia. Martin Ceaser considers that some bulimics show an ego defect and others phallic-oedipal level intrapsychic conflicts. Remi Gonzalez shares this view. Maria Bergmann, in "Eating Disorders and Work Inhibition," describes the original issues as related to intrusiveness by the mother in the early dyad, which impedes autonomy and creativity, a situation that becomes more truly conflictual with the advent of oedipal issues.

Lynn Reiser discusses the influence of culture on the definition of physical femininity and the cult for thinness among adolescent peer groups and more mature members of society. She notes, however, that this sort of cult of the "superwoman" was also visible in the years of the "flappers." She suggests there might well be a cultural ambivalence to the fully feminine woman. However, analytic therapy should aim at breaking the patient's dependency on cultural trends.

H. U. Ziolko offers a paper on bulimia and kleptomania and sees the castrating quality of both action-complexes as well as the deeper oral incorporative trends. Philip Wilson makes the valuable point concerning "bulimic equivalents" that bulimia is a psychosomatic disease and, as such, its treatment as a mere symptom by solely behaviorial or pharmacologic approaches (in the absence of a threat to life) can lead to the alleviation of bulimic symptoms and the appearance of other pathologies, whether addictions, obesity, alcoholism, ulcerative colitis, destructive acting out, or severe psychological regressions.

In conclusion, this volume represents a highly valuable contribution to the literature on this virtually epidemic pathology of ad-

olescence. It should stimulate further research and perhaps refine the meeting points of the various psychoanalytic theoretical and clinical approaches. One must also be reminded that although the full-blown bulimic syndrome is not seen in the practice of every analyst, the more mitigated eating disorders are frequently met with in the daily work of each one of us. Thus a good understanding of the pathogenesis and clinical care of these disorders is of great import for all analysts.

PAUL LEFEBVRE (MONTREAL)

THE PRIMITIVE EDGE OF EXPERIENCE. By Thomas H. Ogden, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1989. 244 pp.

In their ceaseless quest for the psychoanalytic philosopher's stone, increasing numbers of American analysts are turning to British object relations theory, as exemplified by the writings of Melanie Klein and her followers, Fairbairn, Guntrip, Winnicott, Bion, and other younger members of the "Independent" group. Among these seekers, Ogden has been one of the most articulate and persuasive spokesmen; the present volume is the latest in a series of thoughtful communications intended both to expound this point of view and to demonstrate its clinical efficacy in the context of the "widening scope" of contemporary psychoanalysis.

As is well known, one of the cardinal features of the "object relations" approach is its emphasis on preoedipal issues, both in "normal" development and in pathogenesis. Winnicott, for example, considered the very earliest mother-infant interactions as determining, particularly in the more severe character pathologies and psychoses; indeed, he explicitly understood schizophrenia as the consequence of maternal failure. Klein delineated in elaborate detail what she considered the critical psychodynamic events of the paranoid-schizoid and depressive positions, situated by her in the first half of the first year of postnatal life. Shapiro has characterized this tendency to seek the earliest origins of conflict as a "march backward."[1] In this book, Ogden joins the march, postulating an "autistic-contiguous" position which, he maintains, antedates Klein's "positions" and represents a "presymbolic" core of develop-

[1] Shapiro, T. (1981): On the quest for the origins of conflict. *Psychoanal. Q.*, 50:1-21.

mental experience, based largely on physical contact and preverbal bodily sensation.[2]

Ogden explicitly abjures the label of "Kleinian," but his schema of development and of psychic operations relies heavily on Kleinian concepts. His primary divergence appears to lie in his assuming a synchronic, rather than a diachronic view of the Kleinian "positions"; although he clearly suggests that there is a developmental progression from "autistic-contiguous" to "paranoid-schizoid" to "depressive," he contends that all operate concurrently in adult mental life, each contributing to what he calls the "dialectic constituting human experience" (p. 48). The "presymbolic" nature of "autistic-contiguous" phenomena must, he maintains, be distinguished from the "asymbolic" character of pathological autism, which, in his view, represents a defensive effort to preserve stasis and to eliminate the unknown and unpredictable. Indeed, all psychopathology is understood as representing the "collapse of the dialectic in the direction of one or the other modes of generating experience" (p. 4).

In his discussion of clinical analytic work, Ogden relies heavily on Klein's concept of "projective identification" (a subject which he has sought to clarify in previous publications).[3] In particular he relies on it to account for the countertransference "phantasies" that, he believes, are the major source of information about the patient's unconscious life. Although I can follow such arguments, it remains difficult for me at times to grasp the distinction between such "projective identifications" and simple, classical "projections." Further, it seems to me that this conception of countertransference places the onus entirely on the patient who "puts" the feeling "into" the analyst; it thus relieves the latter of the necessity of examining his or her own unresolved unconscious conflicts as they resonate with the patient's associations and behavior. In this, more conventional view, countertransference is not so much what the patient "puts" into the analyst as it is what the analyst finds there ready-made.

[2] See Bollas, C. (1987): *The Shadow of the Object. Psychoanalysis of the Unthought Known.* New York: Columbia Univ. Press. Reviewed in this *Quarterly*, 1989, 58:277-279.

[3] Ogden, T. H. (1979): On projective identification. *Int. J. Psychoanal.*, 60:357-373; (1982) *Projective Identification and Psychotherapeutic Technique.* New York/London: Aronson. Reviewed in this *Quarterly*, 1984, 53:480-483.

In the final chapter Ogden develops the interesting and ingenious thesis that the essential nature of much, if not all, psychopathology is the "fear of not knowing." Though apparently paradoxical (given the conventional psychoanalytic idea that one defends against "knowing" the unacceptable), this notion seems consistent with concepts of premature cognitive closure, misperception, and self-deception as defensive measures. It would seem further to correspond with intolerance of ambiguity, or the absence of what Keats called "negative capability" or of Coleridge's capacity for "the willing suspension of disbelief." As such, it is an idea that has extensive resonance with pre-analytic and literary conceits, and offers an innovative approach to the understanding of (at least) some neurotic phenomenology.

Although I cannot go all the way with Ogden's propositions, nor am I quite prepared to abandon wish-defense concepts of compromise formation in the genesis of the structures and contents of psychic life, he sets forth in generally readable form some of the ideas that are engaging the attention of many serious theoreticians and practitioners on both sides of the Atlantic. In particular, his ideas about the early formation of self-structures are consistent with those of psychoanalytically informed infant researchers, such as Sander, Stern, and Emde. As such, they—and he—merit respectful attention.

AARON H. ESMAN (NEW YORK)

RELATIONAL CONCEPTS IN PSYCHOANALYSIS. AN INTEGRATION. By Stephen A. Mitchell. Cambridge, MA/London: Harvard University Press, 1988. 326 pp.

In this thoughtful, incisively written book the author attempts to show that psychoanalytic theory has evolved from an emphasis on drive in the early Freudian theory to a central focus on interpersonal relations in current analytic work. Although he is overly simplistic and categorical in his assessment of the shifts in psychoanalysis as it has evolved, he is thoughtful in his careful documentation of his reasons for believing that a new "relational model" should supersede the original drive model. It was in an earlier book, *Object Relations in Psychoanalytic Theory*, that he and Greenberg first devel-

oped this perspective.[1] Authors such as Mahler, Winnicott, and Loewald, although they continue to retain the term "drive," have focused on relational model concepts.

Mitchell feels that psychoanalytic thinking should view the mind as fundamentally dyadic and interactive, rather than maintaining a predominantly intrapsychic focus. Within this model, "psychological meanings are not regarded as universal and inherent; bodily experiences and events are understood as evoked potentials which derive meaning from the way they become patterned in interaction with others" (p. 4). Mitchell complains about fragmentation among relational theories that have developed independently rather than being integrated with one another. He sees his task as integrating such related early thinkers as Sullivan, Melanie Klein, Fromm, Fairbairn, and Horney in one group and more recent ones, Winnicott, Mahler, Loewald, Kohut, Gedo, and Schafer in another. He makes the oft-quoted statement that Freud was able to change his mind frequently, whereas his followers have not tolerated change very well.

Mitchell also seeks to integrate interpersonal relations and object relations on the one hand and intrapsychic activity on the other. "The most useful way to view psychological reality is as operating within a relational matrix which encompasses both intrapsychic and interpersonal realms" (p. 9). The book is divided into pairs of chapters, one theoretical and one clinical, with the aim of establishing relations with others as the primary psychological unit of emotional life.

Mitchell asserts that there has been an undue emphasis on constitutional factors and/or on the earliest experiences as determinants of future pathology. Another focus involves theoretical and technical problems concerning narcissism. Mitchell sees narcissistic illusions as having progressive potential as well as serving defensive purposes; he objects to an overemphasis on the defensive aspects of narcissistic transferences. A final focus is upon the deterministic assumptions that underlie classical analytic theories. He makes an existential critique of these assumptions, in which he asserts that

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

free will is an active force within the patient that counteracts determinism.

Mitchell recalls that drive theory was born out of Freud's recognition that his patients' accounts of infantile seduction were not necessarily historically accurate but were often traceable to fantasy. With his own self-analysis, Freud became more convinced of this. This led him to develop the concepts of infantile sexuality and of instinctual drives. In his attempt to show that activity is dominated by drives, according to Mitchell, Freud overemphasized the intrapsychic determinants of the origins of behavior. Mitchell argues that the concept of drive is impossible "without some relational field within which the drive seeks discharge or expression" (p. 53). He argues in favor of dropping the pure drive intrapsychic model. He proposes an integrated relational model in which the concept of drive as Freud originally intended it would be greatly deemphasized. "The concept of drive placed great emphasis on the 'innate' . . . in relational model theories, deriving mind from the establishment and maintenance of connections and patterns of interaction with others . . . the innate drops into the background" (p. 61).

Mitchell states that, under the relational model he proposes, sexuality would be seen primarily in terms of interaction with the object rather than as emanating from a source separate from intimacy with the other person. The ego evolves, he maintains, for the sole purpose of controlling and regulating drives into a structure which "encompasses complex and primary relations with the environment (including the interpersonal environment), relations which are relatively independent of the drives" (p. 136). For narcissistic or borderline patients, a model of interaction has been developed by Kernberg, Jacobson, Kohut, and Stolorow which implies that object relations are only important early and that once sufficient structure has emerged, drive conflicts become the principal dimension in the developmental process. Mitchell disagrees, feeling that at every stage of development the nature of the relationship determines the child's behavior.

Mitchell does not make the mistake of perceiving the analyst merely as a good object (p. 152). He sees Kohut and Balint as underestimating the omnipresent conflicts within the relationship

to the analyst that have to be continuously understood. He also wishes to expand our focus from the earliest conflicts with the primary objects to conflicts all through childhood and adolescence into adult life. That certainly would lead, as noted by Gill, to a continual, ongoing examination of the transference for expression of conflicts at all levels up to the present. Many would agree that there has been a shift in psychoanalytic focus so as to appreciate how interactions later than those of the preoedipal and oedipal phases affect relationships with objects. Within the relational context, Mitchell discards concepts of developmental arrest, and sees the individual as continuously in conflict with her or his environment. It is through resolution of conflicts within the relational context, he emphasizes, that change can occur.

Some of Mitchell's ideas about free will versus determinism seem forced, in terms of current psychoanalytic practice and theory. He subscribes to the current psychoanalytic view that various unconscious representations are more or less accessible to analysis. He agrees that the greater freedom of choice made available through analysis gives the patient a sense of free and conscious control over his or her destiny. The following statement seems compatible with the classical analytic understanding of how the unconscious is uncovered within a psychoanalytic context. "The patient's conscious, willful commitments and choices support and embellish unconscious commitments and choices—the larger, more complex design which shapes his experience. It is an increased awareness of himself as both the design and the designer that makes possible a richer experience of living" (p. 270). One of the most interesting clinical concepts in the relational model that Mitchell develops involves the concept of the analyst-patient relationship. Here, interpretations are seen in relation to transference-countertransference interplays. In this setting, analysts interpret the patients' intrapsychic contents, but they do it from the perspective of their own subjective involvement, as participant observers.

In summary, Mitchell would have made an excellent contribution if he had emphasized the evolution of psychoanalytic theory and practice from a purely drive-oriented psychology to a combined object relations and drive psychology. What many readers will find irritating is his insistence on a so-called "pure relational model" and his wish to discard the term drive and its important contribution.

Although Mitchell's emphasis on the importance of relational concepts is thought-provoking, it is not clear why he has to do away with drive concepts or the concept of intrapsychic motivation.

In Mitchell's excellent review, I wish he had taken up the issue of cultural determinism, that is, how the setting in which analysts study their patients and develop their theories influences the formation of the theory. Freud developed his drive theories after he had decided that he had made an error in unquestioningly accepting reports of historical events that often were disguises for fantasies. The setting in which he worked included the use of the couch on a six-times-a-week basis. The focus was on making the unconscious conscious. In recent years, with the widening scope of psychoanalysis, diminished frequency of sessions, and the frequent use of a vis-à-vis setting in work with more disturbed patients, a more relational emphasis in theoretical formulations is not surprising. Many of us see this when we contrast our work with neurotic patients in a five-times-a-week psychoanalysis, in which an intrapsychic focus is likely to develop, with our work with narcissistic or borderline patients face-to-face and with much less frequent sessions.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

BEING HOMOSEXUAL. GAY MEN AND THEIR DEVELOPMENT. By Richard
    A. Isay, M.D. New York: Farrar, Straus & Giroux, 1989.
    159 pp.

Richard Isay bases the views he expresses in this book on his analytic and psychotherapeutic work with forty homosexual men over the past twenty years. In his introduction, as well as throughout the volume, he expresses the fundamental conviction that "like heterosexuality, homosexuality is constitutional in origin" (p. 4). Furthermore, he explicitly states: "While I regard sexual orientation itself as immutable from birth, the manner in which it is expressed appears to have multiple and diverse roots that may be profoundly influenced by a variety of early experiences" (p. 2).

It is a truism that sexuality has constitutional roots, i.e., that it is dependent on the genome that interacts with the environment and eventually leads to the phenotypical manifestations, including the choice of the sexual object. There is no evidence, however, that

genetic-constitutional factors specifically and exclusively determine homosexual versus heterosexual orientation.

Throughout his book, Isay very strongly advocates the abolition of social discrimination and legal sanctions against homosexuals. He quotes statements to that effect made by Freud. He also mentions the less well known fact that, in 1930, Freud, together with other prominent writers and intellectuals, signed a petition proposing the abolition of criminal prosecution of homosexuals in Weimar Germany. Isay claims that, in contrast to Freud, most present-day analysts are hostile to homosexuals, i.e., that they are "homophobic." He quotes analysts who express the opinion that homosexuality is a manifestation of psychopathology. It seems to me that this does not necessarily mean that these analysts are opposed to equal rights for homosexuals.

The question as to whether homosexuality is normal or abnormal is extensively discussed by Isay. John Money, a sexologist, writes in a recent work as follows: "We as a species must live with two standards of normality, the statistical and the ideological. The statistical norm tells us what the majority of the people do most of the time. The ideological norm tells us what everybody ought to do all the time in conformity to an ideological standard set up by moral, religious, or legal authority."[1] The proposition that homosexuality is immutably fixed at birth by the constitution is not a proof of normality or abnormality. There is, however, sufficient evidence, established by Freud and confirmed by generations of analysts, to the effect that homosexuality is a postnatal variation of the psychosexual development. The analytic investigation of psychosexual development is much more effective in countering hostility against homosexuality due to a variety of ideological and social factors than any claims of constitutional-biological causation.

Freud's nomenclature of homosexuality was not consistent. He preferred the term, "inversion," that was introduced by Magnan and Charcot. This term did not take root in the analytic and psychiatric nomenclature. But he also used other terms, such as deviation or variation, in regard to homosexuality.

Isay defines male homosexuality as follows: "Homosexual men

[1] Money, J. (1988): *Gay, Straight, and In-Between: The Sexology of Erotic Orientation.* New York/Oxford: Oxford Univ. Press, p. 76.

have a predominant erotic attraction to the same sex. Their sexual fantasies are either entirely or almost entirely directed towards other men, and have been so since early childhood" (p. 11). The author does not consider overt homosexual activity to be a primary prerequisite that is necessary to define homosexuality, since "sexual behavior may be inhibited by societal pressure or by internal conflict" (p. 11).

In contrast to the majority of his patients, whom Isay considers "constitutional" homosexuals, he describes two patients whom he regards as heterosexuals "with defensive homosexuality" (p. 94). These patients had overt homosexual masturbation fantasies and a homosexual transference to the analyst. According to the author, their homosexual fantasies were not as powerful and exclusive, and were not remembered since early childhood, as was the case with his homosexual patients. Isay was able to interpret the psychodynamic causes of their "defensive" homosexuality. It was the wish to please and placate aggressive and powerful fathers of whom they were afraid. Their fantasy was: "Don't worry about my competing with you. I am only a woman" (p. 98). These patients benefited from their analyses, and their relations to women and their heterosexual functioning improved greatly.

Isay establishes eight criteria to differentiate the "constitutional" homosexuals from the "defensive" heterosexuals. These criteria may characterize the patients in Isay's sample, but, unfortunately, they do not help the reader to be able to tell the two groups apart. There is a considerable overlapping between the two groups; the greater strength and exclusivity of homosexual fantasies in gay men, as compared to the "defensive homosexuals," is eventually attributed *per se* to the "constitutional basis" of their sexual orientation. Their intensity and refractoriness appear to be the criteria.

We will proceed now from Isay's hypothesizing of core constitutional-heredity factors to his psychodynamic and psychogenic observations. This is where psychoanalysis has contributed a great deal to the understanding of sexuality, whatever its expression may be. Most analysts attribute the decisive role in the eventual sexual object choice to the outcome of the oedipus complex. In its positive form the object choice is heterosexual and in its negative form the object is homosexual. Isay, without being explicit, actually describes a negative oedipal situation in most of his homosexual patients, i.e.,

an early strong attachment and sexual attraction to the father. In his cases, the homosexual attraction often is remembered as far back as the oedipal period, i.e., back to the age of four.

Citing of this early memory is presented as one of the proofs for constitutional-hereditary preeminence by the author, who also states that the early attachment of the homosexual child to his father usually is repressed and has to be discovered through analysis, just as a corresponding, intense early oedipal attachment to the mother is discovered in the heterosexual. It would be incomplete to maintain that the oedipal situation is the only important element in sexual development. The preoedipal period, the time of formation of sexual and gender identity, and other developmental stages also play an important role. They are not given sufficient attention by the author.

Isay states that many homosexual men have internalized the hostile and disdainful attitudes of their environment toward homosexuality. This contributes to loss of self-esteem, depression, and other symptoms. He gives several examples of his experience with homosexual patients who previously had been treated by analysts who had the avowed goal of converting them into heterosexuals. Some of these patients married and then became even more depressed and unhappy than before. With these patients, as well as with others, Isay's approach resulted in considerable improvement without any change in their homosexual orientation. They usually became capable of developing lasting homosexual relationships, and they dropped their promiscuous behavior. Isay's therapeutic results permit at least a tentative explanation: he did not attempt to modify his patients' strong, and even insurmountable preoedipal and oedipal fixations; they most likely could not have been modified by any form of therapy. Isay helped them with the intrapsychic conflict involving problems other than their sexual orientation, and he helped to relieve their own internalized "homophobic" attitudes and the lack of self-esteem they had engendered. His opinions are not shared by analysts who have treated many homosexual patients who, they have reported, have achieved a change in their sexual orientation.

Isay's book represents an important contribution that helps to elucidate important genetic and therapeutic aspects of homosexu-

ality. It will be found useful, whether one agrees or disagrees with some of his theoretical assumptions and conclusions.

GEORGE H. WIEDEMAN (NEW YORK)

THE PREOEDIPAL ORIGIN AND PSYCHOANALYTIC THERAPY OF SEXUAL PERVERSIONS. By Charles W. Socarides, M.D. Madison, CT: International Universities Press, Inc., 1988. 639 pp.

In this volume, Socarides provides a summation of his professional life's work on homosexuality and the perversions. When an analyst devotes so much time and energy to the study of an important topic and is willing to publish the product of his thought, we can only be appreciative. Yet there are shortcomings in methodology and presentation that give us pause.

The book is a collection of papers, many of which were published previously and have been brought up to date to conform with the author's latest thinking. Because of the format and poor editing, the same ideas are presented repetitiously. They are also declared emphatically, imparting a polemical character to the volume. The first part of the book is theoretical. It deals with Socarides's general concepts of the etiology and treatment of perversions. The second part consists of case histories that illustrate the application of those concepts.

Socarides's central theme is that the basis of well-structured homosexuality and all perversions is a preoedipal fixation. The author states that the nuclear conflict in all these disorders is between the wish for re-engulfment by the mother and the dread of such merging. He agrees with earlier authors that homosexuality is the result of conflict, but he disagrees that the conflict can be explained entirely by means of the structural theory. He utilizes—and indeed emphasizes—object relations theory to explain the early stages of development of the perversions, especially citing lack of differentiation during separation-individuation. He invokes the concept of object relations conflict to explain the lack of differentiation of self from object and consequent problems in the formation of identity, particularly gender identity. He follows the view of Greenson that the boy first identifies with the mother and then must later disidentify from her and form an identification with the father. Fail-

ure to do so may lead to homosexuality or to other perversions. A distant or hostile father impedes the boy's necessary disidentification from the maternal figure and identification with the paternal one.

Socarides's unitary theory of sexual perversion has four main tenets: (1) "The nuclear conflicts of all sexual deviants derive from the preoedipal period of development, forcing these individuals into sexual behavior that not only affords orgastic release but also ensures ego survival" (p. 41). (2) During this period, a preoedipal fixation occurs and is primary; under stress, a regression to this early fixation point may occur. (3) "The sexual deviant has been unable to pass successfully through the symbiotic and separation-individuation phase . . . and this failure creates the original anxiety from which sexual perversions arise. This developmental failure results in severe ego deficits and faulty gender-defined self identity" (pp. 41-42). (4) "Sexual perversion serves the repression of a pivotal nuclear conflict: the urge to regress to a preoedipal fixation in which there is a desire for and dread of merging with the mother . . ." (p. 42).

In addition, Socarides states that the preoedipal theory of perversion rests on three pillars: the presence of a fixation during the separation-individuation phase; the early disturbance in gender-role formation; and Spitz's theory of synchronicity of maturation and development, which Socarides utilizes mainly to emphasize the importance of the future sexual deviant's not having achieved psychological separation from his mother at the appropriate stage of development.

While the four tenets have the advantage of expressing succinctly the major points of Socarides's theory, they present a number of difficulties in terms of testability or verifiability. In the first place, they actually express not four but at least ten hypotheses. How one could go about proving (or disproving) any of them is a major problem. Presumably, the material presented in the case histories furnishes evidence, but it is not entirely convincing. In the second place, the propositions are closely interlinked, so that if one is incorrect, then others will also be at least partially invalid.

A most important principle is included in the first tenet: that the pathology of "all sexual deviants" can be explained by this theory. This statement means not only that all persons with a given per-

version have the psychopathological mechanisms described but also that those mechanisms are found in a great variety of syndromes, including homosexuality, voyeurism, exhibitionism, tranvestitism, transsexualism, fetishism, sexual sadism, and sexual masochism. In fact, however, Socarides excludes some deviants from his explanatory system through his psychoanalytic classification of perversions.

In this classification, he delineates three main categories: oedipal perversion, preoedipal perversion, and "schizoperversion." He explains the manifestations of persons with schizoperversion differently from those of other deviants, as the consequence of schizophrenic processes and a "frantic attempt to *create* object relations" (p. 57, Socarides's italics) in the face of severe regression. At the other end of the spectrum, he minimizes the importance of those in the oedipal group, stating that their pathological behavior is only slightly deviant and transitory and does not constitute a well-structured perversion. Although it may be reasonable to exclude the schizoperverse group, the attenuation of the importance of the oedipal group—with the questionable assertion that they do not have a well-structured perversion—does not appear justified. It seems like an attempt to reinforce the basic conceptual schema, which stresses the importance of preoedipal pathology.

Socarides divides the preoedipal perverse group into two subtypes: preoedipal type I and preoedipal type II. He describes the individuals of preoedipal type I as presenting a clinical picture with largely oedipal conflicts but having underlying characteristics of narcissistic pathology. Utilizing Kernberg's criteria for the severity of narcissistic pathology, he states that they have the highest level of functioning of persons with such pathology. In contrast, preoedipal type II patients have narcissistic personality disorders proper, are in the middle range of pathology and functioning, and have predominantly borderline defenses. Socarides also describes patients with perversions who exhibit the severest degree of narcissistic pathology, with overt borderline features; he does not place them explicitly in any of the previously mentioned groups, but presumably they would be within preoedipal type II.

Socarides attempts to differentiate further the types of perverse patients, employing eleven criteria, such as the status of object relations, the prognosis for recovery, the degree and level of fixation, the transference, and the defenses. Unfortunately, this systemati-

zation is overly categorical and rigid. Patients are much more vari-
able than he indicates.

The handling of the case material leaves much to be desired. In
the interpretation of the patients' dreams, the distinction between
manifest and latent content is often blurred. With some of the
dreams presented, the patient's associations are lacking or, when
present, are intermingled with the analyst's interpretations. In sim-
ilar manner, some of the patient's nondream productions are taken
at face value. Furthermore, some material that sounds similar to
situations in the separation-individuation subphases is taken as ev-
idence that the conflicts actually originated at those stages of de-
velopment. These deficiencies in method convey the impression of
Socarides's forcing the material to fit into his conceptual mold, and
they give rise to questions about the validity of his interpretations
and formulations.

There are problems, too, with the theoretical underpinning em-
ployed by Socarides. He relies heavily on the ideas of Mahler, Kern-
berg, and Kohut, while still giving credence to Freud and other
classical analysts. While aware of the basic differences among their
approaches, he does not truly reconcile them; rather, he amalgam-
ates them.

He repeatedly assigns the level of fixation of his patients to one
of the stages in Mahler's conceptual model of the infant's develop-
ment. Mahler and her colleagues have warned about the pitfalls of
pinpointing the psychopathology of adult patients within specific
phases of her developmental outline, since events of the oedipal
phase, subsequent traumas, and other developments can alter the
clinical picture.

Socarides's presentation of sweeping generalizations, without ad-
equate evidence, poses methodological problems. For example, he
states that patients of preoedipal type I have a better prognosis with
treatment than do patients of preoedipal type II. One might well
suppose, a priori, that that would be the case because of the dif-
ferences in severity of pathology. However, what would be more
useful and valid is an account of the number of patients of each
type treated (including detailed information on the type and dura-
tion of treatment) and comprehensive follow-up data. In one of the
case reports, Socarides cites as evidence of successful treatment a
letter he received from a grateful patient eleven years after the
termination of his analysis (pp. 315-316). What a patient chooses to

write to an analyst, however, is subject to the vagaries of the transference and other distortions. It is not an adequate substitute for in-person interviews and systematic outcome studies.

A work of this scope deserves better editing than it has received. Terms are often used loosely. "Ego," for example, is used variously to denote the self, the self-representation, and a group of functions; and sometimes it is employed in an idiosyncratic manner. For instance, in describing homosexual women, Socarides states, "The ego is always a castrated father or a barren, shattered mother" (p. 220). The volume is marred by numerous grammatical errors and even more numerous examples of awkward use of language. Often several highly theoretical analytic statements, written in the technical lexicon of object relations theory, are agglomerated in a dense, dogmatic style.

The author shows some surprising lapses in scholarship. The discovery of the male homosexual's fantasy of incorporating the partner's phallus to obtain strength and masculinity is attributed (p. 99) to Anna Freud rather than to Nunberg.[1] Socarides misquotes Freud as stating that the "perversion is the negative of the neurosis" (p. 19) instead of that "neurosis is the negative of perversion."[2]

Still, even with all the aforementioned problems, Socarides does provide us with thought-provoking ideas and clinical material that compel us to examine our ideas about perversions. A growing number of studies support his idea that gender identification takes place during the preoedipal period and that confusion and conflict regarding identification can lead to sexual perversion. These ideas are important additions to earlier concepts emphasizing oedipal conflicts, castration anxiety, and partial sexual instincts. On the other hand, Socarides's statement that the central conflict in all sexual deviants, representing all the various types of perversions, is between the wish for and the dread of merging with the mother, is too sweeping a generalization and is supported by insufficient empirical evidence. Likewise, his detailed, all-encompassing theoretical characterizations of perverse individuals reflect a rigid system with premature closure.

ROBERT S. GRAYSON (NEW YORK)

[1] Nunberg, H. (1938): Homosexuality, magic and aggression. *Int. J. Psychoanal.*, 19:1-16.

[2] Freud, S. (1905): Three essays on the theory of sexuality. *S.E.*, 7:238.

THE PSYCHOLOGY OF WOMEN. ONGOING DEBATES. Edited by Mary
    Roth Walsh. New Haven, CT/London: Yale University Press,
    1987. 484 pp.

As the title suggests, this book does not attempt to answer any
questions for its readers about the psychology of women. It sets
forth no comprehensive theory or framework within which to try to
formulate answers to the many challenging questions posed by
scholars, clinicians, and others, which are particular to members of
the female sex. What the book does attempt, as stated in the intro-
duction by its editor, Mary Roth Walsh, is "to confront the reader
with some of the diverse viewpoints which exist in the psychology of
women . . . to serve as a springboard to encourage further debate
and controversy and stimulate the evaluation of information from
different perspectives" (p. 5). The attempt is certainly admirable; it
is not always successful.

The format chosen by the editor in trying to achieve these goals
is literally that of confrontation. She presents her readers with de-
bates on fourteen topics, each presented as a separate chapter that
addresses a question relevant to the lives and psychology of women.
Each chapter contains two articles, one approaching the question
from the affirmative position and the other from the negative. The
fourteen issues are grouped under four headings, with two chap-
ters devoted to "Psychoanalytic Theory and the Psychology of
Women," three chapters to "Femaleness and Psychological
Health," four chapters to "New Theories and Evidence in the Psy-
chology of Women," and five chapters to "Social Issues Affecting
Women."

In the first section the reader is asked to ponder whether psy-
choanalytic theory is relevant to the psychology of women, as well
as whether women are masochistic. Then, in the next group of
chapters about psychological health, the topic of whether women
are more likely to be mentally ill is addressed, along with questions
about the effects of menstruation and menopause on women's
mental health. Articles by Matina Horner, Nancy Chodorow, Carol
Gilligan, and Sandra Lipsitz Bem, each as the proponent of a "New
Theory," are to be found in the third section, which asks questions
about the following four issues: 1) whether women fear success; 2)
whether mothering behavior contributes to the devaluation of

women; 3) whether women's morality differs from that of men; and 4) whether measures furthering the development of masculine traits in women and of feminine traits in men would help solve problems associated with sexual differences. The last set of five chapters deals with social issues, such as 1) whether sex differences in math achievement are due to biology or socialization; 2) the effects on women of abortion; 3) pornography; 4) whether mothers should stay home with young children; and 5) the controversial issue of the appropriateness of defining lesbianism as an illness.

The list of contributors includes 34 individuals (some chapters are co-authored), 26 women and 9 men, among whom are 16 psychologists, 6 psychiatrists, 4 sociologists, 2 non-psychiatrist physicians, 1 epidemiologist, and 5 individuals who are educators or whose educational background and discipline are not obvious from the description given. The editor introduces each chapter with a brief historical or background note and a commentary that sets up the debate and introduces the work and viewpoints of the debating authors.

The effectiveness of this format is variable. In some chapters, the opposing authors appear to directly address each other's positions and beliefs. In a few chapters, the author espousing one viewpoint specifically adverts to the work of the "opposing debator." Other chapters, having clearly been written for other purposes and in no way in order to engage in a debate, deal with an issue from such different perspectives that they "miss" each other. This provides a less satisfying experience for the reader.

The chapter dealing with the effects of menstruation is a particular example of this failure of the "opposing" arguments to engage one another. The papers offered in support of the premise that menstruating women are "at the mercy of raging hormones" or that menopause is "a deficiency disease" offer nothing much more than descriptions by their authors, both physicians, of the symptoms of PMS or estrogen deficiency and statements as to the desirability and methods of treatment to regulate hormone levels. The failure to become involved in debate with the other side is particularly notable and regrettable with the question of premenstrual emotionality, since the author, Randi Daimon Koeske, who supports the position that premenstrual emotionality is not detrimental and may even be of positive value, offers what she terms an "alter-

native conceptualization" which, because it is challenging and original, although unsupported by any evidence in her article, deserves to be "answered" more directly.

An example of the more satisfying situation in which there is a direct debate occurs in Chapter 6, in which Matina Horner's widely known 1972 paper, entitled "Toward an Understanding of Achievement Related Conflicts in Women," is offered in support of the position that women fear success. Horner presents her research and argues that women, fearing negative consequences of success, have motives for avoiding it. Her conclusions are opposed by Michele A. Paludi, who raises methodologic objections to Horner's arguments, based on assessment of Horner's research in terms of measurements of reliability and of validity. Paludi also questions the basic premise of the "fear of success" construct, stating that Horner's position accepts the psychoanalytic point of view that intrapsychic motives developed early in childhood become stable personality attributes, while others, in Paludi's opinion, have convincingly demonstrated that cultural interpretations are preferable to intrapsychic ones in explaining women's attitudes about success. The particular study[1] she refers to in making this point demonstrated that men also projected "fear of success" attitudes onto women, thereby suggesting that, since both men and women have negative attitudes about women's success, these negative views must be determined by cultural influences rather than by intrapsychic ones. A psychoanalytically inclined reader will, as this reader did, find this "proof" unconvincing, since it will immediately be obvious that men may often have their own independent intrapsychic motives for projecting negative attitudes about success onto women.

Although every one of the fourteen questions posed in this book has potential relevance for a psychoanalyst trying to achieve broader perspectives and understanding about the psychology of women, many of the papers have little to offer in terms of enhancing understanding of women from a psychoanalytic point of view.

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[1] See, Monahan, L., Kuhn, D. & Shaver, P. (1974): Intrapsychic versus cultural explanations of the "fear of success" motive. *J. Personality and Soc. Psychol.*, 29:60-64; and Solomon, L. Z. (1975): Perception of a successful person of the same sex or the opposite sex. *J. Soc. Psychol.*, 85:133-134.

This is especially true of those written by sociologists, who naturally stress environmental and societal factors that contribute to women's experience. Similarly, some articles clearly have been written with a political agenda that favors attributing aspects of women's experience to cultural influences and tends to de-emphasize the kind of attention to internal sources of feeling, thought, and motivation that characterize psychoanalytic conceptualization.

The psychoanalytic point of view itself is taken up in the very first chapter of the book, entitled "Is Psychoanalytic Theory Relevant to the Psychology of Women?" In the paper offered in support of the relevance of psychoanalysis, "Female Psychology: A Review," the psychoanalyst author, Shahla Chehrazi, presents a summary contrasting Freud's early theories about female development with current revisions in psychoanalytic thinking. The latter deal especially with 1) the development of female identity as a separate and positive achievement; 2) the concept of penis envy in its more current position as a phenomenon seen at a particular early stage and re-emerging later only insofar as it serves defensive functions or symbolically expresses various other internally and externally derived sources of dissatisfaction; and 3) revised views of the similarities and differences in superego development in males and females. Chehrazi includes a few examples which demonstrate the clinical usefulness of current views. The opposing paper, written by Hannah Lerman, a clinical psychologist, is entitled "From Freud to Feminist Personality Theory: Getting Here from There." Although Lerman gives recognition to the efforts of modern psychoanalysts to revise and update psychoanalytic theory and practice, she still persists in dismissing psychoanalysis as too flawed by Freud's early views on female development to be redeemed. This makes it seem as if her argument is still with Freud, the man, and some of his unsatisfactory ideas rather than with the evolving body of psychoanalytic thought. The latter, although it still rests on many of Freud's basic theories, such as the unconscious, psychic determinism, the role of resistance, and the importance of the oedipus complex, does not insist on adherence to any particular idea or theory that no longer seems true or useful in the light of subsequent clinical, developmental, and research observations and the theoretical revisions accruing from them. Lerman appears to argue that since Freud considered acceptance of the oedipus complex as basic

to psychoanalytic theory, the fact that many of Freud's original descriptions of the oedipus complex in females are no longer tenable should disqualify psychoanalysis as a psychology revelant to women.

It seems obvious that to accept psychoanalysis as relevant to women, even on the terms Lerman quotes as Freud's, requires only the belief that females have some version of an oedipus complex, without having to accept the validity of any particular view of female oedipal development. Lerman goes on to imply that psychoanalysis has developed along the lines of a cult or a religion, and suggests that "its appeal has relatively little to do with the theory's content or even its technique" (p. 44). She further states that in her view, "it is the philosophical stance that underpins the theory that cannot be rehabilitated" (p. 44). She goes on to outline her criteria for a "woman-based theory of personality." It seems to this reader that a stance that requires a psychology designed for and based on only one segment of the population represents a flawed and philosophically questionable alternative to psychoanalysis that commits the same error (although in reverse) for which Lerman and other feminists hold psychoanalysis responsible: that is, being a phallocentric, male-dominated enterprise.

The strongest, most interesting and convincing chapters are those which clearly state the author's own hypothesis, research, and point of view, but which also acknowledge the value of approaching any of the issues with a multidimensional view that reflects the complexity of the factors which shape women's lives and experiences. Chapter 8, in which Nancy Chodorow's position that mothering behavior contributes to the devaluation of women is "answered" by Alice S. Rossi, provides an example of such an approach on the part of both authors. The search for sociocultural explanations to the exclusion of intrapsychic determinants characterizes many of the papers and will be a source of irritation to most psychoanalyst readers. Regrettably, it seems to this reader that some of the contributors who prefer or are drawn exclusively to sociocultural explanations are unable to maintain an open-minded acceptance of the idea that with regard to something as complicated as human behavior, cultural, biological, and intrapsychic influences probably all play a substantial part. Current psychoanalytic thinking has become much more open to considering societal, cultural,

and biological influences as well as intrapsychic ones in attempting to understand the individual woman and women as a group. It is discouraging to find that in some cases scholars from other disciplines maintain a bias against psychoanalysis because of a mistaken belief that that discipline narrowly insists on the role of intrapsychic forces to the exclusion of other influences.

Although the various questions posed in this book have been addressed with various degrees of sophistication and success, the overall intention of the editor to engage her reader's interest in the issues and to promote awareness of the complexities involved in attempting to find answers and solutions, has been furthered at least to some extent. In conceptualizing this book and devising its format, Mary Roth Walsh has demonstrated an open-minded tolerance for ambiguity and controversy and an appreciation that these attitudes are necessary foundations in any search for understanding of the issues presented. Furthermore, she picked the questions, and they are stimulating, provocative, important ones.

SARA A. VOGEL (NEW YORK)

TRAGIC DRAMA AND THE FAMILY. PSYCHOANALYTIC STUDIES FROM
    AESCHYLUS TO BECKETT. By Bennett Simon, M.D. New Haven/
    London: Yale University Press, 1988. 274 pp.

Psychoanalysis and tragic drama are interwoven at their core. Freud assumed the tragic view of life, and the narratives of Greek Tragedy readily provided him with metaphors for the hopeless struggles and self-destructive passions that characterize the human condition, especially when wracked by neurosis. Freud not only provided a psychoanalytic interpretation of *Oedipus Rex* and *Hamlet*, but he tried to explain why tragedy on the stage has the power to move us, laying down some simple rules for dramatic presentation in "Psychopathic Characters on the Stage."[1] Psychoanalysts ever since have been fascinated by the power of tragedy. A huge literature has been dedicated to "explaining" or interpreting tragedies and to examining tragedy for what it can contribute to analytic knowledge of individuals.

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[1] Freud, S. (1942): Psychopathic characters on the stage. *S.E.*, 7.

Bennett Simon's fascinating book deepens our insights into the essence of tragedy and its power to move us by examining it as the delineation of inevitable failures of family and community to provide enough safety, love, and satisfaction to ameliorate or circumvent the rage, envy, hatred, and desire that destroy us. He sees all tragedy as the depiction of forms of familial struggle, with a special emphasis on the need for immortality through issue, the inevitability of intergenerational conflicts, and the intolerable ambivalence it creates: ". . . great tragic drama is fueled by the problematic of the birth and death of the family. The begetting of children within a family is the only sure way open to mortals to gain immortality. At the same time, the passions, rivalries, conflicts, and consequent ambivalence of relationships within the family engender a destructiveness that threatens extinction as much as does the 'natural' fact of death. . . . As an integral part of the propensity in tragic drama to curse birth and generation, there appears to be an attack on woman. . . . The 'hole' into which the penis enters and from which babies emerge is recurrently cursed and reviled . . ." (p. 3). And further, ". . . my theory claims that plays dealing with the death of children contain the essence of tragic conflict" (p. 7). At many points in the book, the author defines the nature of tragedy, including its distinction from epic, the tragic incapacity to learn, and the inability to accept boundaries.

Simon has successfully undertaken a huge assignment—yet another psychoanalytic exploration of an array of the icons of Western civilization, pouring fresh light on some of the most discussed plays of our literature. Where he is most original is in leaving off, for the most part, the effort to find yet newer hidden motivations in favor of redefining the nature of the underlying family conflicts that propel the drama, focusing on the nature of narrative and communication and their failures in resolving conflicts.

Simon also demonstrates that the familial themes of tragedy have remained unchanged throughout the history of Western thought, but the attitudes toward these conflicts and the forms of their narration have changed radically. He takes for his texts Aeschylus' *Oresteia*, Euripides' *Medea*, Shakespeare's *Lear* and *Macbeth*, O'Neill's *Long Day's Journey into Night*, and Beckett's *Endgame*. Simon is a close reader and careful scholar, bringing together generous quotations from the plays and the views of other scholars as

background for his own insights. For those of us who have not read all the plays very recently, the book is, among other things, a refresher in the power of these dramas. Most rewarding, however, are Simon's extraordinary insights scattered generously throughout the chapters. In fact, the great merit of this book may lie as much with the acuity of perception of Simon as a generous reader and critic as with his specifically psychoanalytic contributions. Simon says: "Lady Macbeth is never once in the text distressed about not having progeny. Her ambition is to be queen; Macbeth's ambition is to be king, progenitor, and immortal. In my reading of the play, it is around this (literally) unspoken issue that the two begin to drift apart" (p. 146). I have the joy in reading Simon's comment of a brand-new view that opens up whole new dimensions of the play. The book is replete with such pleasures.

Simon is straightforward about his theoretical position:

> By focusing on the family, on destructive family conflict, and on the transmission of trauma from one generation to the next, I inevitably highlight this one facet of psychoanalytic thinking and move intrapsychic issues into the background. In this process, I lean heavily on object-relations models of psychoanalysis, often skillfully exploited in clinical psychoanalytic studies of family life and family pathology.
>
> By focusing on the efforts of the characters in the plays to short-circuit or bypass inevitable conflicts between the generations and the genders, by attending to the symbolism and imagery of "perverse" attempts to evade birth and reproduction, I tend to rely on intrapsychic models of conflict. By attending to tragic dialogue's relationship to family and psychoanalytic dialogue, in effect, I construct a jerry-rigged theory, using pieces and spare parts from both intrapsychic and interpersonal models (p. 9).

Simon is squarely representative of our current theoretical pluralism, making use of the theory best suited to his investigatory aims. He does not hesitate to bring different frames of reference to the study of different dramas. This carries the usual advantages and disadvantages of this position—the ability on the one hand to highlight the phenomena of interest without having to distort data to make them fit theory, but with the potential loss of depth and unity that are consequent to the shifting of frames of reference. The pluses far outweigh the minuses.

It is inherent in the way Simon communicates with his readers that we always know what he is doing and we are treated as co-equals, invited to join in the discussion of the issues he raises. That

offer is irresistible. For example, Simon specifically adopts a family therapy point of view of failed communication and faulty negotiation in his discussion of O'Neill. But why for O'Neill's family more than for Shakepeare's? It seems a bit arbitrary. I also found this perspective less interesting than a more intrapsychic one. Simon emphasizes the "destructive misunderstandings" (p. 189) and the communicative disorder, rather than the unconscious provocations implicit in the text and the attendant psychic structures that motivate such compulsive destructive and self-destructive ties. He finds it "difficult to characterize precisely what are the communication problems" in a bit of extraordinarily provocative guilt-provoking dialogue from *Long Day's Journey*, when it seems clear that this is the dialogue of two severely narcissistic-masochistic characters, beautifully delineated in the play, who are communicating their neurotic needs for rejection and misunderstanding with extraordinary precision.

Simon is, I think, most at home with the plays that assume a background of social and familial stability that permits the tragedy to stand out as an exemplar of failure, all the more tragic because of the implication that for other characters under other circumstances, such horrors need not occur. In *Macbeth*, for example, there is Duncan as the good man and good father. Simon is less comfortable with the more radical plays that assume no such possibility of even relative goodness—*Lear* and *Endgame*—and take as the norm the absolute failure of the family in the face of massive narcissistic disintegration. Simon refers to *Lear* as "an obliterative play. It is not only that characters are killed off by one another; they are also decomposed, wished into nonexistence; their births are disavowed . . ." (p. 117). Simon reports: "My own experience of the play over time and my reading of a range of critical responses have taught me that one's reactions and sympathies may be very specific upon one viewing or reading of the play but may change considerably in different life stages and situations" (p. 133). I would have thought this latter observation to be true of all great literature, not specific to *Lear*.

Similarly, while Simon appreciates Beckett, he finds him hard to take. On the basis of one biography, Simon falls into the rather old trap of assuming the author is *directly* revealing his own character through his writing—labeling Beckett schizoid. He seems to aban-

don temporarily his own sophisticated knowledge of the relationship of writer to work, in which multiple layers of defense as well as craft and intellectual intention intervene between the personality and the work of art. In discussing *Endgame*, Simon says, "The fundamental triangular relationship of storytelling—the interdependence of storyteller, audience, and characters within the story—is destroyed by the fact of an indifferent teller and an indifferent audience" (p. 227). And further, "In storytelling, there is also the perennial issue of control between teller and audience. The optimal condition is one in which there is some sharing of the control, a negotiation, so that the storyteller is a 'spellbinder,' but the audience agrees to be spellbound. There is a failed negotiation here, and the storyteller can scarcely even retain his own interest" (p. 227). I have seen several performances of *Endgame*, and I thought I was "spellbound"; it seemed to me that the rest of the audience was, too. In fact, Simon beautifully describes what is spellbinding in *Endgame*—exactly the paradox of the character's conviction that talking is preposterous because there is nothing worth talking about, while finding it impossible not to go on talking about all the usual things—old loves, events of the past, the future, etc. However, if the play fails for someone as refined in theatrical taste as Simon is, there may well be problems that escape me. But my impression is that Simon objects to exactly what I think is Beckett's point—that the room for play in the modern world is limited, and the capacity for belief even more so, despite which, we keep on trying to have both. Simon does not like the way that feels—none of us do.

Simon prefers the Henry plays with their clear resolution of generational conflict to the more "modern" versions of family and community that are conveyed in *Lear*, or Beckett or O'Neill. In fact, he denies Beckett full literary status: "Beckett, in his dramas, portrays something between a description and an explanation of the workings of the schizoid person and his or her dilemmas. One might usefully conceptualize these plays as occupying an intermediate space between literature and psychopathology. It is as if they were written midstream in the psychoanalysis of a schizoid person or are the partially interpreted dreams of such a person" (p. 245). That is surely a radical reappraisal of Beckett's literary role. Simon is heavily influenced by the story of Beckett's analysis with Bion,

which is fascinating indeed, but one may take exception to his near dismissal of Beckett's great literary achievement.

I hope that in my disagreements I have indicated how engaging and captivating this book is. The prose is lucid, and the author is always intelligent, original, clear, and therefore interesting. It is one of Simon's great strengths that one senses his own presence in the book—nothing *ex cathedra* here—and we feel the intensity of his involvement with his topic of tragedy and its power over us. This volume is a high-water mark in applied analysis today. I strongly recommend the book for study by students of this area of literature and psychoanalysis, and for browsing by anyone interested in psychoanalysis and the humanities. Simon enlightens, excites, and invites us to think about important matters; there is no higher praise.

ARNOLD M. COOPER (NEW YORK)

PSYCHOANALYSIS AND DISCOURSE. By Patrick J. Mahony. London/ New York: Tavistock Publications, 1987. 259 pp.

In this book Patrick Mahony points up the difficulty of separating the poem, its contents as well as its linguistic form, from the poet. An in-depth reading of this volume provides ample evidence for the essential correctness of this thesis as it applies to Mahony himself. His immersion in language, his capacity to analyze it at an all but microscopic level, his creative capacity to extract meaning from its content and, more particularly, from its form, and his remarkable linguistic erudition all taken together strongly suggest that he is a person who, more than most, experiences the world through the word.

This manner of experiencing is the quality that so draws together the thirteen essays of this volume, separately published between 1974 and 1983, that they more cohesively comprise a book than might have been expected. The book is in two parts, the first an analysis of certain important psychoanalytic topics as discourse, and the second a very close reading of a number of significant literary works in order to search out their underlying "nuclear symbolic principle" to detail further how a semantic and syntactic analysis

can be an effective tool in psychoanalytically understanding works of literature. I shall give a brief description of some of the chapters of the book before commenting on the work as a whole.

Appropriately, the first chapter is a most interesting 1980 effort entitled, "Towards the Understanding of Translation." Freud is seen as a paramount theoretician of translation, in that in his works the very concept of translation was considerably extended and deepened. Mahony here refers not only to the common usage of translation, between languages, but more essentially to Freud's systematic penetration of the specific, personal meaning each individual assigns to words, and to the very perception of reality. Psychic reality is, within this context, a uniquely personal translation of the language of perception. This review can be seen in part as a translation of Mahony's text, in that it requires me to literally translate certain technical linguistic terms to more commonly understood terms while taking account of the fact that these will be inexact, to provide a contextual meaning filtered through my own idiosyncratically distorted perception of the text, and to take account both of the special interests and of the linguistic usages of the readership of this journal. In Mahony's words, "neurotic symptoms . . . might be translations of unconscious material; and the manifest or pictorial dream is nothing but a kind of internalized intersemiotic translation of the previous verbal latent dream" (p. 6). In establishing such breadth to the meaning of translation and to Freud as a major figure in the history of translation, Mahony can go on to explore and extend certain important psychoanalytic operations through the use of various linguistic tools.

"The Boundaries of Free Association" contains a fine comprehensive survey of the literature on free association that should prove useful to any psychoanalytic clinician. To this, Mahony adds a number of points. For example, he suggests a couple of research projects. One involves a linguistic model of defenses, addressing styles of associative narration and spatial and chronological relationships. Another involves tracing the differences between a patient's dream report and associations to the dream and other associations. The question of the "unit of analysis" enters here: what is its extent and is the idea meaningful at all? In yet another departure, Mahony suggests that the ultimate structure of free associa-

tion is a modification of the body percept. This follows from Sharpe's observation that "the activity of speaking is substituted for the physical activity . . . so that . . . speech in itself is a metaphor."[1]

Mahony also points to another complexity of free association, obvious when one thinks about it but rarely thought about. Thought, affect, and body sensation occur simultaneously and should ideally be expressed simultaneously; but, as language is by nature a linear phenomenon, utterance is temporally at odds with the actual inner psychological phenomenon. In much the same way, the temporal sequence of the analyst's listening frequently does not coincide with the sequence of his understanding. Freud is cited as saying that the things the analyst hears "are for the most part things whose meaning is only recognized later on."[2]

The foregoing are only a small sample of the numerous aspects of free association covered in this chapter, including even silence. Throughout, the emphasis is on free association as utterance, its absence, its structure, its direction, its tonal affectful qualities, its purpose as communication or as resistance, its underlying assumptions, and its etymology. My response on reading this chapter was excitement at its richness and regret at how small a portion of the typical psychoanalytic curriculum is devoted to so fundamental a topic.

In "The Place of Psychoanalytical Treatment in the History of Discourse," Mahony moves into a technical area, an examination of the four modes of discourse, namely, expressive, aesthetic, rhetorical, and referential. All the verbal aspects of analysis are placed in one or more of these modes, with some real gain in our understanding of the interaction between patient and analyst. Mahony argues that psychoanalysis is unique, in that only here do all four modes of discourse figure prominently; there is a dynamic interplay between them, and the success of the psychoanalytic process can be verified through them. One brief passage in the section on aesthetics illustrates how these ideas can be clinically relevant. It

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[1] Sharpe, E. F. (1950): *Collected Papers on Psycho-Analysis*, ed. M. Brierly. London: Hogarth, p. 25.

[2] Freud, S. (1912): Recommendations to physicians practising psycho-analysis. *S.E.*, 12:112.

was noted by the linguist Roman Jakobson[3] that metaphor, based on similarity, and metonymy, based on contiguity, play an important role in all verbal as well as nonverbal sign systems and also in dreams. Jakobson further suggested that figures of similarity are dominant in lyric poetry while figures of contiguity are dominant in epic poetry. Victor Rosen observed that patients tend to verbalize mainly in lyric or in epic styles, and interestingly, that the patient who has a lyric style may actually have a contiguity deficiency indicated by problems with narrative sequences, which are based on spatial and temporal contiguity.[4] Another point of interest for the psychoanalyst is a brief history offered by Mahony of the ancient Greek use of verbal, i.e., rhetorical, therapy. Evidence for the use of such verbal therapies can be found as far back as the eighth century B.C.E.

Three chapters on dreams round out the first section of the book. The first attempts to describe the (implicit) grammar of inner mental life set down by Freud, a grammar which provides Mahony with a basis for his very special kind of analysis of the Irma dream. In a chapter entitled "Toward a Formalist Approach to Freud's Central Dream," he is primarily concerned with establishing the utility of a depth analysis of the Irma dream though a formalist, stylistic approach, one that makes use of grammar, figurative language, semantic patterns, etc. As modern stylistics is, like psychoanalysis, motivated and not arbitrary, he sees these two fields as intellectually quite close. The formalistic analysis is exceedingly detailed, providing a wealth of data, much of which appears congenial to the psychoanalytic clinician.

While one might quibble with one or another point, the weight of evidence generally supports the interesting conclusions Mahony reaches. Not unexpectedly these include "Freud's extraordinary preoccupation and curiosity concerning the body image and human sexuality" (p. 115). But beyond the exploration of symbol formation and body image, Mahony's grammatical analysis pro-

[3] Jakobson, R. (1960): Linguistics and poetics. In *Style in Language*, ed. T. Sebeok. Cambridge, MA: M.I.T. Press, pp. 350-377.

[4] Rosen, V. (1967): Disorders of communication in psychoanalysis. *J. Amer. Psychoanal. Assn.*, 15:467-490.

vides some basis for comments on Freud's character and his attitude toward women. Areas of censorship are derived from absent adverbs. Punctuation itself becomes important. Mahony concludes this richly detailed section with some speculative comments which relate linguistic forms and physiology of birth, this in the service of offering a speculation about Freud's comment that in every dream there is an undecipherable center. That is, every dream goes back to the very beginnings, to intrauterine life and the process of birth itself. Finally, there is a chapter on the form of reporting a dream, Mahony holding that form may be imitative of the content of the dream prior to the secondary elaboration. This then becomes a method useful for penetrating the secondary elaboration, in that the semantic content and form in which the patient narrates the dream may be imitative of each other.

Part Two of the volume, in parallel with the first part, starts with some observations on Freud and his writing. Mahony observes that Freud's writing, particularly the early Freud, has a sense of "ongoingness" about it. That is, there was less secondary revision and thus more of a drive quality about it than is true of many writers. Rather than give a process report of patient associations, interpretation, and response to interpretation, Freud engages the readers so as to actively bring them into the process of treatment. But beyond this capacity for engagement, Freud has, for Mahony, a writing capacity "of Olympian stature and exquisite sensibility [beyond] a linear style of sheerly cognitive progression" (p. 151), toward a "polyphonic prose." Clearly, if Freud had not already been awarded the Goethe prize for literature, Mahony would have nominated him for it. Indeed, Mahony describes so richly textured a prose style as to stimulate us students of Freud to reread the master, this time with the eye-opening tools Mahony provides. Some comments in the essay, "A Disturbance of Memory on the Acropolis," provide a very nice example of the remarkable complexity of Freud's prose, with its interplay of words with subtle multiplicities of meanings that fit both the ideational context and the deep affects aroused in Freud. Mahony is well aware of his idealization of Freud the Writer; as readers we become affectionately aware of his love of Freud.

A paper titled "The Budding International Association of Psycho-Analysis" is a massive reinterpretation of the relationship be-

tween Freud and Jung, each described as living out powerful primitive feelings toward the other as expressed in their anthropological works, *Totem and Taboo* and *Psychology of the Unconscious*. This is not a simple, single-hypothesis explanation of this crucial epoch in psychoanalytic history, but, characteristically for Mahony's thinking, a complex interplay of ideas, the personal feelings of the chief protagonists, the relationship between Freud and the essentially Jewish circle of Viennese brethren as against his ambitions for psychoanalysis to survive in the larger world. Some of the data are a bit loose for my taste, in their being based on subjective reports of individuals with a personal ax to grind. However, this reservation aside, the material is of considerable interest and enlightenment.

Four essays, on Kafka's "A Hunger Artist," Shakespeare's Sonnet 20, Ben Jonson's "best pieces of poetry," and Villon's "La Ballade des Pendus," afford Mahony an opportunity to linguistically dissect out the symbolic nuclear principle of each. The method does not differ significantly from that utilized in the more clinically based chapters. While of interest to the psychoanalyst, it is my impression that these four essays would be of most interest to psychologically sophisticated literary critics.

A chapter on women's discourse and literature concludes the book. Mahony's position is that there are both cultural and anatomical elements in women's writing. He approvingly cites a comment by Hélène Cixous that women write with white ink (mother's milk). He concludes with the observation that, while content and form are largely products of nurture, "primitive" free association and aesthetic discourse are products of nature.

This volume has much in it for the psychoanalyst as well as for the general humanistic reader. The task Mahony set for himself, to investigate underlying meanings through an analysis of the form as well as of the content of language, is invariably well done, and sometimes brilliantly so. There are, for me, a number of shortcomings. The language used is at times more suited to the linguist or literary critic than to the psychoanalyst. While I felt that the added effort required to translate these "foreign tongues" was always worthwhile, I fear many readers might be tempted to give up. Some passages in French are not translated; I suspect this goes over better at the University of Montreal, where Mahony is Professor of English, than in most non-bilingual communities.

Two more significant criticisms of the book more directly involve psychoanalytic issues. Mahony is a practicing psychoanalyst as well as a Professor of English. It is therefore not at all surprising that he finds it congenial to think of psychoanalysis, with Ricoeur, as an "exegetical enterprise dealing with meaning whereas the facts of behavior are the concern of observational science" (p. 73). It is not likely that any analyst would argue with the proposition that exegesis plays a role in psychoanalysis, but I believe most of us who are primarily clinicians would argue that the role played by the "facts of behavior" is also of considerable significance. The other more centrally psychoanalytic argument I have with Mahony is his limiting himself largely to the earliest psychoanalytic theories. From the frame of reference of the history of psychoanalytic theory, he is most comfortable with the early Freud and, to some degree, early ego psychology. These propositions are explored wonderfully in this volume. But there has been a substantial enlargement of psychoanalytic theory in more recent decades, and not very much about these propositions is taken up in the book.

In spite of these criticisms, or, indeed, perhaps in part because of the limitations Mahony has imposed on himself, this is an excellent book, often exciting, invariably rewarding and enriching, and well worth the effort for any psychoanalyst interested in language.

LEO SADOW (CHICAGO)

PLAY, DEATH, AND HEROISM IN SHAKESPEARE. By Kirby Farrell. Chapel Hill/London: University of North Carolina Press, 1989. 235 pp.

Kirby Farrell is Professor of English at the University of Massachusetts, Amherst. His first book, *Shakespeare's Creation* (1975), analyzed the successes and failures of "magical thinking" to induce wonder and creativity in Shakespeare. It displayed a deep knowledge of Shakespeare, Renaissance history, and modern theories of aesthetic play (e.g., those of J. Huizinga and C. L. Barber). In his latest book, Farrell returns to the theme of *play*, but this time his glass is darker.

The book demonstrates how modes of "play-death," such as games of death or rituals of resurrection, provide simultaneous developmental, social, and aesthetic defenses to manage anxious

dynamics of change within family, society, and theater. A culture uses such fictions of death to manage the primary problem of life— that it ceases. A major issue in any historical period, it was especially acute in the Renaissance, whose conventional historical appellation connotes the wish for rebirth. Farrell notes, for instance, that the mythical bird reborn from the ashes of its own funeral pyre, the Phoenix, was a conventional emblem of Queen Elizabeth. Christian versions of this myth were especially powerful in the wake of the Reformation. Shakespeare's plays and poems provide sharp lenses through which to view this dynamic in Renaissance culture.

The thesis is at once powerful and understandable. Farrell marshals evidence from every quarter to support and substantiate it. Beyond its scholarly focus, there are at least three equally powerful sub-themes: (1) a double-edged appreciation and critique of Christian myths of death and resurrection; (2) the process of *mourning* as an inevitable and ineradicable aspect of the human condition; (3) the ambivalent relation of child to father and father to child (within a patriarchal social structure, a family, and an individual personality).

The book's critical design is to map its surface terrain while discovering subterranean depths and heroic heights—what Farrell terms the "wide topography of mind and landscape" in Shakespeare's plays. He successfully places Shakespearean drama in a wide context of cultural *fantasies*, not simply a resituation in minor cultural *events* such as some paler versions of the current "New Historicism" produce. The book examines the deep life of the culture though its uses and modifications of primary myths.

Farrell's interpretive strategies combine psychoanalysis, anthropology, contemporary (medieval and Renaissance) theology, and social philosophy. The major supporting theorists are Ernest Becker, Clifford Geertz, Mary Douglas, Laurence Stone, Robert J. Lifton, and a ubiquitous but never intrusive Freud. (Jung makes a brief appearance in the appropriate shadow of skepticism.) At the end, Farrell brings in psychoanalytic theory (Freud, Klein) in more explicit and detailed fashion, in order to analyze symbolic scenes in *A Midsummer Night's Dream* and *The Tempest*.

The scope of Farrell's book is extensive. He covers all of Shakespeare, by skillfully selecting core texts throughout the career: comedies, histories, tragedies, romances, and narrative poems. The his-

torical range is dazzling: it covers Egyptian cults, Greek myths, Judeo-Christian beliefs, Roman social customs, and historical examples from medieval, Renaissance, and modern society. In the final section, Farrell expands the scope of the book to explore post-Shakespearean strategies of managing mortal anxiety from the seventeenth to the twentieth centuries. The section is wonderfully suggestive, as it glances at supermarket tabloids or fundamentalist evangelists who traffic in contemporary tastes for resurrection myths. The section on Disney World's "Epcot Center" as cultural cemetery, or mausoleum of depersonalized monuments to "cultures," is a superb quick take on this curious and perverse American phenomenon.

The style of the book is learned and readable, mature and metaphoric. It uses similes superbly, such as Egyptian funeral arts or the *topos* of the walled city. Farrell is expert in the latest Renaissance and Shakespeare criticism. Moreover, the book reveals throughout the mature wisdom of a sharp mind grown up and older in a culture whose denials of death have been variously creative and clumsy.

As any good book must be, this one is at base a personal document. Farrell's mix of the personal and the professional is among the best I have seen. Although such intrusion of life into scholarship causes anxiety among some readers, it is to my mind a trenchant acknowledgment of the real causes of criticism: an insertion of the human into the Humanities.

The book opens with an explicit interplay of the personal and the scholarly, as Farrell admits his middle-aged rediscovery of the "denial of death"—the theme, as well as Becker's famous book by that title. He then introduces the invention and dramatic enactment of his theme through an anecdote of his daughter at play, a device he uses throughout to demonstrate psychological theories (*ex oribus infantium*).

Farrell works assiduously to stare at the individual and cultural problem of death with only a little blinking. He is, however, no mere demystifier. He fully appreciates the power and value of these fictions to manage our mortal anxiety. Like his ultimate judgment of Shakespeare, he "does not forcibly disenchant [our] myths." Although the book concludes with a "vulgar and devious" joke (Farrell's terms) about eschatological misidentification at the Pearly

Gates, the device conveys the ironies and humors of our storied variations on the ultimate themes. The joke neatly blends fictions of heroic apotheosis and wooden reductiveness that cap the story with a grin and a twist.

The book is really about *the play of death* in (our) culture. As with many social artifacts and rituals, Shakespeare's stage is the arena where such play is best seen and examined. In our own world, where the constant natural presence of death contends with such sudden modern emergencies as AIDS and nuclear war, examples of successful modes of defensive management of this, our most elementary anxiety, may be more than merely entertaining.

DAVID WILLBERN (BUFFALO, NY)

HIS BROTHER'S KEEPER: A PSYCHOBIOGRAPHY OF SAMUEL TAYLOR COLERIDGE. By Stephen M. Weissman, M.D. Madison, CT: International Universities Press, Inc., 1989. 349 pp.

Who said psychobiography is dead? Here is Stephen Weissman writing an engaging, novelistic account of the life and creativity of Coleridge. Weissman tells his story very well—simply, elegantly, with a minimum of psychoanalytic jargon, using psychoanalytic formulations in a spare but effective manner. The reader easily becomes absorbed in Weissman's personal and convincing rendering. His psychological reading of the interrelations among Coleridge's life, conflicts, and creative work is fascinating. This is a moving but sad tale. I recommend it to psychoanalysts, academicians, and literary critics as an example of fine biography illuminated through psychoanalytic psychology. The criticisms I offer involve matters of taste, bias, and perspective. In no way should they be understood as detracting from Weissman's accomplishment.

Weissman is more concerned with telling his story well than with elaborating a psychoanalytic theory of artistic creativity. Thus the hypotheses he offers can be accepted or rejected, in whole or in part, without detracting from his overall work. In the introduction, he outlines briefly his psychology of artistic creativity as involving issues of loss, separation, sensitivity, and depression, which are managed by creative imagery transformed into permanent works.

Creativity is exhilarating, intoxicating, and addictive—certainly a useful theory to apply to Coleridge (and his opiate addiction). Weissman, however, connects this creative ecstasy only to wishes for immortality, in line with his idea of vital defense against loss and depression. This is too narrow a formulation. Creative excitement could be explained in many other ways, making creativity much more complex, both as conflictual and non-conflictual activity. But Weissman is not primarily interested in theories, psychoanalytic or literary; theory is not his passion. He excels as a clinical psychoanalyst organizing a set of narratives of the life of his subject. By not forcing his constructions upon us, like a good psychoanalyst (and writer), he succeeds in getting us to explore them.

Weissman organizes his story especially around fratricide, guilt, reparation, and undoing, and the need for a supportive, brotherly, creative relationship. He does not refer to other psychoanalysts who have described this need for an intense, supportive relationship with another living person required by certain artists during a period of creativity. This seems to me a better way to organize Coleridge's need for a creative brother and his addiction to Wordsworth. Weissman prefers to tell this as a tale of Cain and Abel; his evidence is convincing.

When he refers (p. 6) to the aggression the artist must tolerate and express in order to create successfully, I agree and wish he had drawn this out further. He notes that Coleridge must have felt betrayed and rejected when his mother sent him away to London at age nine, six months after his father's death. There certainly are indications of persistent hunger for parenting, nurturance, narcissistic supplies, including wishes for twinship, surrender, or merger with Wordsworth. That is, brother rivalry is only one explanation for Coleridge's depression, narcissistic neediness, selfishness, and relative inability to maintain concern for his family, severe mood fluctuations, masochism, and addiction. Weissman suggests Coleridge may have had a manic-depressive disorder. Even in the wish to enact a foursome, there seems to have been the wish to recreate a family within which he could continue to feel that he was a central focus. Weissman's many examples of Coleridge's oratory exhibitionism convince me of the poet's narcissistic hunger for recognition and acclaim. Certainly, as Weissman suggests, Coleridge was

angry at women but, more important, he needed their support and indulgence, as well as that of men. At times (e.g., p. 71), Weissman suggests that brother hunger replaces the need for a parent (father).

His explanations of Coleridge's attempts to master conflict through creative writing are well done. However, I would open his constructions further. For example, *The Rime of the Ancient Mariner* need not be focused exclusively on survivor guilt related to fratricide but could include various anxieties and guilts about destructiveness, loss, separateness, and success. Coleridge's envy, homosexual love and rivalry, and difficulty with separateness from Wordsworth are well described. Weissman tells us that initially this sharing relationship helped each writer to create, but that later Coleridge would do much better on his own away from Wordsworth. Difficulties with separateness, with maintaining self-esteem, with managing destructiveness without turning it upon himself masochistically all could have been elaborated further. In a footnote (p. 287) about Coleridge's *Christabel*, Weissman refers to the symbiotic bond between vampire and victim within this work and in the relationship between Coleridge and Wordsworth (Coleridge was primarily in the role of victim). But that would be a different story than the one Weissman wants to tell.

Weissman briefly (pp. 304-305) notes Coleridge's idea of "willing suspension of disbelief" in the dreamer and in the audience. He is also able to derive a theory of wish fulfillment in dreams from Coleridge's writings, although the poet alternately relied on theological explanation. Similarly, Coleridge distinguished between wish (fancy) and imagination (complex creative fantasy). Here I would prefer more of Coleridge's writing, as well as more critical discussion. Each chapter begins with a *brief* sample of Coleridge's poetry. I would like more of this, so as to be able to follow with Weissman the variety of images and themes elaborated in Coleridge's poetry.

I recommend this book as *delightful* reading, something which can rarely be said for psychoanalytic books. If Weissman heeds my wish for a little more theory and criticism, I hope that he nevertheless preserves his elegant narrative style in his next book.

STANLEY J. COEN (NEW YORK)

BOYHOOD RITUALS IN AN AFRICAN SOCIETY. AN INTERPRETATION. By
    Simon Ottenberg. Seattle/London: University of Washington
    Press, 1989. 344 pp.

In this meticulous work, a study of boyhood rituals in the Afikpo,
the name of one of many groups making up the Igbo people of
southeastern Nigeria, Ottenberg marshals an impressive quantity
of ethnographic evidence to provide a picture of the development
of boys in an African society. Ethnographically curious analysts will
find much here to interest them. Ottenberg says candidly that he
wishes to convey a sense of how boys develop in relation to others,
while not diminishing "the sense of life and experience of the boys"
(p. xxiii).

    After birth, nursing continues for at least two and a half years,
during which time the mother is expected to abstain from all sexual
relations in order, as the Afikpo say, " to allow the mother to give
her baby full attention" (p. 20). During the period of breast-feed-
ing, the mother is allowed all kinds of dispensations from normal
female responsibilities, such as going to market. During this "gold-
en age for mother and child" (p. 21), the two become very close.

    When a child is born it is believed to have within it three rein-
carnated ancestors. There is a personal spirit (owa), designated by
different names depending on the sex, and two ancestral spirits
(ma). While the two ancestral spirits may inhabit more than one
child, the personal spirit is present in only one person at a time,
although, significantly, this owa can and does change during the
various phases of development. Knowing the identity of these three
spirits is not considered important before teething begins, at which
time a ritual specialist is called upon. Such divination ceremonies
explicitly link the infant to members of the clan. As Ottenberg
notes, "ritualization is an internalization of parental control, ex-
pressed in spiritual terms" (p. 27). These social representations of
inner conflicts brought on by teething are indeed important for the
development of the superego.[1]

    Since the weakening of ties to the mother is a major theme in the
development of boys, Ottenberg speaks not only of the abruptness

    [1] The Afikpo "will attribute success and misfortune to the influence of reincar-
nators, just as people will thank or blame parents for their assistance, or failure to
assist, along life's way" (p. 27).

of weaning, when the boy loses much of his mother's affection and the idyllic closeness of the first years, but also the abruptness of later taking the boy out of the mother's house altogether and placing him in a male compound with other boys of roughly the same age. Ottenberg attributes this suddenness of weaning and of wrenching the boy away from his mother to a cultural need for a warrior mentality, since, in fact, the men used to be warriors.

Ottenberg's book focuses on the various stages in the social/ psychological (psychosexual) development of boys, since his ethnographic materials do not allow him to know what happens to girls. This fact is indicative of the secrecy and separation between the sexes, and of the ways in which gender-specific knowledge and know-how are part of the process of socialization and psychological development in Afikpo society.

From birth to age five, the boy is not a social member of the society, since he is with his mother most or much of the time. However, from the age of five onward, the father and male societies play a predominant role. Ottenberg notes, however, that during this period the secrets held by male members of various secret societies provide a temptation to the boy, whose curiosity is stimulated. Secrecy "creates" inquiry and assertiveness in the young child in response to it, thus aiding development. "Secret behavior, like ritual and fiction in our own society, encourages the child to cope with his or her desires, feelings and lack of knowledge" (p. 56). In my opinion, Ottenberg might have expanded upon this most interesting discussion of male ritual, fiction, secrecy, and the life of the imagination to include the kinds of imaginative experiences that boys derive from contact with their mothers. Mothers tell stories to children in the absence of male adults. In these stories children are encouraged to develop "a pragmatic, bargaining, even entrepreneurial relationship with the spirit world, in which strong individuals (like the hunter in the tale) are believed to be capable of controlling their fates" (p. 93). It would be fascinating to know more about how Ottenberg sees these contributions to the development of the life of the imagination and of the arts in Afikpo society by both parents and by the organized secrecy of the society.[2]

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[2] While there are a number of tantalizing facts scattered throughout the book, Ottenberg does not develop his ideas fully in any one place.

Afikpo development, as Ottenberg presents it to us, is only very
gradually recognized, and not concluded with any particular cere-
mony at all. By the age of five or six, boys have gradually become
more visible social beings, since by that time their reincarnators and
personal spirits have been identified and they have entered into
relationships with them. At the ages of five to seven, boys join the
first of three levels of secret organizations to which they will belong.
They move away from their mothers to live in boys' compounds,
developing their physical strength and skill through competitive
games (wrestling) and their knowledge of their society through
such activities as masquerading. Ottenberg emphasizes how impor-
tant masquerades are in the growing boys' separation process from
their mothers.

Typically, before 1940, early adolescent boys would visit girls of
their age in a special relationship before their genital excisions.
Circumcision and cliteridectomy are generally performed well be-
fore the onset of adolescence and are not linked to ritual initiations.
Then at a time determined by the father, the first son undergoes
initiation, divided into two periods. In the first, the initiands sleep
in the bush, the site of the men's rest houses. In the second, the
initiands are kept out of the bush and must sleep in the boys'
houses. The day the boys first go into the bush, their mother pre-
pare them a special soup, sometimes made of duck. Since this is a
farewell feast, it is said that mothers will serve any dish their sons
wish them to prepare. On the second day in the bush, initiands are
made to believe they must climb a tower. But they are prevented
from doing so, and instead are made to go under it "through a
tunnel-like arrangement, coming out near the sacred fire in the
inner enclosure" (p. 170). Ottenberg notes the birth symbolism
here. However, even after the initiation, the sexual status of the
sons is ambiguous, and they are not perceived by adults to be full,
identifiable social beings. In the third initiation, entailing whipping
rituals and the sacrifice of dogs for married women, a great feast,
and more masquerading, once again there is symbolism of birth,
and initiands must crawl through a tunnel.

However, even after the third initiation, Afikpo boys are not
considered to be men. Ottenberg notes that an Afikpo boy is "not
considered mature until some ten years after his initiation, when he

marries in his late twenties or early thirties" (p. 297).[3] Ottenberg points out that the son's first marriage symbolizes the son's independence from the very father who has arranged it, but clearly does not constitute full adult status in the community. At thirty, the son is still regarded as not yet mature, "too young to be seriously involved in politics, to be settling disputes, or to be a priest, and too youthful as yet to have strong economic power through trade or land manipulations" (p. 303). Thus, the boy will have to wed, to have a child, and, gradually, to prove himself worthy of the growing responsibilities placed upon him. Although there have been a number of recent works on initiation ceremonies,[4] these tend to focus on male initiation ceremonies rather than on the broader questions of psychological development in general, and to neglect both the post-initiation period and the ideas of their peoples about what constitutes maturity and when and how it is achieved. By contrast, Ottenberg's long view of development as an open process accords better with contemporary psychoanalytic theory, and represents one of the real virtues of this fine ethnography.

BENJAMIN KILBORNE (LOS ANGELES)

WHERE BABIES COME FROM: STORIES TO HELP PARENTS ANSWER PRE-
    SCHOOLERS' QUESTIONS ABOUT SEX. By Martin Silverman, M.D.
    and Harriet Ziefert. Illustrated by Claire Schumacher. New
    York: Random House, 1989. 55 pp.

This is a delightful book. I enjoyed it so much I found myself wishing my parents could have had a copy when I was a preschooler. It fulfills its role better than any comparable book I have ever seen.

What makes it such a good book? To begin with, the illustrations are beautifully done, in soft colors and in a charming fashion. And

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[3] And Ottenberg adds, significantly, "The post-initiation period has not been thoroughly described or analyzed by anthropologists working in non-Western societies" (p. 297).

[4] Herdt, H., Editor (1982): *Rituals of Manhood: Male Initiation in New Guinea.* Berkeley: Univ of Calif. Press; Lidz, T. & Lidz, R. W. (1989): *Oedipus in the Stone Age.* Madison, CT: Int. Univ. Press.

then there are two lovely characters, Little Elephant and his friend, Kikki, a monkey. They are a pair of happy, curious, fun-loving animals with whom one makes friends very easily. There is nothing scary about them. They are neither too big and angular, like a Big Bird, nor too dirty and dusty, so they do not frighten, excite, or put one off. They will evoke no emotions or defenses that might inter- fere with understanding what the stories in the book have to tell.

This is perhaps the key to the book's success. In both pictures and text there is nothing to arouse anxiety or excitement. The four brief stories in the book follow a simple sequence, starting with the dif- ference between eggs and babies that are inside the body and eggs and babies that hatch outside the body. Next is a simple explanation of sexual intercourse, before a section on the sexual differences, and then a final chapter on the arrival of Little Elephant's baby sister.

In the unfolding of this sequence, some very simple human emo- tions and reactions—anger, envy, frustration, confusion, teasing, fantasizing—are all calmly and simply dealt with. Perhaps nicest of all is the respectful way privacy is maintained in dealing with Little Elephant's wishes to see his parents' sexual organs.

The calm, relaxed, yet interesting format, and the very simple feelings that are encountered and managed, do not interfere with a factually accurate explanation of the material to be shared. A nice addition at the end of the book are three pages on "Questions Children Ask and Answers Parents Might Give," which offer the uneasy parent examples of possible dialogue they might use.

I was surprised at how much I enjoyed the book, as I am not one who likes to suggest that parents use books others have written to do their job of explaining to their children. Children want not just facts but their parents' feelings about those facts; and being sent off with a book someone else has written denies children access to their parents' feelings, which they need in order to integrate the facts.

It took me a while to put together how I would like the book to be used. I would like the parents first to read the book to them- selves, to one another, to get an idea of how the topics are best approached and how to stay respectful of their children's feelings and their need not to be frightened or overwhelmed. With this understood and felt, I would hope the parents might be able simply

to talk about the facts with their children and in this context the last three pages in the book might be the most helpful. After this is done, then it would be nice to read the book together, quietly, to confirm what has been discussed. Reading and rereading the book in response to a child's request or questions would be such an effective, integrative use of this carefully prepared and respectfully thought through book.

ROBERT A. FURMAN (CLEVELAND)

The Annual of Psychoanalysis. XVII, 1989.

M. Philip Luber

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ABSTRACTS

An Epistemology of Transference. John E. Gedo. Pp. 3-15.

Applying Heisenberg's insight into the effects of the observer on the phenomenon observed, Gedo argues that the behavior of the analyst affects the nature of the transference phenomena that the patient demonstrates. For example, the use of "classical" technique will tend to evoke a transference neurosis which is a repetition of the infantile neurosis; the use of the regression-promoting technique of Harold Searles will evoke "borderline psychotic" transferences; the use of self psychology techniques which stress empathic acceptance of the subjective point of view of the analysand will elicit "archaic" selfobject transferences. He advocates flexibility in the choice of technique for different patients, as well as for different stages within a given analysis. Gedo further states that the analyst's age, sex, sociocultural background, and language affect the nature of the transference that develops. He calls for careful scrutiny of the implications for conceptualizing psychopathology and character formation, because the development of the transference is co-determined by the analyst's technical convictions and personal characteristics.

Toward a Phenomenological and Minimally Theoretical Psychoanalysis. Edwin R. Wallace, IV. Pp. 17-69.

Wallace presents an extremely condensed summary of his views on the philosophical and scientific underpinnings of psychoanalysis. He reviews the major arguments about biological versus psychological causation, clinical versus natural science language, and the philosophical status of psychoanalytic concepts such as motivation and historical determinism. His arguments contain references to the fields of philosophy, the history of science, and anthropology, as well as to empirical research concerning the psychoanalytic situation and to various competing schools of psychoanalytic theory and technique. He states his own position of "monistic multi-level, single-aspect-dual-aspect interactionalism." This article's density, in terms of concepts presented per page, limits its usefulness as summary of the author's ideas; however, it will be of use for readers looking for markers to guide them in their choice of which of the author's longer expositions of these concepts to study in more detail.

Blaming the Parent: Psychoanalytic Myth and Language. F. Diane Barth. Pp. 185-201.

The author cautions against a tendency in psychoanalytic language— with deleterious effects on clinical efficacy—to blame the patient's parents for the adult analysand's difficulties. This unwittingly perpetuates feelings of helplessness and lack of personal agency. The author believes that theories which tend toward "parent-blaming" are partly a reaction to the historical tendency toward "patient-blaming" (for his or her "instincts") which Barth associates with classical drive-

conflict theory. She argues that with the tendency toward parent-blaming in object relations and self psychology discourse, "it is the language, and not the theories themselves, which is at fault." She gives an illustrative clinical vignette which shows the overdetermined nature of the analysand's anger at his parents, including the inability to accept imperfection in others or himself. She warns against overemphasis on what was done to the individual, and argues for more attention to the complex interplay between external events and internal subjective meanings.

What Is the Relation between the Psychoanalytic Psychology of Women and Psychoanalytic Feminism? Nancy J. Chodorow. Pp. 215-261.

Chodorow is struck by the lack of communication between clinical psychoanalysts, who debate issues about female development, and academic (non-clinical) "psychoanalytic feminists," who study gender issues and sex roles in society. She believes that the two groups focus on different questions, and frame them in different types of discourse. Her map of the terrain of the academic group, with its divisions into object relations, interpersonal, and Lacanian camps, seems more reliable than her survey of the clinical group, which omits several important recent contributors. The author is more successful in raising, rather than answering, the question of why the academics and clinicians generally show a lack of knowledge and curiosity about each other's work.

In a discussion of Chodorow's paper, Barbara S. Rocah questions her emphasis on object relations theory; while in his discussion, Bertram J. Cohler expands Chodorow's discussion of the relationship between those who study female lives as "texts" and those who study them as cases.

Sexual Doubles and Sexual Masquerades: The Structure of Sex Symbols. Wendy Doniger. Pp. 263-283.

The author traces the theme of replacement by a double in sexual encounters in Hindu myths and folk tales, the Old Testament, and Western drama, opera, and cinema. She shows important variations of the theme, particularly the different functions the doubling serves for men and for women. For women, the doubling tends to lead to a wished-for integration of sensuality and social commitment; for men, it often serves to split off sexuality from relationship. Doniger, a professor of the history of religion, gives a brief structuralist explanation of the function of myth as mediating between the opposing truths of nature and culture. She makes passing reference to psychoanalytic perspectives on these enduring fantasies, which Harry Trosman expands upon in his brief discussion of Doniger's paper. In his reading, Doniger's analysis highlights sexual wishes and defenses in a heterosexual matrix; he would also emphasize, among other themes, the role of unconscious homosexual wishes in the fantasy of replacement by a substitute.

Adolescent Psychiatry, XVI, 1989.

Abstracted by Marianne Makman.

Masculinity: Developmental Aspects of Adolescence. Peter Blos. Pp. 5-15.

"Masculinity" or "sexual identity" as male (in contrast to the much earlier awareness of "maleness" or "gender identity") is defined by Blos as, "an endogenous

system of behavior and attitudes, symbolizations and meanings that in their totality are characteristic and unique for any culturally coherent social structure." Years of careful clinical observation led Blos to question the centrality of the oedipus complex in the etiology of neurotic conflicts around masculinity in the adolescent male. He increasingly recognized, as equally or more important, expressions of defense against a regression to an earlier emotional attachment to the father. This early attachment, begun in the separation-individuation phase, may be an "absolutely necessary facilitator" in the loosening of the earliest symbiotic oneness with the mother and, through identification, a necessary factor in male gender identity consolidation. Blos calls this first bond with and idealization of the father by the little boy the "dyadic father imago." The oedipal or "triadic" father is contained in a very different imago. Blos observes that disturbances in masculine identity formation have dual roots in "interlocking dyadic and triadic developmental derailments." He believes neither stage is resolved in childhood but the normative process has to be completed in adolescence. Out of these resolutions springs the definitive character of the masculinity of any individual male. Blos notes that he is not discussing the etiologies of "grossly deviant masculinity" (which he neglects to define) but rather the "common disturbances" which bring many adolescents and young men to therapy.

Discussion of Peter Blos's Paper. Evan Brahm. Pp. 16-20.

Brahm agrees with much of Blos's paper but suggests that one might expand upon the importance of the early dyadic relationship of the boy with his father. Some of the adolescent male's difficulties with consolidation of his masculinity may stem from the father's inability to offer himself sufficiently as an attachment figure in the son's early childhood. This may be further complicated by continuing difficulties in the boy's current relationship with his father.

Discussion of Peter Blos's Paper. Aaron H. Esman. Pp. 21-25.

Esman expands upon the topic of masculine development by citing the crucial importance to boys of nonconflictual relationships with their fathers during latency. He comments on the erosive effect of modern societal disruptions and single parent families upon healthy masculine development in today's adolescents.

Discussion of Peter Blos's Paper. Vivian M. Rakoff. Pp. 26-30.

Rakoff challenges the view, "implicit" in Blos's paper, that heterosexual masculinity is the only acceptable "masculine" developmental outcome, and suggests the probability that a variety of male sexual behavior is "normative."

Overview of Normal Transition to Young Adulthood. Robert L. Arnstein. Pp. 127-141.

Arnstein, citing his own experiences both as clinician and as former young adult, presents an elegant, articulate review of professional writing on this subject. He reviews the commonly agreed-upon tasks of late adolescent development: "1. separation from parents, 2. ego synthesis or identity formation, 3. development of a

capacity for intimacy, 4. achievement of genital primacy, 5. change in object rela-
tions, 6. stabilization of character structure, 7. development of a time perspective, 8.
development of a capacity for friendship, 9. commitment to a set of life goals, 10.
achievement of an effective moral code." He then discusses the conscious and un-
conscious processes involved in achieving these goals in people between the ages of
approximately seventeen and twenty-two. He notes that the psychological work
usually continues, at least in part, well beyond twenty-two.

Identity Formation in Adolescence: Implications for Young Adulthood.
Ruthellen Josselson. Pp. 142-154.

The author writes, "Identity, in that it involves renunciation of what is not chosen,
becomes then a template for the making of adult decisions." She discusses the
groupings devised by Marcia of late adolescents as they struggle toward commitment
to an adult identity: identity achievement, foreclosure, moratorium, and diffusion.
Using data, primarily one sample history, from her own long-term studies of ran-
domly selected college women, she explores the poignant struggles of young women
wrestling with conscious and unconscious forces impelling them toward and with-
holding them from establishing separate adult identities.

Depression in the Transition to Adult Life. Edward M. Hallowell; Jules Bempo-
rad; John J. Ratey. Pp. 175-188.

The authors describe and analyze a disturbing phenomenon of the past decade:
the increasing numbers of "successful, bright, attractive" young adults presenting
for treatment of depression, depair, and "emptiness." Recent studies of normal
adolescent populations appear to reveal less turmoil than before, but young adult
life appears "sicker and more miserable." The authors use clinical examples to
illustrate and expand upon their hypothesis that young adults of the '80's have
developed an over-reliance on the self as the source of meaning in life. Without the
"traditional" sources of support from extended family, revered mentors, reliably
institutionalized ethical codes, even clear sexual roles, these people create ego ideals
they can never attain. The result is chronic depression in the presence of apparent
"success."

Career Change in Early Adulthood: Developmental Considerations. Eugene H.
Kaplan. Pp. 259-277.

As psychoanalytic knowledge and experience grows, it becomes evident that psy-
chic structure is not necessarily consolidated by the end of adolescence. Reorgani-
zation of the unconscious and restructuring and adaptive coherence of the self can
continue to occur well into adulthood. Kaplan presents rich clinical data gleaned
from therapeutic work with thirty adults, aged twenty-two to thirty-seven, who
changed careers into or within medicine, demonstrating this continuing psycholog-
ical process. He concludes that "psychoanalysis may be viewed as a special form of
facilitation of adult development provided by ordinary relationships in normals. As
a corollary, the analyst or therapist may be regarded as a version of the mentor."

Compromised Development: The Complex Plight of Young Adults with Mental/Emotional Disorders. Hilary Ryglewicz and Bert Pepper. Pp. 278-287.

The authors discuss the painful social and development problems faced by young adults who are living in the community but whose normal social and emotional growth has been arrested or delayed by serious mental illness. These patients, having grown up and gone through adolescence with normal peers, have high expectations of themselves combined with low self-esteem. They appear to be "stuck in the transition from childhood dependence to adult independence," and present thorny treatment issues.

Borderline Personality Disorder in Adolescents: Current Concepts. Aaron H. Esman. Pp. 319-336.

Descriptions and attempts to define and analyze the etiology of "borderline" disorders in adolescents have appeared primarily in the American psychiatric literature since 1954 (Ekstein and Wallerstein). Esman provides a succinct review (with enormous bibliography) of this somewhat elusive subject. He also describes the gamut of treatments employed, ranging from classical psychoanalysis to family therapy, and suggests that both theory and therapeutic technique advocated by numerous experts may be consolidations and "codifications" of work deriving from their individual personality styles. He concludes that we still "remain on the frontiers of understanding." More systematic, scientific investigation is necessary.

The Developmental Function of Acting Out in Three Adolescents. Lewis A. Kirshner. Pp. 337-349.

Acting out by adolescents, often dramatic, has been proposed by Blos, Winnicott, Erikson, and others to function in the service of development. The author uses the ego-developmental model of Loevinger to analyze the meaning of acting out in the cases of three adolescent patients and to describe differences in therapeutic approach based on the model. In the "preconformist" stage the individual "gains a sense of self from feelings and immediate perceptions." Objects are regarded as sources of gratification, frustration, etc., rather than as separate individuals. Family therapy may be the most effective treatment modality at this stage. In the "conformist" stage reference group membership defines the self. Conjoint therapy rather than individual may still be the most effective. The final "postconformist" phase brings a greater sensitivity to individual difference, an awareness of separateness, a capacity for insight. Even with an adolescent who at times acts out in a regressed manner, psychoanalytic psychotherapy becomes possible if the postconformist phase has been attained.

Adolescent Psychopathology and Attachment Research: Mutual Contributions to Understanding. Charles Jaffe and Peter Barglow. Pp. 350-371.

This somewhat confusingly written chapter does offer interesting data from the analysis by one author of a mother and the concurrent psychotherapy by the other author of her early adolescent son. An attempt is made to understand the boy's

psychopathology in light of his own memories and, from his mother's perspective, descriptions of his early experiences and attachment behaviors.

The Emergence of the Adolescent Patient. Vivian M. Rakoff. Pp. 372-386.

In this beautiful, eloquent, crystal-clear essay, Rakoff places the emergence of the concept, "adolescence," and the alarming increase in serious adolescent psychopathology (e.g., suicide, anorexia-bulimia, drug abuse) in a philosophical, historical perspective. Only since the late nineteenth century has adolescence been recognized as a phase of human development. Since "subjectivity" and "authenticity" became "something of a philosophical cause," the adolescent has become a "model of the cultural hero of our time: idealistic, authentic, adventurous, choosing among many alternatives, a model for all adult stages." What, then, is the "factor blue," the common denominator for the anomie of so many of today's youth? Rakoff views adolescence not only as a life stage but as a set of characteristic expectations of openness of choice, of self-determination which may recur at other phases of the life cycle. It is just this openness of choice, mobility, discontent with the present, great expectations of perfect authenticity and total satisfaction which doom the vulnerable modern adolescent to despair. Opportunity can be a great privilege but also a great threat to those who feel unequal to it.

Catastrophe and the Capacity To Withstand It: An Adolescent Responds to Personal Tragedy. Myron Stocking. Pp. 412-434.

The author first reviews writings, beginning with Freud's, about the etiology and course of the post-traumatic stress response. He then gives a detailed account of the history and the nine-month psychotherapy of a fifteen-year-old girl who, a year before beginning treatment, had seen her father shoot and kill her mother, her grandfather, and himself. The detailed description of the process of the therapy offers an unusual opportunity to examine the coping strategies of this sturdy young woman, her psychodynamics and the ways in which her therapist and the therapy helped her. Stocking then speculates about the processes of trauma and mastery. "Both are responses to the interplay within the individual between unconscious fantasy and external reality." Vulnerable individuals "find a confirmation of destructive fantasies in traumatic life experience." Conversely, others with a sense of inner goodness and integration can understand the difference between inner experience and external events and can master catastrophic events, even developing an "enhanced ability to weather hardship."

Disadvantaged Adolescents Separating from Home and Hospital: Spanning the Antipodes through Paradox. Debra Schnall and Joseph Youngerman. Pp. 435-448.

Although this chapter does not deal with psychoanalytic issues, it is nonetheless of great interest to anyone working psychotherapeutically with socially and economically disadvantaged adolescents and their families. The authors describe the challenging and stormy treatment of three siblings and their family, involving long hospitalization of two siblings, much staff involvement, and the use of paradoxical intervention. They point out the danger of splitting (good hospital-bad family) inherent in the hospitalization of disadvantaged youngsters in a comfortable hospi-

tal with caring staff. To truly help these patients grow up it is necessary to help the family gain competence and self-respect and to help hospital staff reduce their own need to be idealized and to be superior to the family.

Contemporary Psychoanalysis, 1990.

Abstracted by Sybil A. Y. Ginsburg.

The Avoidance of Countertransference Awareness in a Pregnant Analyst. Ruth R. Imber. Pp. 223-236.

Pregnancy, like serious illness, is a stress which causes an analyst to be self-absorbed and vulnerable. In such a state, there is increased anxiety and defensiveness about highly charged, especially negative, patient communications. The author reviews the literature, which she notes is sparse; this is possibly in itself an example of resistance to countertransference awareness. The broadest definition of countertransference is used by Imber, and she supports the view that countertransference stimulated by the patient is an important tool in furthering the analytic process so long as it is properly analyzed. However, since pregnant analysts are prone to defending themselves against awareness of negative countertransference, they are often temporarily unable to accomplish this analysis. is hypothesized that the reason for such avoidance is the fear of being vulnerable to the destructive potential of envy and aggression. Pregnant analysts are particularly afraid of hatred and destructive wishes, in both themselves and patients. Their own aggression may be perceived as in "conflict with the task of becoming more maternal and nurturing," and that of their patients evokes fears, such as of bodily harm and robbery. In an excellent clinical example, the author discusses her female patient whose long-denied competitive, envious transference feelings erupted during Imber's pregnancy, culminating in the patient's telling the horror story of her own complicated pregnancy. This represented a sadistic "acting in" because of the anxiety-evoking content, and resulted in a negative countertransference which the analyst denied until several months after her delivery, when her sense of vulnerability was lessened. As a result, she was unable to analyze the patient's negative transference until this later date. Imber discusses the origins of her reaction, including those aspects stemming from her own unresolved childhood conflicts around envy and aggression.

Thoughts on the Processes of Psychoanalytic Writing. Nancy K. Morrison and John R. Evaldson. Pp. 408-419.

"When the idea of writing" interfered with their supervisory sessions, the authors collaborated to examine the process of writing from a variety of vantage points. These included its influences on therapy, supervision, and the analyst. Writing may serve to alleviate the isolation of our work. It may help contain countertransference feelings, as well as being a way of acting out these feelings by distancing therapist from patient. It may also represent a communication with one's own analyst. The collaboration of the authors of this paper began, in part, as countertransference to a difficult patient. The wish to write this paper thus represented the participation of the authors in acting out the repetition compulsion of the patient to precipitate

abandonments. Analysts may also be inhibited from writing by fear of scrutiny and attack by peers. Narcissism in the writer may lead to fears of injury and loss of grandiosity once the imperfect work is shared.

Narcissistic Pathology of Everyday Life: The Denial of Remorse and Gratitude. Nancy McWilliams and Stanley Lependorf. Pp. 430-451.

Some people can neither apologize nor say thank you. These behaviors represent narcissistic defenses and are common in individuals without classical narcissistic personalities who use a variety of ways to avoid feeling wrong or grateful. Therapists frequently suffer from narcissistic pathology. The wish for psychological power and prestige draws some to the field, and our centrality to our patients' emotional lives can reinforce grandiosity. Also, since the real gratifications of analytic work are so slow in coming, the frustrations of everyday practice may result in regressed indulgence of our grandiose selves. Using Kohut's formulation that narcissistic defenses serve to preserve the grandiose self, which is without sin or need, the authors state that the narcissistically defended individual often tries to restore an "illusion of perfection" by failing to apologize. Instead, he or she substitutes undoing (e.g., being solicitous), protestations of good intentions, explanations, recriminations, or deflection of blame. "In the absence of . . . genuine remorse," the injured party is left frustrated, angry, and frequently guilty. Instead of expessing gratitude, individuals with narcissistic pathology substitute such behaviors as approval of the giver with a superior attitude; role reversal by acting as though they were doing the favor; protestations of feigned modesty; or dismissal of compliments as insincere flattery. Narcissists are frequently lonely and isolated, because those who attempt relationships with them end up feeling put off and uncomfortable. As narcissistic pathology is "rampant" in our culture, analysts frequently treat both the narcissists and their suffering loved ones.

An Open Ended Approach to Psychoanalytic Theories. Girard Frankin. Pp. 518-540.

The influences of our favorite psychoanalytic theories are restrictive if they interfere with our "essential neutrality" and flexibility toward change. Although psychoanalysis is a science in that it investigates and hypothesizes, it must avoid a "mission . . . to validate." Theories are essential to organize information and direct attention; however, they must remain open-ended and tentative. Also, a variety of theoretical schools can lead to meaningful clinical conceptualizations. In fact, "studies in comparative psychoanalysis" are sorely needed. The nature of the psychoanalytic process, in itself, blurs psychic and veridical reality. Though a variety of workers have noted the inability to validate clinical data, clinical reports frequently show a need for closure and certainty, ignoring alternative explanations for the data. It is noted that the character traits of the analyst who can best attain neutrality include curiosity and "enjoyment of surprise." Since "theories exist intact only as words on a page," and each reader is destined to interpret the words idiosyncratically, collegial collaboration furthers the understanding of any theory. We can learn from literary critics, who stress the multiple interpretations of any text, and the

conveyance of individual values by each author. It is finally suggested that graduates of analytic institutes may need to overcome the "restrictive effects of our training."

The Problem of Adaptation to Reality in Psychoanalytic Theory. Harold Sampson. Pp. 677-691.

The study of adaptation to reality is traced from Freud, through Hartmann and White to interpersonal and object relations theorists, and finally to infant development researchers (in particular D. Stern). The contributions and limitations of each model are noted. Freud's early model for explaining adaptation to reality was based on the pleasure principle, i.e., an infant turns to reality after suffering frustration. With the development of ego psychology and the dual instinct theory, Freud modified this concept to include the need for mastery, as well as the importance of parental protection (as opposed solely to the parents' ability to satisfy drives), thus foreshadowing object relation theorists. Hartmann, and later White, further decreased the scope of the pleasure principle, positing an innate interest in reality. The interpersonal and object relations theorists stressed such issues as interpersonal needs, "holding environment," and identifications. D. Stern and others have challenged the dual instinct theory and extended the views of Hartmann and White. Their observations of infant behavior are, for the most part, compatible with object relations theorists; however, they disagree that development toward separation-individuation begins from an undifferentiated matrix. Instead, their infant observations indicate responsiveness to the environment from birth. Sampson concludes his paper by discussing the need for a comprehensive clinical theory to integrate the work that has been done in the study of adaptation to reality and with the intriguing statement that he is working with Joseph Weiss to develop one.

The Psychoanalytic Review. LXXVII, 1990.

Abstracted by William D. Jeffrey.

Psychoanalysis and Character Development. Jacob A. Arlow. Pp. 1-10.

The psychoanalytic theory of character development has constantly changed, adding new knowledge and perspectives, but no consistent theory has emerged. Arlow concisely reviews the changes in theory, including concepts of the vicissitudes of libido, the defensive aspects, and identifications. He states that character develops out of compromise formation and emphasizes the role of unconscious fantasy. Character traits reflect "the totality of the individual's history."

Female Fetishes and Female Perversions: Hermine Hug-Hellmuth's "A Case of Female Foot or More Properly Boot Fetishism" Reconsidered. Arlene Kramer Richards. Pp. 11-23.

Richards translates for the first time a paper on female fetishism by Hug-Hellmuth that originally appeared in 1915 in the *Internationale Zeitschrift für Psychoanalyse.* The dynamics of a girl's boot fetish involved "identification with the beloved father and a wish to be a boy." Richards reviews the literature on female perversions

and notes that perversions in women are often successfully hidden. She recommends that the analyst be aware that perversions exist in women.

Erotized Transference Reconsidered: Expanding the Countertransference Dimension. Milton Eber. Pp. 25-39.

Eber views transference as not simply re-enactment in the psychoanalytic situation of past relationships; he also views it as a new experience. The analyst "is a co-participant whose personality has a major impact on transference behaviors." Using self psychology, Eber examines the erotic transference in the patient, Belle, described in Robert Stoller's book, *Sexual Excitement: Dynamics of Erotic Life*. He regards "the erotized transference as arising within an intersubjective context and as a product of an unique transaction between analyst and patient containing within it contributions from both." Eber feels the case material is better understood as arising in this specific intersubjective context.

A Training Analysis for Psychoanalytic Psychotherapists. Edwin Fancher. Pp. 41-57.

Fancher summarizes the history of psychoanalytic psychotherapy and the development of psychoanalytic psychotherapy training institutes. He proposes "that psychoanalytic psychotherapy is a legitimate part of the broad psychoanalytic field, and that a well-trained psychoanalytic psychotherapist has a right to equal recognition as a professional with the psychoanalyst." In psychoanalytic psychotherapy training institutes a tripartite system is used, but the trainees often obtain only a "training psychotherapy." He strongly recommends that a training psychoanalysis be a requirement.

A Psychoanalyst Takes the Turing Test. Gerald Alper. Pp. 59-68.

The Turing test was devised by the mathematician, Alan Turing, who asks how to devise a test such that an examiner, using only typed questions and answers, can differentiate between a human and an artificial intelligence. Alper examines this question from the viewpoint of a psychoanalyst. "There is no single sentence or response, or sequence of responses, that is diagnostic of the presence of human intelligence." He believes an analyst would focus on everything left out of the computer, i.e. "affective, experiential, and conflicted relationships," in the answers. The analyst would rely on countertransference. Alper concludes, "Artificial intelligence studies only those mental elements that can be programmed; psychoanalysis studies only those elements that cannot be programmed."

Beyond the Future of an Illusion: Further Reflections on Freud and Religion. Joel Kovel. Pp. 69-87.

In *The Future of an Illusion* Freud maintained that man created God. Two aspects of religion are patricentral (a protective God modeled after the father) and matricentral (the oceanic experience related to nursing at the breast of the mother). Oceanic experience "lies at or near the phenomenological core of all religions." Freud's explanation of oceanic experience involves a decreased consciousness; mys-

tical feelings, however, involve increased consciousness. Kovel argues that there is "no room within the psychoanalytic canon to account for such calm, sustained states of egolessness carried out in the context of heightened consciousness." Religious wondering is in essence not neurotic, but "a valid response to the real positioning of the human being poised between separateness and connectedness." He views Freud as losing faith in the spirit and replacing it with faith in scientific rationality. Kovel believes spirituality is no illusion and calls for "a radical transformation of society grounded in the sense of universal interconnectedness."

Reel Significations: An Anatomy of Psychoanalytic Film Criticism. Harvey R. Greenberg and Krin Gabbard. Pp. 89-110.

Psychoanalysis has neglected examination of the cinema until the past few decades. The authors provide an extensive, yet concise, review of the recent increasingly sophisticated use of psychoanalytic theory and concepts in film criticism. The various views discussed include the semiotic, the Lacanian, and the feminist. There has been a shift from analyzing characters in cinema and from biopathology of the director, to analytic understanding of the experience of the audience. They conclude that "modesty and tolerance for a plurality of approaches would seem encumbent upon the contemporary analytic film critic."

Emily Dickinson: The Interweaving of Poetry and Personality. Simon A. Grolnick. Pp. 111-131.

Grolnick's thesis is that "Dickinson's poetic images and themes and her 'lived life' were inextricably interwoven." He uses the concepts of Winnicott to explore Dickinson's life and work. Citing examples of Dickinson's poetry, he finds it is used as "transitional language" and for fetishistic purposes. He discusses biographical data and Dickinson's two favorite images, "bee" and "plank," to illustrate his points. Grolnick raises the intriguing question: for a precocious child (such as Dickinson), would an otherwise good-enough mother become equivalent to a narcissistic mother?

Is There a Future for American Psychoanalysis? Douglas Kirsner. Pp. 175-200.

Kirsner places the recent lawsuit, *Welch, et al. v. the American Psychoanalytic Association, et al.*, in historical perspective. He distinguishes critical psychoanalysis, which "focuses on an open investigation of the field of the unconscious," from "professionalized" psychoanalysis, which "concentrates on therapy as an end in itself." "Professionalized" psychoanalysis cuts across disciplines and its concerns are money, prestige, care, and security. Kirsner advocates the position of critical psychoanalysis. He describes external and internal factors in the relative decline in American psychoanalysis. He also examines issues in research, training, academia, and dissidence. Most of the problems in American psychoanalysis are due to internal factors caused by "the defense by analysts themselves against Freudian discovery," resulting in an organizational "obsessional structure" which functions to contain anxiety.

A Note on the Possibility of a Paranoia of Everyday Life. Louis Diamant. Pp. 201-218.

Diamant states that there is a "paranoïa quotidienne"—the paranoia of everyday life. He has observed a "mini-system" of paranoia in people who are not clinically paranoid and presents three case examples. This mini-system involves primitive ideas and affects. A wound to self-esteem produces ideas of persecution, self-righteousness, jealousy, and mild omnipotence. Regression from the genital to the phallic state occurs, and an anal-obsessive style appears.

What Else Did the Obsessive Hummer Hum About?: A Contribution to Samuel Juni's Case. Cora L. Diaz de Chumaceiro. Pp. 219-233.

The paper is a commentary on Juni's 1987 article, "From the Analysis of an Obsessive Hummer: Theoretical and Clinical Observations." De Chumaceiro uses Rosenbaum's concept of "songs of the transference" and emphasizes the need to analyze the manifest and latent content of songs' lyrics in relation to the analyst in order to produce total resolution of underlying conflict. She re-examines Juni's clinical material and feels that the homosexual transference was not adequately interpreted, and therefore left symptoms. She concludes that the challenge for the therapist is to be able to decipher the "secret message" hummed songs contain, both in the lyrics and in the compositional aspects of the music.

Theoretical and Transferential Debacles in Analysis of Humming: Or, Play It Again, Sam. Samuel Juni and Bernard Katz. Pp. 235-244.

Juni and Katz disagree with some aspects of de Chumaceiro's reinterpretation of Juni's case material of an obsessive hummer. Juni stressed characterology and historical antecedents of symbolism. Adequate interpretation does not result in total resolution of conflict, because conflict is an inherent condition. Humming was not viewed as a constricted symptom, but ancillary to the severe obsessional character structure of Juni's patient. While transference interpretation is important, "insistence on the centrality of transference in all interpretations is capricious and clinically biased." Finally, the authors question the belief that, given correct technique, there is a "truth" which can be fathomed in the analysand's productions.

Psychoanalysis and the Quantitative Research Tradition. Dennis G. Shulman. Pp. 245-261.

Shulman reviews the literature on the lack of quantitative data in psychoanalysis. He states, "The crippling and pervasive theoretical fragmentation within the psychoanalytic community is directly related to [an] authority-based pattern of theory validation." He examines issues and problems in the areas of psychoanalysis and academic research. Problems of sampling, subject, and researcher bias exist in the psychoanalytic method. Clinical reports are important for hypothesis generation, but testing must be done by extra-clinical methods. There is a need to develop a research tradition: research must be integrated into analytic training; study groups of those interested in psychoanalysis need to be developed within university psy-

chology and psychiatry graduate programs; and a cadre of researchers should be established in the analytic institutes.

Fear of the Feminine in *The Picture of Dorian Gray*. Terence Dawson. Pp. 263-280.

The encounter of Dorian Gray and Sibyl Vane plays a crucial role in Wilde's *The Picture of Dorian Gray*. Dawson uses a Jungian approach and examines three mythological motifs which occur within the story: Actaeon and Artemis; Narcissus and Echo; and Adonis and Venus. Dorian fears his unconscious sexual desires and is not ready to acknowledge sexuality in his image of the feminine (his anima). A confusion exists between the experience of the anima and the experience of the Jungian self. Dawson postulates that Wilde had conflicts corresponding to those of his protagonist, Dorian, who carries Wilde's "authentic" unconscious personality.

Meeting of the Psychoanalytic Institute of the New York University Medical Center

Alison Orr-Andrawes

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NOTES

October 11, 1990. AN APPLICATION OF ANALYTIC PRINCIPLES TO THE PSYCHOTHERAPY OF ALCOHOLICS. (The Maurice R. Friend Lecture.) Austin Silber, M.D.

Dr. Silber described the evolution of an analytically informed, once-a-week psychotherapy that was, by intention, supportive and educational. Both the technical approach to treating alcoholic patients in the clinic and strategies for teaching the method to student therapists evolved gradually. In the initial years, therapists were encouraged, early in treatment, to focus on the patient's expressed anxiety and to view this manifest affect as reflecting the alcoholic's fear of internal aggression. It was noted that the developmental histories of these patients frequently revealed phase-inappropriate, frustrating, and/or overstimulating experiences, particularly during the preoedipal years, which contributed to considerable latent aggression experienced by the patients as anxiety. It was one of the early tasks of treatment to bring this aggression to the patients' awareness in a way they could tolerate. To do this, therapists were instructed to identify situations where anxiety was linked to a figure of secondary importance in the patients' contemporary lives, such as a friend or boss (rather than a parent or spouse). This provided a less intense setting in which the therapists could tell the patients that they were fearful of experiencing their rage at this person and instead felt anxiety. By interpreting the fear rather than the wish, the therapists acted in consonance with the patients' egos. Where depressive affect was more prominent than anxiety, the therapists were advised to focus on the underlying guilt and to interpret it to the patients as a manifestation of the wish to be punished for aggressive wishes and actions.

By beginning the treatment in this intentionally manipulative way, Dr. Silber explained, an element of magic was introduced, and the therapists quickly became omniscient and powerful figures for the patients. The authority thus gained was then used to educate the patients and to encourage them to experience, recognize, define, and accept their feelings while refraining from acting on them. This approach helped to decrease superego severity and to strengthen the ego's efforts at control. As treatment proceeded, the therapists shifted from "playing the role of the omniscient figure to that of a more benign, consistent, parental type—benevolent insofar as wishes and feelings are concerned, firm in avoiding unevaluated acting, and consistent in clarifying the distinction between wishes, feelings, and actions."

Over the years, the emphasis in teaching and supervision shifted to include greater attention to the therapists' covert (and frequently negative) attitudes toward alcoholic patients and their symptoms. In supervision, therapists were helped to appreciate the essential helplessness of these patients and to view lack of sobriety as a dynamic symptom expressing a compromise formation. Through a series of lecture-seminars, the therapists were introduced to the concepts of signal anxiety, the

hierarchy of danger situations, and the ego's biphasic response (evaluation of danger and reaction to it).

According to Dr. Silber, the symptom of alcoholism was given special significance in that it (1) absorbed increasing amounts of the patient's energy and attention, and (2) impaired autonomous ego functions. This in turn decreased the patient's ability to participate in therapy by interfering with such functions as self-observation and verbalization. Therefore, therapists were taught to recognize ego deficits and to accept the fact that the therapist must be ready to provide some of these functions for the patient. Although the rationale for this treatment was derived from psycho-analytic understanding, the therapy was clearly different from psychoanalysis in its aims and technique. Transference interpretations were avoided; the therapist's in-fluence over the patient was exploited for therapeutic gain; defenses were usually supported rather than probed. For these patients with unstable identity and unsta-ble internalized object representations, the therapists offered a consistent view of themselves and their world.

A number of authors have stressed the importance of family constellation in the etiology of alcoholism. Not infrequently, one or both parents of the alcoholic patient were psychotic, alcoholic, or otherwise impaired. The patient's identifications with the parent's abnormalities compromised his or her separate identity. In therapy, the reality of the parents' disturbed behavior could be recognized and made ego-alien for the first time. Since many alcoholics rapidly form shallow and temporary iden-tifications, this tendency to adopt others' attitudes was exploited therapeutically. The standards of the therapist were absorbed and became a model against which to compare disturbed parental behavior. In this way, the therapist, as a healthier pa-rental figure, made new superego identifications possible. As might be expected, patients frequently enacted toward their own children what had previously been inflicted upon them by their parents. In addition, it became important to show the patients how they attacked themselves in the same way they had been attacked by a disturbed parent, a form of identification with the aggressor and turning against the self. These interpretations strengthened the patient-therapist relationship and blunted projections onto the therapist of the internalized parental attributes.

Dr. Silber noted that alcoholics are tied to their primary objects because of unmet needs, resulting in lasting object hunger. "It is their openness to suggestion, by virtue of their extensive psychological disturbance and vulnerability, that makes the strongly suggestive approach outlined here such an effective tool for therapy. Sug-gestions, in the form of information and knowledge, are imparted in an intellectual manner with the object of fostering the defense of isolation." This approach fre-quently led to dramatic therapeutic results. These results, however, were not based on insight but rather on new identifications with the therapist's attitudes, which replaced those of the pathological parents. The frequency of severely disturbed parents as a developmental reality in the alcoholic patient's childhood led Dr. Silber to consider the following hypothesis. He speculated that these patients, like those reported by Dickes, Fliess, Shengold, and others, responded to parental abuse with defensive alterations in consciousness, resembling hypnotic states. Alcoholics de-scribe striving to achieve a clouded or altered state, similar to the hypnoid state, through the use of alcohol. Dr. Silber suggested that this recreates a state similar to the one which the patient resorted to as a child in order to ward off intolerable

feelings produced by overstimulation and abuse. As an adult, the patient may seek alcohol intoxication as a familiar defense against remembering and/or re-experiencing traumatic feelings and memories, thus providing an additional motivation to drink.

Before closing, Dr. Silber offered a clinical example to demonstrate a patient's alcohol-induced hypnotic state, and the associated drinking ritual which expressed a set of unconscious fantasies. As a child, the patient had suffered at the hands of his violent and alcoholic father and grandfather. Now an adult, he experienced the effect of alcohol as providing the feelings of comfort and protection he had wanted from his mother. In the altered state of consciousness, the bar environment became for him a warm home, where he felt surrounded by friendly figures who responded to his needs, as the bartender did. He ordered Old Grandad, and the words, "Dear mother," went through his mind as he downed his drink. The liquor represented, among other things, a now benign, soothing grandfather, the warm comfort of mother's milk, and the magic agent that transported him into this realm of pleasant fantasy.

In concluding, Dr. Silber mentioned links between masturbation and alcohol, expressed by such things as pleasure in handling the glass and conflicts over permission and prohibition. He added that an important psychological consequence of ingesting alcohol is the illusion that impaired functions have been restored. Alcohol is used in the service of libidinal gratification as well as defense. Altered awareness aids fantasy formation, helps ward off recognition of painful reality, and can be brought about at will for these purposes by the patient, for whom it becomes a necessary defense.

ALISON ORR-ANDRAWES

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 18-22, 1991, at the Waldorf-Astoria Hotel, New York City.

The Literature Prize Committee of the MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION is accepting papers to be considered for the 1991 annual prize of $750.00. Papers should deal with clinical, theoretical, or research issues related to Dr. Mahler's concepts of separation-individuation in child development. Prepublished papers may be submitted, provided that they have been published within the year in which the Prize is awarded. Six copies of the paper should be submitted no later than December 31, 1991, to: Harold Blum, M.D., Acting Chairman, Margaret S. Mahler Literature Prize Committee, 23 The Hemlocks, Roslyn Estates, NY 11576.

The 6th INTERNATIONAL CONGRESS ON REHABILITATION IN PSYCHIATRY will take place November 1-6, 1992, in Jerusalem, Israel. For further information, contact: Dr. E. Chigier, P.O. Box 50006, Tel Aviv 61500, Israel. Tel.: 972-3-654571; Telex: 341171; Fax: 972-3-655674.