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# THE PATIENT'S PERCEPTION OF THE ANALYST: THE HIDDEN TRANSFERENCE

BY JUDITH FINGERT CHUSED, M.D.

*Just as the person of the analyst becomes a nidus for the manifestations of transference, so does the analyst's technique. When the patient misperceives person and technique, identifying the transference is not difficult. More complicated are those situations in which the patient's perception of the analyst and of his or her technique is congruent with the analyst's self-representation, or when the patient uses reality aspects of the analysis and the analyst as a resistance. Clinical material from the analysis of three patients is used to illustrate this.*

For the past decade I have been concerned with questions of technique, in particular the function of the analyst's neutrality. Although I know complete neutrality is unobtainable, I believe that as an ideal it characterizes an analytic attitude essential for analytic work. It describes a particular stance, learned over time, in which an analyst experiences the passion of the analytic situation and, at the same time, observes the passion (of both patient and analyst) dispassionately, nonjudgmentally, without condemnation. Together with abstinent behavior, neutrality permits the transference to unfold relatively unencumbered by direction from the analyst while providing the analyst with the internal freedom needed to exercise his or her analytic function. What I have described, however, is an analyst's view of her technique, which pays insufficient attention to what that technique (including neutrality) represents to the patient. What follows is an attempt to remedy that, by shifting the focus away from the analyst's perceptions to the patient's perception of the analyst.

Analytic technique has changed in the last twenty-five years. There has been a move from an emphasis on genetic interpretations and reconstructions to greater attention to the immediate experience of transference and countertransference within the analytic process, a trend toward "a decreasing interest in free association and in dream-interpretation [and] an increasing insistence on re-living emotional experience and repeating it (acting it out) in the transference" (A. Freud, 1968, p. 167).

This emphasis on the analytic experience has been accompanied by a significant change in the self-representation of many analysts. No longer do they consider themselves abstinent observers of the patient's experience (McLaughlin, 1981). Instead, as analysts have come to recognize that they are participants as well as observers *during every analysis,* they have focused more attention on their own behavior. Abstinence, empathy, objectivity, neutrality—all are still analytic ideals. However, failure to achieve these ideals is no longer seen as evidence of a countertransference that has to be ferreted out and analyzed into oblivion. Instead, deviations from ideal analytic technique are recognized as clues to the analytic process, possible evidence that analysts have been unconsciously engaged in ways they do not yet understand—but through which they may come to learn more.

Through an increased attention to role-responsiveness (Sandler, 1976), modes of analytic listening (Schwaber, 1986), countertransference enactments (Jacobs, 1986), actualizations (Boesky, 1982), and the analytic stance (Chused, 1988; Gray, 1987; Hoffer, 1985; McLaughlin, 1981; Poland, 1986, and others), analysts have been made aware of how much their behavior (both verbal and nonverbal) unconsciously influences and is influenced by the patient.

For those of us who attend closely to the analytic experience, the work has become richer and (seemingly) more productive of therapeutic benefit. At the same time it has also become more wearing and less certain. Attending not only to the content of

communications, but also to the frame in which words and unconscious clues are exchanged, we have become painfully aware of the extremely subtle ways in which repetitions, actualizations, and enactments occur with almost every intervention. In times past, such awareness has tended to increase guilt, leading to the resolve to be a "better analyst" (which often meant becoming less susceptible to the pull of unconscious forces). However, as more analysts have come to recognize the inevitability of enactments, there has been a dissipation of guilt and an acceptance and open study of the vicissitudes of the analytic process, with the result that analytic work has acquired a wider range of communicative modes and a greater depth of experience.

Repetitions, actualizations, and enactments are all behaviors designed to extract gratification from the analytic experience. One of our tasks, as analysts, is to identify these behaviors and clarify or interpret the transference determinants. However, before we can even begin to interpret, we must recognize transference. This is not always an easy task.

Jacobs (1986) coined the term "countertransference enactments" for analysts' unconscious use of standard technical maneuvers for the expression of their countertransference. He spoke of how analysts' belief in their techniques can blind them to the manifestations of countertransference. I believe an analogous situation exists with the patient's *accurate perception* of the analyst and of the analyst's technique. The *accuracy* of the patient's observations may hide the fact that the perceptions, correct though they be, may also be a reflection of the transference.

When one scrutinizes patients' perceptions and conceptualizations (object representation) of the person of the analyst for evidence of transference, the significance of *distorted* perceptions is easy to recognize. The very fact of a perception's being distorted alerts the analyst to its informative value vis-à-vis the transference and suggests a direction along which analytic inquiry might proceed. Of course, viewing patients' productions as distortions allows analysts to distance themselves from the ex-

perience, which is a danger if analysts use the distance defensively. Nonetheless, distortions serve as markers of the transference and assist analysts in their attempts to understand.

Transference elements are much harder to recognize when they are hidden within the patient's *relatively undistorted* perceptions, perceptions which contain no obvious misrepresentations. They are particularly hard to recognize when the patient's perception of the analyst coincides with the analyst's own self-representation.

As Orgel (1990) recently noted, "Analysts only gradually have learned to become interested in . . . exploring the effects of their choices of words or tones of voice in articulating interpretations, as contributing to shaping the affective reality of the psychoanalytic situation, as a stimulus to transference fantasies, and as indicators of the 'real' attitudes and feelings of the analyst" (p. 14). His statement highlights what most of us eventually learn from our own experience: any information communicated by our behavior will have its effect on patients. The effect of this communication can be negligible; information received about our level of sophistication, sense of humor, interest in the patients (or in specific qualities, talents, or experiences of the patients), may alter little the course of the analysis. However, for some patients their perceptions of the analyst will have a significant influence on the manifestations of their transference.

This brings me to the questions I would like to explore: how do patients integrate a reality-based view of the analyst with their fantasies, wishes, and fears; and how does this unconsciously shape their behavior and their understanding and use of the analytic work? In essence my quest is two-fold: first, to see what the analyst may convey through a reasoned, self-observant, relatively nondefensive analytic stance, and second, to discern what the patient makes, transferentially, of his or her accurate perception of this stance.

In the following material from the analysis of a young boy, the transferential meaning of a patient's perception was lost. Robert returned for additional treatment during adolescence, and it

was his residual mental representation of me at the onset of his second analysis that first focused my attention on patients' use of their undistorted perceptions of the analyst. I undertook Robert's second analysis myself, rather than refer him elsewhere, in large part because of the importance to him of his residual representation of me.

## ROBERT

Robert was the child I discussed in an earlier paper (Chused, 1988), who, during termination, told me, "I know you cared because you didn't have to prove it" (p. 73). Analyzed from ages four through nine, he had maintained an internal representation of me as loving and committed, someone for whom he was *very* special. He had experienced my interest in his play and his words, my consistent availability, and my attempts to speak to him in a way he could understand as very different from his parents' behavior. Both his parents were genuinely invested in him, but during the time of his analysis they were often emotionally unavailable. His mother had become depressed after the birth of her second child, a daughter, and she had withdrawn into an obsessional preoccupation with her children's health. His father, angry at his wife's inaccessibility, had similarly withdrawn from the family, busying himself with his expanding business. Their unpredictability, their alternating indulgence and emotional unavailability, as well as Robert's own difficulty with oedipal strivings and sibling rivalry, had led him to regress with marked negativism, fearfulness, and emotional isolation. At the time of the initial evaluation his elementary school teacher said he was "the most unrelated, unresponsive, angry child" she had ever seen.

Robert began his first analysis furious at both parents, perceiving them as favoring his sister and being deliberately cruel to him. He had extremely poor impulse control and was himself terrified of the potential consequences of his rage. I believe his

anger was the major determinant for his fearful withdrawal from his parents and his retreat from his conflictual oedipal impulses toward them.

Robert and I did a lot of work on his defensive projection, his fears of injury, and his longing for his parents' attention. By the end of the analysis, he was deriving considerable pleasure from his relationship with them. However, during the course of the analysis, his oedipal longings, disappointments, and conflicts were played out with me—colored by transference from his early life experiences with his parents, but to a large extent as a new experience. It was within the analysis that he first became conscious of his sexual arousal, possessiveness, and rivalry (with fantasies about my other patients as well as about my husband).

I think that I behaved analytically with Robert throughout his analysis; any countertransference inclination to be nurturant was offset by the difficulty of working with him because of his extreme aggressiveness and significant resistance. However, I *was* attentive, interested in him and in learning about him, and this was a different experience than he had at home. In addition, I was pleased by his improvement and by his understanding of our work together. At the time of termination Robert seemed to have put his oedipal strivings aside and appeared very much the picture of an assertive, autonomous latency child.

I was not vigilant in pursuing his statement, "I know you cared . . . ," I think because the second part, ". . . you didn't have to prove it," fit my own perception of my neutral analytic stance. I did ask Robert, during our initial work together, what it meant, that he knew I cared. He talked of how he thought about me and our time together when he was unhappy or lonely at home, but said little more. Since I believe that ultimately patients use analysis as they will, regardless of the analyst's intent, I felt that to challenge Robert's unconflicted belief that I cared would be for my benefit, not his. As he perceived my behavior accurately, I saw no need to explore further his underlying fantasy. In this, I believe I was wrong.

Robert came to my office again at age fourteen. He was doing

poorly in school (after having done very well for a number of years) and was burdened by a tendency toward obsessional procrastination. In addition, he was somewhat depressed. Within several sessions, he revealed that in the intervening years he had maintained a mental representation of me as nurturant and invested in him. He had continued to idealize me, with a persistent fantasy that if he needed help, he could come back to see me and everything would "be okay."

Over the course of our second therapeutic venture, it became evident that his fantasy of me as an omnipotent caretaker was being used defensively, to support a passive-dependent, somewhat infantile self-representation. Rather than face his growing discomfort with the sexual changes, increased aggressive impulses, and conflicts stimulated by his entrance into adolescence, Robert had retreated to a fantasy of being rescued by me. I do not think his residual attachment to me was responsible for his school difficulties, but I do believe it reinforced the regressive compromise he was making in his struggle with the emerging sexuality of adolescence. His belief that he was special to me had allowed him to deny the limitations of our relationship. This contributed to the inadequate resolution of his oedipal fantasies, which, in turn, made his erotic impulses all the more conflictual and distressing. What had originally appeared to be a beneficial use of me as an age-appropriate oedipal object had become a regressive compromise formation, with me as an internal object around whom preoedipal and oedipal fantasies persisted unresolved. I now see his statement, "I know you cared because you didn't have to prove it," as suggestive evidence that in spite of my abstinent and neutral stance with him, he had actualized (Roughton, 1989) his wish to have me be an omnipotent caretaker. Unbeknown to me, my neutral behavior had provided considerable transference gratification. In addition, my belief in the usefulness of analytic neutrality had kept me from observing the defensive function served by the actualization of his fantasy.

Had I anticipated this, what might I have done differently? I hope I would have recognized the loss of autonomous function-

ing in his persistent fantasy of my caring and been more energetic in exploring it. Certainly, I would have tried to examine more fully the determinants of his underlying wish that I be omnipotent. All patients, including child patients, need to give up the analyst and mourn that loss as part of termination (the loss of both the real relationship with the analyst as well as the transference-based relationship). In the face of a divergence of two theoretical principles, I had chosen neutrality toward the direction of the work (Hoffer, 1985) over Robert's need to give me up; I might do it differently now.

Of course, hindsight is only that; I will never know "what might have happened." It might not have been possible for Robert to give up his internal possession of me and still navigate the next five years successfully. One could argue that because of his parents' preoccupation with their own concerns, he needed to hold on to an internal representation of me as a caring object. The developing child is still in a dependent position vis-à-vis his or her parents; even post-analysis, the capacity to relinquish an attachment to the internal representation of the analyst will be affected by an ongoing relationship with the parents. When Robert finished his first analysis, his father was still angry and his mother depressed; he may not have been able to complete the analytic work until adolescence, when he could be more truly autonomous in the external world.

Robert used his belief that I "cared" differently in childhood and in adolescence; what was sustaining in one phase of development was limiting in another. Nonetheless, that he could not successfully nagivate adolescence without defensively retreating to a continuing belief in my caretaking capacities did trouble me. Still unanswered is whether the need for a second analysis might have been obviated by our doing more work on the sense of abandonment (and corresponding anger) that generated his self-consoling statement originally.

This questioning of the initial work with Robert proved useful to me, not only in his second analysis but also in my work with other patients. I disagree with Freud's dictum in "Analysis Ter-

minable and Interminable" (1937, p. 232) that one can only analyze a conflict which is currently active, for I have found it *is* possible to open up and explore ideas and fantasies that are not conflicted at the time they first come to light. Unquestioned perceptions, however comfortable, are fertile fields for transference-based fantasies. That it may be difficult to become aware of these fantasies does not mean it is impossible.

When Robert re-entered analysis at age fourteen, it was a year before he was able to talk freely about his anger and jealousy toward his younger sister. The sister had a congenital handicap which had required much attention from their parents, and because of her problems and Robert's commitment to reaction formation, it had been hard for him to acknowledge anything other than concern and affection. During one hour, in the second year of this second analysis, he spoke of the guilt he felt when she got in trouble and he was secretly pleased. When I asked him to tell me more, Robert elaborated on the sensation of guilt, experienced in his stomach as a feeling of nausea and dread, and said it came because he felt mean toward Linda who hadn't really done anything bad (except mess up his *Billy Joel* tapes). He then said, "I can tell, since you're asking me about this, that you must think 'feeling guilty' isn't the right way to feel." He began to obsess about whether I ever felt guilty, whether I understood his experience, and whether I was critical of his mother who was frequently guilty herself for getting angry at her daughter. Attention was then diverted to Robert's use of obsessions, his feeling that his mother and I were competitive, and the conflict he felt between his wish to be liked by his father and his continuing desire for his mother to take care of him (which his father said was "sissy"). The shift in the direction of our work was neither inappropriate nor primarily defensive. However, *it did leave unanswered what I was conveying to him, nonverbally, by my exploration of his guilt.*

About a year later, Robert began to focus again on his sister. They were better together, he said, and he was more comfortable talking straight to her, even yelling at her, when she "bor-

rowed" his stuff without asking. He went on to say that though he was more relaxed with Linda, and was pleased he could get mad at her without feeling bad (and she certainly deserved it at times), he wasn't sure why he didn't feel guilty anymore. Robert then associated to a silkscreen (made during the protest against the Vietnam war) which hangs in my office. The picture is a combination of words and images, ironically mocking the belief that God and Love can rid man of his aggressive and warlike feelings. Robert had been thinking about the picture ever since the first time he came to see me, trying to figure out what it meant. He insisted, "If you hung such a picture in your office, you must 'believe' the message." In fact, he had further proof that I did not think that love could get rid of all other feelings. He remembered my saying last year that I thought he wanted to get rid of his guilt by covering angry feelings with loving feelings. Robert said that was when he first began to think it might be all right not to love his sister all the time. What bothered him now was, did he feel better about hating Linda and being jealous because *he* had changed or because *I* didn't think guilt was necessary?

Knowing Robert, I sensed that his questioning me was, in part, an attack, an expression of his competition with me. Robert had often complained about my failure to reveal details of my life or render opinions or advice, and his comments were a way of saying he was as good a detective as I. All this was part of the evolving transference. However, I thought his concern about my attitude toward guilt might have other transference implications, which I did not want to neglect.

In response to Robert, I did not confess my cynicism, my identification with the picture's message that even though war was hell, a reaction formation of religiosity or of 1960's style love and peace was not the answer. Instead, I tried to explore the nonverbal message he was receiving, not just from my art work, my office setting, but also from my clarifications and interpretations. For my analysis of Robert's reaction formation had done more than provide him with an awareness (and be-

ginning understanding) of his defenses. By my tolerance of his anger at his sister, by my asking him about his guilt (rather than just accepting it as appropriate), I had conveyed an acceptance of negative feelings.

Complex nonverbal messages are frequently transmitted along with verbal interventions. When we "neutrally" question a perception or experience, we are conveying that there are alternate ways of perceiving and experiencing life, that we are not wedded to the unitary vision of our patients. Robert's concern that he was imitating me rather than being true to himself—that he was incorporating my comfort with guilt rather than changing himself—related to his continuing hunger for his father's affection and his fear that he would lose both his identity and his masculinity through assuming a more passive, receptive position. It was his fear, the mobilization of his conflict over passivity, which sensitized him to my behavior and which led him to tell me the covert message he was receiving. Without this conflict, his perception would not have been troubling, and he might not have articulated it, even to himself. That he did, permitted us to analyze it.

My work with Robert taught me a good deal about my unintentional communications. In general, children, especially adolescents, seem more ready than adults to question the meaning of the behavior of analysts, to alert them to their foibles and vanities and tell them when they're like the emperor with no clothes. What I have learned from these younger patients has helped me with adults. As example, I would like to turn now to some material from a woman patient whose perceptions of me were an important part of her analysis.

## MRS. N

Mrs. N, a forty-year-old housewife, entered psychoanalysis with severe depression, low self-esteem, and suicidal ideation. Her symptoms (loneliness, tearfulness, and hopelessness) began after her husband's election to political office.

The initial work of the analysis focused on Mrs. N's defensive compliance and fear of her own aggression. Then, as her idealization of me as nurturant and understanding gave way to erotization, with reports of genital sensations and secretions, she became aware of early wishes to be a boy. Anger and despair over the inequality of the analytic relationship developed, and she began to make secret observations of my weaknesses. She also started to withhold bits of information to induce me to make inaccurate interventions. Although somewhat ashamed of this, she admitted to being proud that she could make me look foolish. She related it to her pattern, present since adolescence, of abruptly severing relationships with people who disappointed or angered her. She wondered if she were trying to trap me into being disappointing, so she would have an excuse to leave. She said analysis was a trap, just like marriage and motherhood; she felt caught by her inability to either get what she wanted or leave.

The threat of quitting analysis continued for the first four years of our work, though as Mrs. N became more conscious of murderous impulses toward me, her urgency to terminate decreased. Instead, she became preoccupied, troubled, and fascinated by the intensity of her aggressive feelings. As she began to expose the bizarre, destructive images that accompanied her anger (such as cutting off my legs and watching me stumble toward her, pleading for help as I bled to death), my failure to react or move restlessly in my chair was noted and commented upon, and she claimed this enabled her to continue.

Then, after several weeks of very disturbing dreams, Mrs. N began one hour with a seemingly unrelated topic. She spoke of her affection for her husband; how, in the past, she had ridiculed him for calling her every day when he was out of town. Now she appreciated this, and even called him herself. She then added, had her father died this year instead of two years ago, she would have called to let me know. She said she felt an increased trust in me—that my consistency, my failure to get angry at her, had contributed to her feeling more comfortable in

her relationship with me—and that this had given her the freedom to express angry feelings with no fear of retaliation. Her tone suggested a pleasure in what she saw as growth through analysis; she felt no need to examine further her feeling toward me or her increased comfort in our relationship.

At this point Mrs. N had become what might be called a "good patient." The threats of suicide were gone, talk of quitting analysis much decreased. The content of her associations was usually interesting, though sometimes gory, and the work was progressing. In the past I would not have questioned her sense that I was someone she could trust. But mindful of Robert, I asked Mrs. N what she felt the change in her perception of me reflected. She replied that she used to need a reason to be mad; feeling constrained about calling me two years ago when her father died permitted her to be angry at me for being cold and unavailable. It was like her anger at her husband; when he showed himself to be invested in her, it was hard to maintain a belief in his selfishness. Now that she was more accepting of her anger, she did not need the same rationalizations and could relax more in her relationship with her husband and with me. And that was that.

I persisted, however, and asked her again about the thought of calling me: what was different from when she did not feel comfortable calling me? She spoke about her increased tolerance of the vulnerability in wanting a relationship. She even talked of the competition behind earlier claims of deprivation; a good patient, she spoke equally of defense and desire. However, after about five minutes of "thoughtful" associations she grew silent, then noted that she was feeling increasingly uncomfortable. She said that for some reason the thought of her violent dreams and fantasies was now very upsetting. As her discomfort grew, she became afraid she had hurt me.

This sequence was Mrs. N's first *conscious* experience of the painful ambivalence of conflicting feelings of rivalry and attachment. As I now understand it, her initial statement of comfort with me was not only an acknowledgment of how she and her perception of me had changed, but also a transference-

determined defense intended to isolate her competitive aggression. Her emphasis on the reality in her perception served as a resistance to the exploration of its defensive function.

The analysis of Robert as an adolescent and of Mrs. N was aided by their ability to articulate and explore their perceptions of me. Whether Robert at nine could have done what he did at fourteen, I will never know. However, I do know that there are times when such work is *not* possible. We are all aware of the limitations of treatment. Such a limitation in analyzing a patient's perception of the analyst occurred with the following child.

## DONALD[1]

Donald began analysis at age four, after he was expelled from nursery school. Frightening fantasies, which he defended against counterphobically by always attacking first, had made him impossible to control. After eighteen months of treatment, though his behavior was much improved and he was able to remain in school with the help of a skilled teacher, he still was capable of significant destructiveness and still resorted to attack when stressed.

By the third year of treatment, Donald had become quite engaged in the work, and I was no longer afraid of injury (it had been months since he had tried to hurt me). Then one day he told me that he had figured me out—that I was a person who never got mad. His parents (both of whom were still easily angered by Donald) reported that he had told them the same thing, and that they had replied, "Of course she doesn't get mad at you; she doesn't have to live with you!"

Shortly thereafter Donald spent his hour constructing a spider-like web around my office, connecting door knobs, the han-

[1] My work with Donald was first described in "Neutrality in the Analysis of Action-Prone Adolescents" (Chused, 1990).

dles on drawers, and pieces of furniture with string. He also, not surprisingly, got himself entwined in the string. As he stood whimpering in one corner, unable to disentangle himself from a chest of drawers, I spoke to him about how scared he sounded and said I wondered if he were asking for help. I then carefully picked my way over to him. As I came closer, his body relaxed, and soon he was able to untie himself. However, as soon as he was free, he stood up tall and stared at me, then with a whole body shudder said, "I can get my father to beat me any time I want."

I tried to talk with Donald about his statement in the light of what had just happened between us. I thought he had felt comforted by my proximity. But I wondered if it had also made him uncomfortable, whether he had begun to feel that I was "too close." Then I told him I thought my calm had scared him as much as it had felt comforting; that it may have seemed dangerous as well as reassuring.

Donald was able to talk about the danger in my being "nice" (in terms of its being an enticement which put him under my control), and he even began to understand it as connected to the danger in his relationship with his mother, whose "niceness," that is, her inability to set limits, followed by her frequent angry outbursts, had led him to experience her as seductive and dangerously unpredictable. This he had defended against by getting her and his father angry, united against him, but with an anger that he deliberately provoked. So Donald could explore the displacement and transference implications of his seeing me as dangerous. What was *more* difficult was for him to look at the other danger in my being "nice," the danger of wanting closer contact with me, contact he could not have.

Donald's experience of life inside and outside the analytic situation was quite different (as is true for many provocative counterphobic children). Outside analysis, he could get his father to hit, his mother to yell. Even in his very supportive, highly structured school, he managed to provoke teachers to rage, as when he unwrapped another child's fingers on the jungle gym,

causing her to fall and break an arm. Inside the analysis, things were different. Donald quickly became aware that though I tolerated many kinds of behaviors in the office, there were definite limits (limits being easier to enforce in an office than on a school playground). He observed, accurately, other of my characteristics; namely, that I do not get angry easily and that I do not enjoy getting angry. He also perceived, again correctly, that one reason I did not get as angry as his parents was that I was not as enmeshed with him as they were. I suspect the observations Donald made about me are similar to observations made by most children in therapy; they are the nonverbal communications conveyed by an analyst's not getting angry when a patient acts provocatively. Each child will receive these communications; their significance will depend on the dynamics of the child and where the child is in the transference.

For Donald, my tolerance within specific limits seemed comforting. His behavior within the hours, except around periods of extreme stress, settled down rather quickly during our first year of work. The consistent limits provided a useful structure and helped reduce his anxiety to tolerable levels. The effect of my failure to be angry with Donald was harder to discern. That he commented, not only to me but also to his parents, that I was a person who did not get mad, suggested this was important to him. I do not think it was a compliment as much as a noting of a strange attribute—something that distinguished me not only from his parents but also from Donald himself. It made him a little wary of me, as if he wondered in what other ways I would be different.

Finally, my analytic stance, with its reserve and relative lack of spontaneity, reinforced his *accurate perception* that one reason I did not get angry at him was that I was not as emotionally invested in him as his parents were. Unfortunately, this perception could only be explored in part. When Donald, at the very moment I had been helpful to him, told me that he could get his father to hit him, I had suggested that he was telling me that when he was scared, it was safer to be hit than to have someone

be nice, because then he was "the boss." This he could acknowledge verbally. What he could not talk about was the gratification in being hit, the power in knowing that his father could be so totally absorbed with him that he (the father) was unable to control his impulses. He also could not talk about his sadness, the pain in knowing I was not so involved. When I tried to talk about this, in any number of ways, all Donald could hear was that I didn't really like him. Perhaps I didn't know the words. Or perhaps, in Donald's world, sharing words had insufficient power when compared to the pleasures of enactments. I think his perception that I was not as emotionally involved with him as his father limited the benefits of the analysis at this time. Donald could get his father to hit him almost any time he wanted. And with that gratification so readily available, it was impossible for him to look at what he wanted from me and was unable to get.

As the work progressed, whenever Donald began to experience his longing for me, his provocation of his father escalated. Basically, the regressive sadomasochistic gratification provided by the relationship with his father shielded him from having to face and work through the meaning of the limitations and lack of gratification in our relationship. Donald's inability to examine this also interfered with the analysis of its transference implications. When his analysis ended, Donald still used his sadomasochistic and negative oedipal relationship with his father as a defense against experiencing and mourning the loss of the oedipal (and preoedipal) mother. If Donald had been older or his father better able to control his response to Donald's provocation, our work might have been more successful; the availability of pathological gratification in the outside world can be a significant problem during child (and adult) analysis.

A similar concern about the extent of my emotional involvement with a patient became an issue in Robert's second analysis, but the outcome was different. One day, Robert expressed great surprise when my dog's continual barking at the mailman outside led me to exclaim, "That damn dog!" When I asked Robert what had surprised him, he answered that he hadn't expected

me to say "damn"; he didn't think I talked like that. I then asked whether anything else in what I said had bothered him. After a long pause he replied that he knew he wasn't as important to me as he wanted to be, but when I got angry at the dog's barking, it seemed as if I did care, and that made him sad because he knew I didn't care enough. Unlike Donald, Robert could tolerate both the knowledge of my limited investment and the sadness it evoked.

## DISCUSSION

There *are* patients, like Mrs. N, whose perception of the analyst, based on reality but used defensively and for transference gratification, can be explored fairly easily. However, if such perceptions are undistorted, they may not arouse much interest in the analyst. Even when patients describe their internal representation of the analyst in some detail, the analyst may not question it, either because it is a perception without clear evidence of transference determinants or because it accords with the analyst's own self-representation. For example, patients often speak of the analyst as calm, comfortable with him/herself, even serene. What analyst wishes to challenge this? And yet, the question, "How can you tell?," conveys to the patient that the subject is open to discussion and permits the associated elements of envy, contempt, or longing to be exposed. Another example: analysts frequently do not answer questions, and occasionally a patient will mention that he or she has stopped asking questions because the nonresponse seemed to mean that the analyst did not like to be questioned. But ever since one child patient said to me, "You must have a lot of secrets if you can't tell me anything," I have wondered how many other children (and adults) assume I have "secrets." Not a bad fantasy to have during analysis; its exploration can lead to much information about a patient's concern with secrets. However, if questions (and the lack of answers) are never mentioned and the only derivative is a lessening of questions, the issue of secrets may go unexamined.

A similar problem can arise in reaction to an analyst's clarifications, aimed at a "detoxification" of ideas, impulses, and fantasies. Although the intent of this is to enable the patient to feel less discomfort in expressing conflictual thoughts, the result may be quite different. Instead, previously conflicted ideas may be rendered consciously unconflicted through a projection of superego condemnation onto the analyst, followed by an identification with the perceived benevolence of the analyst.

Strachey (1934) spoke of the primary mode of therapeutic action as being the modification of the patient's superego through identification with the more benevolent superego of the analyst. Though this modification may occur with some frequency, many analysts do not consider it the primary mode of therapeutic action–or the one which provides the most lasting benefit. Optimally, we would like our patients to develop a more autonomously functioning superego and ego, not trade one internalized authority for another. As Gray (1987) pointed out, "the analytic situation . . . aims at providing an opportunity for a *maximum* of new, conscious ego solutions to conflict and a *minimum* of solutions involving new internalizations" (p. 149).

As I have already noted, when patients seem to hear us accurately, our attention to what they have heard is rarely as great as it is when our words are distorted. Yet what we say is received on multiple levels. Our comfort with ambivalence, our support of flexibility, is conveyed along with the content of an interpretation. When we speak, not only do patients learn of options, they *receive permission* to consider options. And permission is a powerful entity. It is a seduction, a challenge, and a reinforcer of the perception of the analyst as authority.

All this may seem trivial; what difference does it make if our patients perceive us as granting permission, if we have as one of the goals of psychoanalysis the capacity to be more flexible, to consider more options? After all, the neutrality of the analyst is always *relative.* The problem is that a perception of the analyst as granting permission, if it goes unacknowledged, will distort the transference and interfere with its use. When patients feel less

guilty and more comfortable with their aggression, because they feel it is acceptable to the analyst, the opportunity is lost to understand the guilt and the conflict over aggression. It does not speak well of the analytic process if change in a patient is experienced as dependent on the analyst's acceptance of that change, on the continuing internal image of the analyst as either tolerant or forgiving. Such a therapeutic action may actually be anti-analytic, strengthening resistance rather than undoing it.

I used to comfort myself and my supervisees about unexamined material; everything comes around again I would say—if issues are important, they will re-emerge in other forms. Often this is true; but sometimes it is not. Behavioral shifts and silent compromises are made within the structure of the analytic relationship just as they are made within relationships outside the treatment situation. Particularly with children, in whom the process of development is so active, identifications are made, new defenses erected, and behavior modified rapidly in accord with what is perceived as expected. Even with adults, how patients perceive the analyst will color what they show the analyst.

Sometimes a direct question to a patient about what he or she imagines the analyst is feeling or thinking will bring silent observations into the open. I have found that an invitation to speculate about the motivations for the analyst's behavior ("to analyze the analyst") can be extremely useful in enabling a patient to express previously unarticulated perceptions and fantasies. As Ferenczi (1933) noted, patients are inhibited about sharing their thoughts about the analyst, and often, "Instead of contradicting the analyst or accusing him of errors and blindness, the patients *identify themselves with him* . . . criticism does not even become conscious to him unless we give them special permission or even encouragement to be so bold" (p. 158).

I treated two girls, one a young latency child, the other an older adolescent, both of whom had been "almost-oedipal-victors." Both repeatedly tried to enrage me with behavior designed to destroy the analytic situation (missed appointments, challenging negativism, scornful criticism). That I was not re-

taliative or angry only increased their destructive behavior. Only after I asked them how they saw me could they speak of how irritating my calmness was, and only then did they recognize that they wanted me angry to appease their guilt. Another child, who continually mocked my words, saw my lack of anger as evidence of my self-preoccupation. Her understanding of me was transference based, but it was not available for scrutiny until I asked her why she thought I wasn't angry.

An analyst may be completely unaware of the behavior around which transference elements are silently being organized. The analyst's mode of speaking, of pausing, of laughing, all enter into the patient's internal representation of the analyst. The representation, based on a combination of the reality of the analyst and the transferential understanding of this reality, contains vital information. When a patient's perceptions are distorted, the analyst is psychologically free to explore the significance of the distortions for the patient. Actualizations (Boesky, 1982; Roughton, 1989), in which the patient takes realistic characteristics of the analyst and uses them as proof of a fantasy, are harder to contend with. Unless the analyst carefully explores the patient's understanding of these characteristics, the transference elements will be lost.

In brief: clues to patients' pathogenic conflicts, fantasies, and wishes are expressed via the transference to the analyst. This transference, especially when intense, usually entails a distorted perception of the analyst's behavior, motives, and state of being. It is the distortion which alerts the analyst to the underlying transference, and it is through the specifics of the distortion that patient and analyst come to recognize the historical and characterological determinants of the patient's difficulties. But the perception of the analyst depends not only on the "eyes of the beholder" but also on what is beheld. And it is the utilization of what is beheld that I have tried to examine.

We all have individual characteristics which influence the manifestations of our patients' transferences. The patients' psychic reality will be reflected in the meaning ascribed to these

characteristics, while our neutral stance (toward ourselves as well as toward our patients) will facilitate clarification of this psychic reality. In divesting our attributes of narcissistic cathexis, our intent is to achieve an intrapsychic state which permits us to hear the patient's communications for what they say about the patient. As long as we understand that our persona, as experienced by the patient, is seen transferentially, we are able to do this. However, when the patient's perception of us is undistorted, it can be difficult to recognize that it is a transference-laden perception. This is particularly true when a patient correctly identifies a character trait or behavior about which we feel guilty or defensive. For example, a patient recognized that her analyst was pushing her to get better; the analyst's discomfort with being accurately perceived made him miss the patient's transference-based fear that he would throw her out if she did not perform well. Another patient told her analyst that she knew he felt deprived by the low fee (which he did); the "truth" of this statement blinded the analyst to the determinants of the patient's concern. Similarily, a patient complained that her candidate-analyst was inexperienced and did not know what he was doing; these statements so accorded with the candidate's psychic reality, his self-representation as a novice whose work was inadequate, that he missed the transference implication of the patient's words.

Schwaber (1986) has suggested that analysts make too many judgment calls about patients' perceptions; that they often neglect the psychic reality on which patients base their observations. She is right. And yet, every time an interpretation is made, an analyst is making and *has to make* a judgment call about the patient's perceptions. Our job is not to avoid interpretations but to be aware of the potential for error. Failure to explore patients' perceptions which correspond to our own self-representation is such an error. That a patient has "good reality testing" does not preclude a transference utilization of reality.

Throughout the history of psychoanalysis, beginning with Freud's discovery of transference, an exploration of percep-

tions, intentions, goals, and motivations, of the discrepancies between what is and what appears to be, has led to the increasing therapeutic efficacy of our technique. From a focus on the patient alone, we began to look at the analyst. After transference, we explored countertransference. From a concern with acting out, with the analyst as observer, we now think of role-responsiveness and enactments, of the analyst as participant in the process as well as observer.

Every aspect of useful analytic technique has its problems. Benevolence toward children, while useful in engaging them in the process, can limit their freedom to express negative feelings. Similarly, an emphasis on verbalization and historical reconstruction in child analysis may push a child to prematurely communicate with words rather than action, leading to submission or resistance, and a limitation to what is explored. Yet without engagement of the child, there is no analysis. And without verbalization, there is less assurance than usual that what is understood is what was intended. We all seek some measure of consensual validation; words are still the most frequently used and best understood (consciously) modality for this. So, benevolence and verbalization have their place. The danger lies in their being employed without scrutiny. The same is true for the neutrality and abstinence which characterize the analytic stance. To be neutral toward the impulses revealed in a patient's communication, to be abstinent with respect to our patient's and our desires, is essential during analysis. But it is also important to scrutinize our neutral and abstinent stance, to hear how we are heard, perceive how we are perceived, and to learn the message that is communicated when we are unaware that we are communicating anything at all.

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# Transference: "An Original Creation"

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# TRANSFERENCE: "AN ORIGINAL CREATION"

BY WARREN S. POLAND, M.D.

*While the psychoanalytic process explores the past, it does so within the context of the immediacy of the present. A clinical vignette is used to demonstrate the distinction between unconscious fantasies which, though buried, are alive in the present, and the historical past which shaped those fantasies. On that basis, interpretations and reconstructions are distinguished. The tension between singular process and dyadic interaction is also considered in the light of the centrality of present experience. Finally, the place of current sensation in connection to memory is addressed.*

> Reflecting on the now does not imply relinquishing the future or forgetting the past: the present is the meeting place for the three directions of time . . . the present is the source of presences.
>
> OCTAVIO PAZ (1991)

Transference, though its roots are in the past, comes into existence as it is actualized within the world of the present. As Laplanche and Pontalis (1973) put it, in psychoanalysis transference is "a process of actualization of unconscious wishes. Transference uses specific objects and operates in the framework of a specific relationship established with these objects. . . . In the transference, infantile prototypes re-emerge and are experi-

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enced with a strong sense of immediacy" (p. 455). In essence, transference exists in the immediacy of the now.

Dazzled by the past, in analysis we have at times lost our bearings in the present, as if we could reach for the past without putting our full weight on the present. Only the past that is alive in the present, even if buried, can we ever grasp in our hands. That is the past alive as it is recalled into present feelings by present sensations or as it is revived in present associations and enactments. The untouchable past is that which we can only reconstruct, inferring its shape by its imprint on the unconscious fantasies we come to know through present experience.

In an attempt to place the present within the analytic process I shall try to make these points: (1) that life exists in the present moment; (2) that like a crystalline drop of water mirroring the universe, the worlds of past and present, self and others, become visible by examining the reflections in the tiny and fragile drop of the immediacy of the moment; (3) that what we see when we look closely at those reflections are the lights of the present (that is, that the past does not merely repeat itself in the present, but that the present creates our pictures of the past); and (4) that it is the emotional sensations experienced in the moment which shine the light that makes possible our seeing and knowing the inner universe of buried dynamics and of the past.

To approach these ideas, I shall start with a brief statement of the basic principle behind the psychoanalytic process and move on to a definition of transference. Then, after describing a clinical incident with an analytic patient, I shall address current concerns with process and interaction in the context of the centrality of the present moment in analysis. Finally, I shall address the place of sensations in the present in the exploration of memories about the past.

## TRANSFERENCE AND BASIC ANALYTIC CONCEPTS

There could hardly be an analytic concept more basic than that of the centrality of unconscious forces acting powerfully behind

mental functioning. Indeed, the fundamental principle which makes possible clinical analysis is that every person behaves in the world as he or she does because it is the best way of getting along in the world as that person sees it. Whether this is called the centrality of an active unconscious or the repetition compulsion or the supraordinance of the adaptive principle does not matter. What does matter is that people repeat patterns based on hidden inner forces. Regardless of how unreasonable manifest behavior might seem to others, our basic principles tell us that it could all be understandable, it would all make good sense, if only one knew the hidden meanings alive behind the manifest appearance and how one came to see the world in the way that one does. Thus, the analytic task is to set up a situation where patterns of mental functioning can be brought most clearly to life and where their exploration can reveal the hidden forces that combine to create them.

Recognizing this, Freud was quick to realize that adult patterns are shaped by forces and experiences in infancy and childhood. However, it would be too simple, an error, to say that because the infantile neurosis lies *behind* the adult neurosis, it alone is the *cause* of an adult neurosis.

Behind the present lies the past. But in analysis the border between the past and the present is not something temporal, not something in the linear actuality of time. When we speak of the psychoanalytic past, it is, rather, something present now, something within the deep structure of the mind but currently present, an enduring piece of the mind alive. We refer to reverberations of the past as they are alive in the present framework of the patient's mind whether or not they are accessible in the conscious tales of memory.

Our clinical interest in the past arises because our goal is mastery through insight. However, our interest in the past is not in an academic historicity; it is a concern for bringing to the patient free access to all the parts we can of the innermost recesses of the patient's mind, the mind alive and active even when hidden from itself. We aim not only to identify patterns but also to try to define the secret complex of feelings and ideas that

have organized and shaped those mental patterns. If we were to use our theories so as to translate presenting stories and fantasies directly to ideas of childhood roots, we would practice wild analysis. Our results would be akin to that revisionist history in which a story is presented that most comfortably fits the historian's preferences. It would have us like the lawyer who starts a summation to the jury by saying, "And these, ladies and gentlemen, are the conclusions on which I base my facts."

Where, then, do we find the past? Like good historians, we seek primary sources. The primary source in analysis is not something external, like childhood diaries and letters. We even acknowledge that stories recalled as memories are themselves not primary sources by speaking of those tales as screen memories. Primary sources in psychoanalysis are the current expressions of those internal forces which, even when not directly visible and even though themselves shaped by the past, are now alive and give shape to the present. It is *not* essential that psychic forces be obvious on the surface to be valid; it *is* essential that they be implicit and thus potentially discoverable within present experience, even when they are beyond a person's awareness. We call this cluster of functions that shape unfolding adult life, this set of implicit organizing principles, the unconscious fantasies.[1]

The present is now. Unconscious fantasies, the hidden principles which give such consistency to a personality that we can say of someone that something does or does not ring true, are the bridge between the past and the present. The set of unconscious fantasies developed out of past drives and experiences

[1] It is not feasible in a short paper to give credit to the wide range of colleagues who have considered and developed the concepts to which I refer. To list even the major contributors would require a bibliography much longer than this paper. There is, however, one writer who cannot go without acknowledgment. No single analyst has so clearly delineated the importance and the import of unconscious fantasies as Jacob Arlow. His development of this concept and its application to clinical psychoanalytic work has moved classical psychoanalytic thinking into its most elegant modernity.

then shapes present drives, urges, daydreams, and ways of relating in the world. *The past is not directly alive in the present as the past incarnate. The past is alive as it has shaped unconscious fantasies, and it is the set of unconscious fantasies that are alive in the present.*

This is of clinical, not merely academic, importance. To tie together infantile neurosis and adult neurosis without including the unconscious fantasies is to convert a living human experience into an academic intellectualization. *Recognition of the meaningfulness of organizing fantasies alive in the present is the doorway to the relevance of the past.*

## TRANSFERENCE AS AN ORIGINAL CREATION

Transference, as defined at the beginning, involves the patient's inner forces' coming to life within the clinical situation. A valuable light is cast on the transferential process by a statement, about three-quarters of a century old, drawn from one whom we often overlook. On the short list of those extraordinary students of the mind who have lighted thought throughout the twentieth century were two men whose writings give no indication that either was aware of the other, Sigmund Freud and Marcel Proust.

It is curious now to reflect on how it was that it was Proust who offered earlier the more modern definition of transference. Interiority, sexuality, dreams, and the unconscious were in the air in western culture, perhaps even more so at the last *fin de siècle* than at this. Freud was a doctor, and so he came to his work with the eye of the physician, looking on at his patient as a separate person under clinical scrutiny. Consequently, he saw the disease and he saw the patient, but only late did he come to recognize the importance of his own relationship with the patient.

Proust, on the other hand, was a novelist. Like Freud, he was concerned with the hidden forces in people's lives, but his ultimate aim was to offer descriptions of truth cloaked in the robes

of fiction. As a result, Proust from the start was preoccupied by relationships. And Freud later came to understand what Proust saw earlier: that transference is not merely the detached sound of the past echoing by us but apart from us. It is the past alive in present relationships.

As I quote Proust's definition, the clarity of its brief wording will be apparent. The concerns about time and experience that seem most special are in its closing phrases, on which I shall focus.

In *The Captive*, a volume in *Remembrance of Things Past*, Proust (1913-1927, Vol. 3) wrote:

> When we have passed a certain age, the soul of the child that we were and the souls of the dead from whom we sprang come and shower upon us their riches and their spells, asking to be allowed to contribute to the new emotions which we feel and in which, erasing their former image, we recast them in an original creation (p. 73).

That the souls of our childhood selves and others contribute to our new emotions is well known. The past clearly and undoubtedly influences the present, but, Proust adds, the present shapes our views of the past. Speaking of our early ghosts, Proust says, "*erasing their former image, we recast them in an original creation.*"

The present shapes the past at the very moment that the past shapes the present. That is how it occurs within the clinical transference. What is latent comes alive not simply on a blank screen but rather as actualized in the immediacy of the affective moment within the unique and encouraging two-person analytic relationship. This is also, I believe, what Leavy (1980) meant when he wrote that "the past begins now and is always becoming" (p. 94).

## CLINICAL ILLUSTRATION

Let us turn to an unusual moment in an analysis as a way of approaching and highlighting what goes on in more usual an-

alytic moments, aware that an illustration can only demonstrate, never prove.

Although I do not answer the telephone during a patient's hour, one time I answered when Ms. R was late and I thought it might be her call, explaining her absence. To my surprise, however, I heard a voice on a far-sounding call speaking Italian, a language which I know not at all. I assumed it was a wrong connection, but in rapid and urgent tones the speaker repeatedly used my name.

The speaker spoke no English and my feeble French was of no avail. I found myself feeling not as if I were at home in my own office but as if *I* were the one with a language problem, as if I were lost and alone in a country where I could not speak the language.

It was just then that Ms. R walked in and found me looking confused and in need of rescue. And, just then, I remembered that Ms. R had lived for a year in Italy. I must have looked pathetic and perhaps even urgent as I held out the receiver for help. I do not suggest this was good analytic technique; it was, however, what I did.

Ms. R took the phone, spoke briefly, hung up, and told me that the voice at the other end was someone who wanted to invite me to Milan and who would write the details. The entire incident, which occurred during the middle of Ms. R's third year of analysis, took only a minute or two, but it opened a world between Ms. R and me.

Ms. R was the first child in her immediate family, itself a unit within an East European extended family that, though not royal, was of such prestige and power as to be referred to in dynastic terms. Raised primarily by governesses, Ms. R was thought to be quite privileged. Unfortunately, as we already knew, those material privileges rarely extended to warmth and affection. By age six she knew all the customs of high etiquette and could debone a fish flawlessly. She did not, however, know how to play.

Her analysis had, until the incident I just described, unfolded

as would be expected. Ms. R tried very hard to be a proper analysand, but felt pressured and desperately inadequate at trying to do what "good patients who could really analyze" do. She had been in something of a bind as she tried to describe her childhood in a way that never implied criticism of her parents. Along with this, she had seemed wary of me and on guard against any spontaneous exposure of feelings concerning our interaction. At times I wondered whether something she said had in it extremely subtle implications of criticisms or, at other times, some extremely subtle implicit humor. But efforts to push the boundary to expose such possible implications had never succeeded.

Taking the couch after having taken the phone, Ms. R was briefly silent and then turned to current events in her familiar proper but detached style. A few sessions passed before I recognized that what I had thought was her routine style was subtly running out of steam. Ms. R seemed distracted.

I noticed a slight change and asked about the incident around the telephone. I already knew that Ms. R kept her private mind severely separate from her public life, and that, despite genuine efforts to associate freely, she rarely gave me entry to her private thoughts. I had even spoken with her of my image of her as someone who survived by existing secretly in the underground while appearing to live normally in an occupied country.

With great hesitation, Ms. R let me know some of what she had *really* felt when I had handed the receiver toward her. A world had flashed by her mind within an instant: rage, outrage, the impulse to walk out, and the quick sense that if she were ever to be free she would have to finish her analysis, and that if she were to walk out she would have to walk back in. So she stayed and took the phone.

Taking the phone brought to her with powerful feelings a world of experiences she had thought she had forgotten. They were, certainly, experiences that had never been recalled with full feelings. Her mother was always late, always expecting the world to be ready and waiting whenever the mother would ar-

rive. Ms. R was seven when the mother, knowing she was late, sent her young daughter to the train station to tell the conductor to hold the train until the mother would show up. Trains and planes, to my own naïve surprise, would, in fact, wait at the mother's imperious demand, but they would not change their schedules at the request of a frightened seven year old. Mother never took this to be a difficulty for the daughter but, rather, always took this to be a sign of the daughter's hostile subversion. Accordingly, the mother punished her daughter severely.

Ms. R's reaction to the stimulus I had provided was indignant rage and a sense of impotence. Her decision to stay in the analysis, however, was this time not merely another submission. Instead, it reflected a sense that staying was in part in Ms. R's own interest. (Years later, when similar issues had been worked through to considerably more depth and Ms. R was able to open more her relationship to the outside world, she commented, "I guess I agree to take a look at reality . . . but only as a tourist!") Of course, Ms. R might have stayed and refused to accept the telephone receiver, but at that time she was very far from such a sense of power and freedom.

The sensation of seeing me with phone in outstretched hand brought to life similar sensations from memories until then only latent. That is, the new sensation experienced in the interaction with me brought forth similar sensations from the distant past, forgotten and perhaps even repressed, but still powerful in Ms. R's unconscious reservoir.

Ms. R's *unconscious fantasy* was of herself in a world in which her own needs were without power even to the point of her invisibility and in which she was vulnerable to the capricious needs of others who were powerful and sadistically dangerous. This buried view of herself organized the way she related to and experienced her relationships in the world. Though I was, in the instance at hand, manifestly weak and needy, she could see me no other way than imperious. That was her transferential tide. Those latent forces, always seeking a moment in current experience to carry them into actualization, required the immediacy

of experience to be fulfilled. That was how the specifics of her transference came alive as an original creation of our shared moment.

We were able to develop the *genetic reconstructions* of Ms. R's probable emotional history secondary to our shared clarification of the organizing unconscious fantasies as alive in the present. Personal myths of history as originally offered by Ms. R could thus be modified by exploration of Ms. R's associations to her increasingly recognized patterns. Sensations and feelings now alive in this present context added to the recall of lost memories, offering a growing ring of truth to the approximations of reconstructions.

In retrospect, it seems somewhat surprising to me that in all of Ms. R's long associations to this incident she always seemed to identify me with the imperious side of her mother, never directly with her own helplessness. But, I believe, that is in part what makes this particular vignette clarifying.

An analytic clinical observation of long-standing value is that children identify with the unconscious conflicts of their parents. In a sense it thus often seems that a full analysis extends to a speculative analysis of the parents. Analysis of what arose within Ms. R when I beseechingly gave her the phone led to interpretation of previously repressed rage at her mother, interpretation of those current unconscious fantasies that shaped her seemingly accommodating personality. However, we were able to hypothesize plausible reconstructions behind those interpretations. Later consideration of the possibility of the mother's own sense of helplessness and Ms. R's identification with that side of the mother's personal conflicts led to a great broadening of Ms. R's awareness of both her own feelings of helplessness and her own secret imperiousness. The outcome was ultimately greater acceptance of these qualities in herself and less anger and even some new sympathy for the presence of these conflicting forces in her mother.

Part of what was newly remembered had earlier been spoken of in broad intellectual terms. Had reconstructions been offered

of a probable past without drawing them from interpretations themselves based on the emotionally experienced present, we would have had possibly brilliant but basically useless formulations. It was only when the present exposed the patterns of relating which structured how Ms. R's mind worked that she and I could come to know the shape of her unconscious fantasies, that we could come to sketch the probable roots of those unconscious fantasies.

The incident I have described has the disadvantage of being eccentric, that is, it arose after an intrusive action on my part, not from a usual analytic moment. My action, of course, had served as the trigger, but the subsequent chain reaction could not have unfolded unless the ground had already been prepared in an increasingly trusting analytic engagement.

The advantage of such an incident is that it is like pathology in relationship to normal behavior, that is, it exposes through magnification what otherwise might be hidden from view. *The context of the partnership within the analytic situation provides the medium in which the patient's transference can be actualized.* In an analysis, as in life, one thing leads to another, and meaningfulness within analysis derives from those "things" coming to life as unfolded and actualized within the analytic relationship. I am reminded of one time when, sitting during a long and labored silence, I cleared my throat. Ms. R burst out, "Since you bring the subject up," and went on to a painful area of which we had never heard. *The forces within the patient push toward expression, but they require the present analytic context in order to be actualized.*

The vignette around the telephone was a tiny sliver in the vastly complex mosaic that was Ms. R's ultimate analysis. The work with her was, for me, among the longest and most difficult in my experience. I think it was also among the most valuable. Ms. R was a woman who ultimately turned out to be someone who would have fit Shengold's (1989) description of "soul murder." It took many years of work before Ms. R was able substantially to overcome her fears and expose to our shared scrutiny her sense of her world as she had known it. After about eight

years she decided to settle for the work then done and to stop. But that turned out to be an important, and I now suspect necessary, enactment of her impulse to walk out during the interchange over the telephone. She came back a year later, relieved that I had accepted her stopping with respect. It was then that for the first time she was able more fully to lay claim to our work together as hers rather than mine and was able with courage to explore more deeply her world of inner dread and pain.

My knowledge of analytic theory helped me in understanding what unfolded as we worked together. But my understanding and Ms. R's insights derived from what we discovered together, not directly from what I brought in the way of professional knowledge. The clinical relationship between Ms. R and me was shaped by our mutual presence, by my turning my mind to her service, and by her unconscious fantasies' being the primary influence on how our present relationship was actualized. It was from our collaborative study of her experienced immediacy that unconscious fantasies were interpreted, and then, from recognition of unconscious fantasies, that historical past was reconstructed. I can add that as part of that work my own self-analysis reluctantly but valuably also progressed, though to a much lesser degree.

## DISCUSSION

I have tried to illustrate that we live within the present and that we explore the past from within experience of that present. Where does this fit into current analytic thinking? If we step back and look at the present state of our field, we find two concerns at the forefront of our debates. They are the matters of process and of interaction. Is there an intrinsic analytic process, one which unfolds singly within the patient at introspective work? And what is the relationship of that singular inner un-

folding to the field of the two-person interaction in which it comes to life?

*Psychoanalytic Process as Dialectic*

First, process. The classical sense of the analytic process has been the examination of the mind of a single person, the patient. I know of no statement from a classical viewpoint that cuts more to the heart of the matter than one offered by Calef (1987).

Calef distinguished what has been learned through years of clinical work from the analytic process itself. Analysis is not to be defined in terms of accumulated analytic wisdom but by its process; and, as Calef added, "the process of psychoanalysis is a dialectic" (p. 11). "The suggestion," he wrote, "may come as a surprise to some—even as a shock—that dynamic formulations, the discovery of meaning, significance, and symbolism, the unveiling of unconscious contents and genetic reconstructions associated with the recall of childhood memories, collectively or individually, do not define analysis. . . . Though some or all of these achievements may be products of analysis, they do not reflect the psychoanalytic observations per se, or the methodology by which deductions are reached" (pp. 12-13).

Calef defined clinical analysis as the dialectic process of unfolding of intrapsychic forces. He allowed no ambiguity, writing that "shifts in the resistances are the observational facts of psychoanalysis and the evidence of the process, rather than [are] the unveiling of the unconscious, the reconstruction of development, and the realities of an individual's personal history" (p. 17).

Although uncommonly succinct, Calef reflected a major trend in analytic thinking. As Renik (1992) has noted, some theorists consider the interpretation of resistance and the inquiry into the motivations of those obstacles to "comprise the whole of the

psychoanalytic process." Calef did not take so limited a view, but he did define that part of the work as central to the psychoanalytic tool. The analytic process is the dialectic unfolding of the patient's mind.

### *Psychoanalytic Interaction as Dialogue*

But if the analytic process is the shifting of forces of resistance and expression within one person's mind, then where does the analyst fit in? If the analytic process is an inner dialectic, what is the place of the analyst and of the analytic interactions as a dialogue?

At its very beginning, analysis was Freud's self-analysis. Freud and his early analytic colleagues examined the patient's mind as if it existed in itself *in toto*, uninfluenced by the field of the analytic partnership. The significance of dyadic clinical interactions was either unnoticed or minimized. It was as if clinical work were essentially the same as the private inner analytic work Freud had carried out and described. Transference, when finally noticed, was first seen as an interference to the work at hand, as for much longer, countertransference was similarly viewed.

Freud very early made a statement fateful for subsequent theoretical thought. In 1905, while sorting out instinctual forces in *Three Essays on the Theory of Sexuality*, Freud explored sexual drives and distinguished their sources from their aims and their objects. He then said that "the sexual instinct and the sexual object are merely soldered together" (1905, p. 148). With the objects seemingly readily interchangeable, attention was focused on the sources and vicissitudes of drives. For a long period, during which much of depth psychology was charted, the place of the object, including the place of the analyst as the patient's current other person, was set aside.

Psychoanalysis is a tool. Any tool, like analysis, like the microscope, or like the telescope, has a specific use. For analysis, the

tool is intended for the use of looking at the inner workings of the patient's mind. Following this comparison, the analyst seems an outside observer, one who describes what he or she sees in an interpretation, like the scientist's describing what is present on the slide under the microscope.

The tool determines the phenomenon examined. What is seen to be on a microscopic slide is determined not only by the contents of the slide but also by the focus of the viewer. The microscope "allows only for a choice among several enlargements . . . but does not give us the 'true' structure" of what exists on the slide (Viderman, 1974, p. 474). What is seen depends on where the looker focuses. What you look for is what you see is what you get.

The analytic instrument is the patient's and analyst's *shared* examination of the patient's mind in their unfolding analytic relationship. Thus, the context of investigation is at the same time an important part of the object of investigation. What Calef referred to as the dialectic unfolding of the patient's mind can now be recognized as taking place within the context of a current clinical interaction, the clinical dialogue.

"Dialectic" is a word that derives from the Greek, *dialektikos*, meaning conversation. In fact, the word "dialogue" derives along its own parallel line from the same original source. However, "dialectic" and "dialogue" are not the same. "Dialectic," as Calef used it, speaks to the back and forth flow of forces within a single structural context, here within a single person. "Dialogue" implies separate people, separate subjects in a conversation. It is the relation of the individual dialectic to the dyadic dialogue that now provides us our greatest challenge in understanding the psychoanalytic process. The two, while not synonymous, are linked in the present affectively charged living moment.

The split between drive and object relationships is seductive in its seeming clarity, but it betrays the essentially unitary nature of human phenomena. No drive is realized outside the fabric of human connectedness, even when that fabric has been internal-

ized; and no object relationship is alive without the motive force of unconscious drives within each partner.

We are all part of our times, even analysts. Analytic concerns inevitably parallel concerns alive in the air in general. Literary studies offer a similar current dilemma. Is there simply an intrinsic meaning in a text, or is each text to be understood only by the meanings that each reader brings to his or her own reading? My emphasis is that the answer does not lie between the two, but rather includes both views. The patient has his or her own core personality shaped by the power of currently alive unconscious fantasies. It is in the analysis of those present-tense unconscious fantasies that the past unfolds as it comes into view. And the dialogue of interactive experiences, the human field of the analysis, provides the context in which the dialectic process of those individual forces is actualized and can be explored.

To explore present experiences in search of hidden sources one must avoid the temptation of selective allegiance to the vantage points of either the one-person dialectic of process or the two-person dialogue of interaction. Taking the immediacy of the emotional experience of the clinical moment as our recurrent starting point offers our greatest protection as we proceed.[2]

The division between process and interaction, between dialectic and dialogue, is artificial. The analytic inner unfolding is latent, only a potential until it is actualized in the unique clinical relationship. Our minds take the order that seems logical: drives exist first and actualization comes after. However, that seemingly correct view is not true to our phenomenologic experience. We, patient and analyst, *experience* the drive derivatives

[2] The immediacy of experience and its attendant psychic state are not to be confused with what is often called "experience-near." "Experience-near" generally implies a degree of conscious awareness of one's affective state. "Self sense" and "self state" have similarly carried the implication of conscious awareness of one's self and mood. In contrast, emotional immediacy, as I use the phrase, refers to the entire psychic state, including sources of feelings for which the person lacks conscious awareness. What matters is not that forces be close to the patient's conscious awareness, but that they be inferred from present mental actuality as recognized in the unfolding of the patient's mind within the immediacy of the clinical moment.

now, in their immediate actualization, and only *infer* the structurally more deep, the historically more early. It is the "now" to which we must regularly return if what we infer is to be authentic.

An interpretation, from this point of view, refers to a statement which extends to a new level the understanding of dynamics or genetics as based on an affective experience within the analytic moment. The analyst's understanding can thus contribute to the patient's insight (Poland, 1988) by helping the patient see how current experience, feeling, and behavior are organized by a unique inner framework of unconscious fantasies.

A reconstruction, in contrast, hypothesizes a historical past which could explain with plausibility and probability the formation and shape of the patient's unconscious fantasies. Such reconstructions offer a cognitive aid to the patient in working through prior constrictions and exploring the possibilities of new beginnings. Their validity is tested by their effectiveness in broadening a patient's range of thought, feeling, and action.

In short, interpretations link immediate experience with unconscious fantasies; reconstructions offer links between unconscious fantasies and possible or probable historical pasts. Interpretations necessarily entail the analyst's translating, after his or her own inner processing, those associations which the patient had previously had to translate into words from deeper nonverbal levels. As a result, all interpretations are translations of translations; and, inevitably, all interpretations are trial interpretations. Nonetheless, interpretations can come very close to approximating psychic truth. In contrast, reconstructions, useful as they are, are unavoidably more speculative.

In work that rings true to common clinical experience, Viederman (1991) addressed the actualities of the analyst beyond formal technical procedures for their contribution to the development of the patient's transferences. Emphasizing exploration of the realities of the analytic process, not suggesting altered technique, Viederman offers both clinical examples and a thoughtful consideration of the implications of the analyst's

presence for traditional principles such as neutrality, abstinence, and anonymity. In so doing, he demonstrates the clear benefits of starting from clinical experience and inferring transference only second to that.

## MEMORIES AND SENSATIONS

"*Où sont les neiges d'antan?*"—where are the snows of yesteryear? *Where* are memories, in the past or the present? As we listen to free associations, to the patient's descriptions of the past as consciously remembered, we find ourselves having to locate the power of the past within the present. What is the place of memory in relation to time?

A widow whose children had grown and left home was mourning the imminent sale of the large family home in which she now lived alone. With tears she said that it would be hard to give up her home. "There are so many memories there."

Another patient, a man, spoke of looking through an album filled with snapshots of the lifetime of vacations he and his wife had taken together. With great feeling he commented on the album. His words were the same, "There are so many memories there."

Where is "there"? Memories, of course, lie within the minds of that widow and of that man, not in the objects of the house or the pictures of the album. Yet there must be truth in what each of the two said, a truth which resonates with our own experiences.

Memories are alive as present emotional experience. Their actuality is in the present even as their subject is the past. For the connections to the past to come alive in the present, for them to be active memories rather than academic historical tales, there must be a link to emotional sensation. The old home and the old snapshots are said to contain memories because they offer the sensations which call to life the emotions around the past. The interaction between the patient and the analyst in the analytic

situation offers the clinical equivalent of the widow's home or the album photographs. It is the analytic dyadic context which permits the sensations that allow latent memories to be recalled to life with emotional immediacy.

Once again, it is Proust who has much to offer us. Like Freud, Proust discovered that the simple stories of memory are insufficient to expose personal truth. In each of many moments of profound insight he discovered and rediscovered that it was the experience of sensation which brought back earlier sensations in which lost time and prior experience remained alive. It is in association to those sensations that other sensations and memories long buried can be reclaimed. Indeed, that was the main thesis of Proust's *magnum opus*.

The past is alive and can be known only in its continuity to the emotions and sensations experienced in the present. One is not free to choose memories and build upon them but must take them as they come. As Proust (1913-1927, Vol. 3) said, "It was precisely the fortuitous and inevitable fashion in which . . . sensations had been encountered that proved the trueness of the past which they brought to life, of the images which they released. . . . Here too was the proof of the whole picture formed out of those contemporaneous impressions which the first sensation brings back in its train, with those unerring proportions of light and shade, emphasis and omission, memory and forgetfulness to which conscious recollection and conscious observation will never know how to attain" (p. 913).

Psychoanalysis is chiefly the analysis of transferences. It is as we explore the depths of our present sensations that we come to know the hidden worlds alive within our minds. Sensations in the relationship with the analyst provide the vehicle for actualization of the ready-to-emerge unconscious stimuli: current sensations evoke remembered sensations and emerging sensations attach to current sensations. Thus does transference come as an original creation.

*The interaction of patient and analyst creates an original universe of experience which permits the latent forces in the patient to be realized.*

The analyst's aim inhibitions, putting his or her own mind into the service of the patient's introspective goals, allows the patient's patterns and stories to take center stage. As a result, both the stories in conscious memories and the forgotten experiences and relationships can emerge to be seen. Memories, cogent as they are alive in the immediacy of the analytic moment, can then be explored and found to be, themselves, condensations of other fantasies, experiences, and memories. The past, then, is reconstructed only secondarily, from the unconscious fantasies which frame the immediacy of the present.

Proust's work repeatedly demonstrated the multiple levels of engagements that are built into current experience. Both the voices of oneself as a former child and the echoes of voices of those who mattered, voices that carry in themselves the echoes of others across generations—all combine into the actualization of the moment. Proust described the multiple layers built into the present moment in the paragraph from which I took the first quotation. He was in the midst of reflecting on how Marcel's present love for Albertine and his behavior toward her captured multiple reflections from his past and from the pasts of those who were with him in his past.

> As if it were not enough that I should bear an exaggerated resemblance to my father, . . . as if it were not enough that I should allow myself to be ordered by my aunt Léonie to stay at home and watch the weather, . . . here I was talking now to Albertine, at one moment as the child that I had been at Combray used to talk to my mother, at another as my grandmother used to talk to me. When we have passed a certain age, the soul of the child that we were and the souls of the dead from whom we sprang come and shower upon us their riches and their spells, asking to be allowed to contribute to the new emotions which we feel and in which, erasing their former image, we recast them in an original creation. Thus my whole past from my earliest years, and, beyond these, the past of my parents and relations, blended with my impure love for Albertine the tender charm of an affection at once filial and maternal. We

> have to give hospitality, at a certain stage in our lives, to all our relatives who have journeyed so far and gathered round us (pp. 73-74).

And all of this is in analysis as Proust describes. The past matters as it is alive, its forces coming together, combining and condensing, all *now*, all within the immediacy of the present analytic moment.

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# The Psychoanalytic View of Phobias

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# THE PSYCHOANALYTIC VIEW OF PHOBIAS

## PART I: FREUD'S THEORIES OF PHOBIAS AND ANXIETY

BY ALLAN COMPTON, M.D.

*This paper initiates a series of communications on psychoanalytic and current psychiatric approaches to the understanding and treatment of phobic syndromes with a review and discussion of Freud's evolving ideas on phobias and anxiety. A list of issues that any theory of phobic syndromes must address is compiled on the basis of Freud's work.*

This is the first of a series of communications on the subject of phobias and related anxiety. The present work, consisting of four parts, reviews and critiques the relevant psychoanalytic literature and introduces a comparison of psychoanalytic and psychiatric approaches. Subsequent communications will be concerned with a detailed comparison of psychoanalytic and psychiatric views of agoraphobia and "panic attacks," and the treatment of these conditions; and with problems of nosology in psychoanalysis and psychiatry.

Synthesizing the psychoanalytic view of phobias is not an entirely happy project. In many respects, it starts better than it ends—unless we recognize that it has hardly ended, but rather, needs a new beginning.

In recent years almost innumerable papers on phobic conditions have appeared in the psychiatric literature, while almost none have come from psychoanalysis. Results of the treatment of these conditions have been published extensively, results, that

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Parts III and IV of this four-part work will appear in Issue No. 3 (July) of this *Quarterly*.

is, of treatment by drugs and behavioral-cognitive methods. No outcome study of psychoanalytic treatment of phobic conditions has ever been published.

Beyond that, what the psychoanalytic theory of phobias consists of is unclear. It is, in fact, unclear whether there *should be* a theory of phobias, that is, whether there is sufficient uniformity among these conditions to justify postulating common mechanisms or etiology. There is room for considering the argument that psychoanalysis has approached symptom formation too syncretistically, failed to respect major differences in clinical syndromes, and failed to account for those differences.

There is also truth in the charge that psychoanalysis has lost its clinical moorings. Analysts who will assert that psychoanalysis is not a form of treatment are not hard to find. Analysts who are opposed to diagnosis or any kind of grouping of patients on a descriptive basis are quite the opposite of hard to find.

A general purpose of this review is to reaffirm the basic psychoanalytic stance of treating patients with mental disorders. The more specific purposes of Part I of this work are to establish the meaning of the term "phobia" in everyday language and in technical language; to bring together Freud's views of phobia, scattered through much of his work, as the basis of psychoanalytic understanding from which we can subsequently consider more recent developments; and to assemble a list of issues which any theory of phobic syndromes must address.

Throughout this series of communications, comparisons between psychoanalytic views, past and present, and current psychiatric views of phobias and anxiety will be introduced. It is my belief that both disciplines stand to benefit by integrating their findings. Integration of hypotheses is another matter, and would be premature at this point. Subsequent sections of this work deal with the contributions of psychoanalysts other than Freud on infantile phobias (Part II), the agoraphobic syndrome (Part III), and the general theory of phobias and anxiety (Part IV).

The goal of this work is to arrive at a contemporary view of

phobic syndromes as mental disorders, within the general framework of the Freudian structure-conflict model of the mind. I will not take up the views of other paradigms of psychoanalysis.

We must also deal with psychoanalytic anxiety theory. Discussion of anxiety theory will be limited, however, to the context of phobias. I have examined the theory of anxiety at length in a series of earlier publications (Compton, 1972a, 1972b, 1980a, 1980b). The present communication grew out of and is based upon that work.

The following convention will be applied to comments on the works reviewed. Brief comments will be appended to the review of the work itself, clearly indicated as my views. More extended or more complex critique will appear in the discussion sections.

## *What Is a Phobia?*

The *Oxford English Dictionary* (1971) defines phobia as "fear, aversion or terror." *Webster's New Collegiate* (1981) says, "an exaggerated, usually inexplicable or illogical, fear of a particular object or class of objects." *Webster's New International* (1927) defines only "-phobia: a suffix, denoting fear and often implying dislike or aversion; as in, anglophobia, hydrophobia, photophobia." The first definition is an affect definition; the second categorizes the affect—as exaggerated and illogical—and adds the idea of object of the affect; the third, in effect, says the word means the affect but does not really exist except as a suffix of the object to which the affect is connected.

Within the context of general linguistic usage, more specifically psychiatric meanings of these terms have developed. DSM-III-R (1987), currently the most prominent system of psychiatric nosology in the United States, gives criteria for several different diagnoses which include the word "phobia" or the suffix "-phobia": panic disorder with agoraphobia; panic disorder without agoraphobia; agoraphobia without history of panic dis-

order; social phobia; simple phobia. It adds two other types of "phobic reactions," not included in the Anxiety Disorders section: separation anxiety disorder (Disorders First Evident in Infancy, Childhood or Adolescence); and sexual aversion disorder (Sexual Disorders). All of the diagnoses include, as a criterion, the presence of consciously experienced fear or anxiety; the segregations are made according to the object or source or stimulus or situation connected with the anxiety, or the lack of such an object. Clearly, the combination of a particular type of affective experience and an external[1] referent with which that affective experience is associated are the conceptual elements of the group, and, since the concern is with diagnoses, the aspect of "something wrong" (a "Disorder") is also included.

I want to emphasize the conceptual parameters: something wrong (subjectively), that consists of a fear, of something in particular, that is less than entirely justified (objectively) and that is persistent or recurrent. In psychoanalytic usage the element of avoidance of the feared "something" is usually present, and sometimes "phobic" is used synonymously with "avoidant."

The term phobia thus designates a condition with consistent descriptive parameters in generic, psychiatric, and psychoanalytic usage.

### *Freud's Pre-1900 Ideas on Phobias*

Freud's first comment on phobias was in 1892, in the footnotes to his translation of Charcot's lectures. Charcot had asserted that heredity was the cause of a patient's agoraphobia. Freud disagreed: "The more frequent cause of agoraphobia as well as of most other phobias lies not in heredity but in abnormalities of sexual life" (1892-1894, p. 139).

In 1893-1895 Freud, with Breuer, was trying to establish that hysteria was a form of illness, rather than a type of degeneracy as maintained by the "French school" (that is, Charcot). Hyste-

[1] "External" in this context means outside of the organism.

ria, in Freud's view of that time, resulted from traumatic experiences which had not been "abreacted." Freud asserted that at least some phobias are the product of traumas, like other hysterical symptoms. He recognized, however, a (rather considerable) class of phobias which he called "primary phobias of human beings," including fear of snakes, toads, vermin, and thunderstorms. More specific (that is, approximately, idiosyncratic) phobias were to be accounted for by particular (traumatic) events. An example was Frau Emmy's dread of strangers, which was derived from a time when she was persecuted by her husband's family and saw every stranger as one of their agents (Breuer and Freud, 1893-1895, p. 87). Psychical factors may account for the choice of these phobias, but cannot explain their persistence. Persistence requires a "neurotic" (that is *aktual* neurotic or economic) factor (p. 88).

This theory was expanded in 1894, when Freud postulated three classes of phobias: (1) *typical phobia*, of which agoraphobia is a model, which cannot be traced back to any psychical sexual mechanism—that is, there is no repressed idea from which anxiety springs; (2) *purely hysterical phobias*, the nature of which he does not specify here, but presumably resulting from traumatic experiences not abreacted; and then (3) the great majority of phobias, in which the mechanism of production is psychical and almost the same as the mechanism in obsessions: "the transposition of affect" (1894, pp. 57-58). Transposition of affect is the organizing concept for the third type, and we might temporarily call this type *obsessional phobias* on that basis. The idea is that affect is detachable from the ideational content with which it was originally associated, and may be transposed or (later) displaced to some other ideational content.

A short paper a year later (1895a) is centered on the comparison of obsessions and phobias. First, Freud apparently distinguished a group of phobias and obsessions which are traumatic in origin and thus allied to hysteria. Apart from that group, he said, in phobias the emotional state is *always* one of anxiety, while in obsessions, other affects may occur as well (pp. 74-75).

Two groups of phobias (as disorders) may be differentiated "according to the nature of the object feared: (1) common phobias, an exaggerated fear of things that everyone detests or fears to some extent: such as night, solitude, death, illnesses, dangers in general, snakes, etc.; (2) contingent phobias, the fear of special conditions that inspire no fear in the normal man; for example, agoraphobia and the other phobias of locomotion" (p. 80). Phobias are, in contrast to obsessions, rather monotonous: "analysis reveals no incompatible, replaced idea in them. Nothing is ever found but *the emotional state of anxiety* . . ." (pp. 80-81). The anxiety is not derived from any memory, he said, except perhaps the recollection of an anxiety attack, the recurrence of which is feared. Phobias are part of the anxiety neurosis, which has a (somatic) sexual origin.

Freud's nosology here was considerably influenced by his theory of the somatic origin of anxiety. The resemblance of that theory, and its attendant view of phobias, to current, psychiatric formulations of "Panic Disorder" is striking: the panic disorder patient is said to be afraid of the occurrence of another panic attack. In addition, in the first paper delineating the anxiety neurosis (1895b), Freud put together a clinical syndrome centered around: (1) general irritability; (2) chronic, generalized anxious expectation; (3) anxiety attacks. The latter consist of a feeling of anxiety which may or may not be accompanied by an "interpretation" (that is, an assignment of some danger significance to a situational element) and by any or all of the following: (a) disturbances of the heart action; (b) disturbances of respiration; (c) sweating; (d) tremor and shivering; (e) ravenous hunger; (f) diarrhea; (g) vertigo; (h) "congestions"; (i) paresthesias (pp. 94-95). This list is almost identical to that which comprises the criteria for a "panic attack" in DSM-III-R (p. 238).[2]

Freud (1895b) then said, "*On the basis of* [italics added] chronic anxiousness . . . and a tendency to anxiety attacks. . . ,

[2] Aside from changes to synonymous terms, DSM departs from listing only sensations and adds three purely mental items: depersonalization, fear of dying, and fear of "going crazy." It also includes quantitative cut-offs in the criteria.

two groups of typical phobias develop" (p. 96). The first group simply employs the available anxiety to re-enforce "aversions which are instinctively implanted in everyone." But such a phobia "acts in an obsessional manner" (presumably, becomes a chronic, nagging thought) only if it is re-enforced by the recollection of an actual experience. The second group is typified by agoraphobia, which Freud saw as arising from a sensation of vertigo becoming connected with a fear of the function of locomotion.[3] In both groups, however, he is very emphatic that the "affect does not originate in a repressed idea, but turns out to be *not further reducible by psychological analysis, nor amenable to psychotherapy*" (p. 97).

Shortly thereafter (1895c, pp. 133-134) Freud added that phobias have a more complicated structure than "purely somatic anxiety attacks": the anxiety is linked to a definite ideational or perceptual content. The idea clearly remains, however, that the "energic disturbance" is primary and the ideational content is grafted on.

As Strachey noted (1962, pp. 83-84), "it is not hard to detect some uncertainty" in these discussions of phobia. One can make sense of it, however, in the following way. Freud was in the process of developing a nosology of the "neuroses" which was to be comprised of two basic groups: the defense-neuropsychoses (hysteria, obsessional neurosis, and at least some cases of paranoia) and the *aktual* neuroses (neurasthenia and anxiety neurosis). Phobias, for which he gave categorical examples but no definition or even characterization, occurred in both groups of neuroses and in all subgroups. In the defense neuroses, content was fairly readily accounted for by the theory (warded-off ideas, transposition of affect), but anxiety, an essential feature of phobias of whatever type, was a problem. In the *aktual* neuroses,

[3] The idea of some intimate connection between agoraphobia and locomotion persisted. In 1910 Freud added a very emphatic footnote to *Three Essays*: "The analysis of cases of neurotic abasia and agoraphobia removes all doubt as to the sexual nature of pleasure in movement" (1905, p. 202, n. 2). Abraham expanded on this idea some seventeen years later (1913), and it is still mentioned, e.g., by Ruddick (1961) and Schur (1971).

anxiety was readily explained by the theory (whether or not the theory was valid), but ideational content was a problem, and phobias, by definition, have content—"fear of. . . ." Freud also retained a third category of phobias, neither conflictual nor *aktual*, a phylogenetic group. The various terms he used can be aligned in the following way:

1) primary or common or typical phobias = inherited fearful aversions of humankind in general (not necessarily a disorder);
2) hysterical or purely hysterical or specific or traumatic or contingent phobias = fears of stimuli related to warded-off memories of traumatic experience;
3) obsessional phobias = fears that are based upon the mechanism of "transposition of affect," part of the obsessional neurosis;
4) agoraphobia and some contingent phobias = aspects of anxiety neurosis; they arise from anxiety attacks with no psychological mechanism, attacks which become secondarily psychologically elaborated or complicated.

Freud consistently saw phobias as manifestations of mental disorders, not as a diagnostic entity. The nosologic scheme is shown in the following table.

| | | |
|---|---|---|
| I. Developmental Tendencies | | infantile animal phobias |
| II. Disorders | | |
| Defense Neuroses | | |
| | hysteria | |
| | | traumatic phobias |
| | obsessive neurosis | |
| | | obsessional phobias |
| *Aktual* Neuroses | | |
| | anxiety neurosis | |
| | | agoraphobia |

In both general categories of neurosis, and therefore in all types of phobias, the cause or source of the anxiety was seen to be sexual: physical sexual practices in the case of the *aktual* neuroses, psychical (sexual) incompatibilities and defense in the case of the psychoneuroses.

Freud was clearly aware of a more general problem of psychopathology inherent in this work: the explanation of the formation of a symptom, such as a phobia, does not necessarily suffice to explain the persistence of the symptom (Breuer and Freud, 1893-1895, cited above). This important consideration has often been overlooked by psychoanalysts and others subsequently.

These discussions of phobias by Freud are essentially prepsychoanalytic, that is, they antedate the discovery of dynamic unconscious mentation, the oedipus complex and other aspects of infantile sexuality, and of the psychoanalytic method. Their similarity to current psychiatric views is evident. We shall be concerned to see in what degree, or whether, more characteristically psychoanalytic explanations may be an improvement.

### *Freud's Views of Phobias and Anxiety, 1900-1920*

With the discovery of infantile sexuality and dynamic unconscious mentation, especially unconscious fantasy, via the psychoanalytic method (1897-1905), we would expect to see an enhanced role for mental conflict in Freud's subsequent work on phobias and anxiety. This was suggested, for example, in the Fliess correspondence, where Freud said, in a discussion of fantasy, "Agoraphobia seems to depend on a romance of prostitution, which itself goes back once more to this family romance. Thus a woman who will not go out by herself is asserting her mother's unfaithfulness" (1897, p. 253). Also, in a brief vignette (1895d, pp. 353-354), accompanied by a diagram, Freud related a young woman's fear of going into shops alone to a repressed memory of sexual molestation by a grinning shopkeeper when

she was eight. This is a clearly psychodynamic explanation of an agoraphobic symptom (probably seen by Freud as hysterical, however) and appears to be a different idea than that of somatically generated, contentless anxiety attacks.

In the 1909 report on 'Little Hans' Freud said the following:

> One day while Hans was in the street he was seized with an attack of anxiety. He could not yet say what it was he was afraid of. . . . [Soon he] gave expression to the quite specific fear that a white horse would bite him.
>
> Disorders of this kind are called 'phobias', and we might classify Hans's case as an agoraphobia if it were not for the fact [that it was not relieved by being accompanied by a special person].[4]
>
> In the classificatory system of the neuroses no definite position has hitherto been assigned to 'phobias'. It seems certain that they should only be regarded as syndromes which may form part of various neuroses and that we need not rank them as an independent pathological process. For phobias of the kind to which little Hans's belongs, and which are in fact the most common, the name of 'anxiety-hysteria' seems to me not inappropriate (1909, pp. 114-115).

Freud went on to say that an anxiety hysteria is structurally similar to a hysteria, except for one essential point[5]: the libido liberated from the repressed pathogenic material is not converted into "somatic innervation" but is, rather, "set free in the shape of *anxiety*." Phobias then develop which have the function of "binding" the anxiety (p. 115).

How is the object of the fear chosen? In Hans's case there was a precipitating event: immediately before the outbreak of his illness, Hans, on a walk with his mother, had seen a bus-horse

[4] The clinical feature of relief of agoraphobic anxiety by the company of some specific person here entered the standard psychoanalytic description of this condition. This idea has also persisted, although Fenichel (1944) recognized, correctly, that relief by accompaniment is not an essential feature of agoraphobia.

[5] By this time the source of hysterical symptoms was thought to be in infantile sexual fantasies rather than actual traumatic events.

fall down and kick its feet (p. 125). It is important that "the impression of the accident which he happened to witness carried no 'traumatic force'; it acquired its great effectiveness only from the fact that horses had formerly been of importance to him . . ." (p. 136).

More abstractly, in my words, individual history and symbolizing processes are required to make sense of what happened; psychological force did not stem from the event, but from a prepared set of meanings which it "fixed."

Prior to this time Hans had loved to play horse, in various ways with various people, but his first horse had been his father (pp. 126-127). Freud then said, somewhat mysteriously, I think, "It is especially interesting, however, to observe the way in which the transformation of Hans's libido into anxiety was projected on to the principal object of his phobia, on to horses" (p. 126). (I interpret this to mean something like, "This is not an event just within myself; that horse over there is dangerous and I am responding appropriately.")

Does the transformation of libido constitute a return of the repressed? Yes: "From that moment the way was clear for the return of the repressed; and it returned in such a manner that *the pathogenic material was remodelled and transposed on to the horse-complex, while the accompanying affects were uniformly turned into anxiety*" (p. 137).

Why did the sudden change in Little Hans occur just when it did? "It is hard to say what the influence was. . . . Whether the scales were turned by the child's *intellectual* inability to solve the difficult problem of the begetting of children and to cope with the aggressive impulses . . . or whether the effect was produced by a . . . constitutional intolerance . . . this question must be left open until fresh experience can come to our assistance" (p. 136).

In 1909 Freud suggested that anxiety hysteria was, of all neurotic disorders, the least dependent upon heredity. But in 1923 he emphasized that "there is no reason to suppose that anxiety-hysteria is an exception to the rule that both predisposition and

experience must co-operate in the aetiology of a neurosis" (1909, p. 116, n. 2).

The illness itself was "in its very nature a compromise" between the instinctual components pressing for expression and the repressive forces. Hans's phobia about going into the street allowed him to stay at home with his mother, whereby "his affection for his mother triumphantly achieved its aim" (pp. 139-140). At some cost, we might add: the impulses had undergone regression and transformation of aim from active into passive.

While the episode of seeing the horse fall down served as a precipitating event, the onset of Hans's anxiety was not so sudden after all. He had shown states of "longing and apprehension" during the previous summer and had an anxiety dream that his mother had gone away a few days before seeing the horse. Besides the delayed effect of a castration threat by his mother fifteen months before (p. 120), there were "tendencies in Hans which had already been suppressed and which . . . had never been able to find uninhibited expression: hostile and jealous feelings towards his father, and sadistic impulses (premonitions, as it were, of copulation) towards his mother" (p. 138).

This represents the essence of Freud's theory of anxiety and phobia formation in about 1910, and, surprisingly, it was basically unchanged from his pre-1900 views. His conceptualizations of anxiety remained discharge-energic; anxiety was seen as a "something" that had to come from somewhere; the source of energy or excitation might be somatic, as in the *aktual* neuroses, or psychic, as in the defense neuroses. In either case, however, the particular source was undischarged libido (somatic or psychic). In 1909 he did broaden the hypothesis somewhat: with repression, all affects are capable of being changed into anxiety—that is, the source of anxiety is mostly, but not only, libido (p. 35). (See Compton [1972a] for a detailed study of the development of Freud's theory of anxiety.)

Anxiety is always and only symptom-like in Freud's first theory. Both types of anxiety (*aktual* and psychic) are, at least ini-

tially, free-standing, that is, without psychic content. The (conscious) ideational content is a secondary addition, or perhaps a vehicle, not a cause. Even if we view (psychic) libido as providing some sort of mental quality (a kind of content), that quality is so thoroughly altered in the hypothesized transformation of libido into anxiety that it must be discounted.

Other psychoanalysts have generally been troubled by Freud's idea of anxiety without psychic content. According to Rank's report, in 1907 both Stekel and Federn disagreed with Freud's theory of somatic libido conversion. Freud reiterated at that time his views that it is not valid to maintain that all anxiety is derived from the psyche, and that the clinical issue is whether the generated anxiety can be bound psychically (Nunberg and Federn, 1962, pp. 175-182).

The mental action of "binding" is clearly secondary to the basic event of release or discharge. "Binding" is therefore an aspect of the theory of anxiety as transformed libido (which is a sub-species of the discharge-energic theory of affect). The relation between the anxiety and the content of the phobia is less than clear: "projection" and "binding" are closely related conceptually; the anxiety liberated has no content and one has to be found, via projection, to bind it. "Projection" supplies a referent outside of the subject to locate and rationalize the internal (neurological) event. There is some definite relation, however, between the objects of the sexual trends prior to the transformation of libido, and the phobic objects after the transformation. Why this should be the case is not clear.

By 1917 the entity "anxiety hysteria" had apparently come to include all predominantly phobic syndromes, and Freud believed that the anxiety connected with phobias was independent of "freely floating anxiety" (p. 400). In the same lecture he also gave a succinct statement of a general theory of phobias:

> In phobias, for instance, two phases of the neurotic process can be clearly distinguished. The first is concerned with repression

> and the changing of libido into anxiety, which is then bound to an external danger. The second consists in the erection of all the precautions and guarantees by means of which any contact can be avoided with this danger, treated as it is like an external thing. . . . A phobia may be compared to an entrenchment against an external danger which now represents the dreaded libido (p. 410).

Freud's theory of phobic symptom formation in the report on the Wolf Man (1918) was unchanged in its essence from the formulation of 1909. The theory was showing further strain, however. "The ego, by developing anxiety, was protecting itself against what it regarded as an overwhelming danger, namely homosexual satisfaction. . . . the anxiety that was concerned in the formation of these phobias was a fear of castration. This statement involves no contradiction," Freud said, "of the view that the anxiety originated from the repression of homosexual libido. . . . the libido having then become converted into free anxiety and subsequently bound in phobias" (pp. 112-113). As I have shown elsewhere (Compton, 1972a, 1981), denial of a contradiction here requires that the energy, libido, retain its object through these structural and qualitative transformations, an idea that is at odds with the concepts of both libido and object. Also, anxiety had begun to lose its exclusively pathological character—the ego develops it in response to a perceived danger—and to sound similar to fear.

Another key feature in this case was the observation of a "primal scene" at age one and a half; it was this traumatic experience that was revivified by the wolf dream: in a sense that "primal scene" was the traumatic generator of the anxiety.[6] We shall see that reconstructed primal scene centrality appears frequently in the later psychoanalytic literature as, approximately, a source of anxiety on a psychological basis, which must usually be inferred, permanently outside of consciousness.

[6] Freud had pursued this possibility concerning Little Hans, but the parents denied that it could have occurred.

*Freud's Second Theory of Phobias and Anxiety*

As is well known, Freud revised his theory of anxiety and phobia formation in 1926, in accordance with fundamental changes in his stance on mental economics and pleasure/unpleasure (1920) and his revised model of the mind (1923).

Schematically, the second theory is as follows. A set of instinctual drive impulses becomes active. In the case of Little Hans this set consisted of: the wish to possess his mother in some phallic sense; the wish to do away with his father as hated rival; the wish to be loved by his father in some phallic sense; the wish to do away with his baby sister, also as a rival. These impulses as a group are perceived as leading to a danger situation, specifically, the danger of castration by the father. A signal of anxiety occurs which activates defensive operations, specifically repression, which ward off the entire set of impulses—really, all of infantile sexuality. Unconsciously, a displacement occurs so that the entire set of instinctual drive impulses is shifted to some experientially and symbolically appropriate [mental representation of an] object, in the case of Little Hans, a white horse. (This is, of course, a modification of the earlier idea of transposition of affects.) In regard to Little Hans, Freud said, "What made it a neurosis was one thing alone: the replacement of his father by a horse. It is this displacement, then, which has a claim to be called a symptom . . ." (1926, p. 103).

It is necessary to assume that the fantasy of danger is displaced along with the wishful fantasies. What then appears in consciousness is a fear of the substitute object. The anxiety is thus rendered conditional and therefore avoidable by avoiding the substitute object. In another way, however, nothing is gained: one external danger is simply replaced by another external danger.

The second theory appears to be an improvement over the first in several ways. It offers a much better explanation for the content of a phobia: the idea of being bitten by the horse is a substitute for the idea of being devoured by the father, thus

expressing a passive, tender impulse (the wish to be loved by his father) that has undergone "regressive degradation" from the genital level (1926, p. 105). It places the fear on a dynamic, experiential basis. Why the particular phobic object and its feared action are chosen, however, still remains difficult to answer, and Freud continued to have recourse to phylogenetic hypotheses. Anxiety in phobia is now on a footing with "realistic fear": they are the same, a signal of danger, except that in the case of the neurosis, the source of danger is unconscious, at least initially.

Freud in 1926 was unequivocal that fear and anxiety are the same (but see below, p. 223).

> On a previous occasion I have stated that phobias have the character of a projection in that they replace an internal, instinctual danger by an external, perceptual one. . . . This statement of mine was not incorrect, but it did not go below the surface of things. For an instinctual demand is, after all, not dangerous in itself; it only becomes so inasmuch as it entails a real external danger, the danger of castration. Thus what happens in a phobia in the last resort is merely that one external danger is replaced by another. The view that in a phobia the ego is able to escape anxiety by means of avoidance or of inhibitory symptoms fits in very well with the theory that anxiety is only an affective signal . . . (p. 126).

This seems to me to mean that the idea that some sort of projection is involved in phobias, never very clear, is now unnecessary, at least in this formulation of phobia: one external danger has been replaced by another. The anxiety causes the defending, rather than the other way around which the earlier theory held. Freud concluded, "The anxiety felt in animal phobias is the ego's fear of castration . . ." (p. 109). In infantile animal phobias there is also renunciation of a satisfaction.

The same paragraph continues: "while the anxiety felt in agoraphobia . . . seems to be its [the ego's] fear of sexual temptation—a fear which, after all, must be connected in its origins

with the fear of castration" (1926, p. 109). In agoraphobias in adults there is, in addition, "a temporal regression to infancy (in extreme cases, to a time when the subject was in his mother's womb . . .)" (p. 127). "A phobia generally sets in after a first anxiety attack has been experienced in specific circumstances, such as in the street or in a train or in solitude. Thereafter the anxiety is held in ban by the phobia, but it re-emerges whenever the protective condition cannot be fulfilled" (p. 128). Thus, anxiety in the form of an anxiety attack was still seen by Freud in 1926 as the primary event in agoraphobia.

Freud offered no data to support or even illustrate his ideas about agoraphobia. In addition, the theory has significant gaps. For example, why should avoiding the situation in which the anxiety first arose become a "protective condition"? One must wonder if this "explanation," too, perhaps does "not go below the surface of things."

The theory of phobias must be understood in the context of changes and continuities in Freud's theory of anxiety. After 1926 Freud understood anxiety in the great majority of instances as signal anxiety, an ego response to a situation of perceived danger. He never repudiated the early idea of energic (traumatic or automatic or generated) anxiety, however, and that type of anxiety, in fact, remained the keystone of his anxiety theory. *In the revised model*: Economically, there is signal (nonenergic) and generated (energic) anxiety. Structurally, anxiety may occur as a function of the ego organization or as a manifestation of the disruption of that organization. Genetically, anxiety may occur as a response of the differentiated apparatus or as an experience of the undifferentiated apparatus (helplessness). Adaptively, anxiety may be expedient or inexpedient. Dynamically, there is a signal of impending helplessness or an experience of present helplessness. The situations which Freud saw as characterized by generated, disruptive, inexpedient anxiety-helplessness were: birth and unpleasure states in the perinatal period; childhood neuroses (that is, including infantile phobias); *aktual* neuroses; traumatic neuroses; and traumatic

moments at any time of life. Close inspection of both the infantile phobia explanation and the agoraphobia explanation indicates that a primary event of affect discharge is still required.

The application of this to phobias, not surprisingly, remained problematic. In the *New Introductory Lectures* (1933), for example, Freud said that there is "a highly significant relation between the generation of anxiety and the formation of symptoms—namely, that these two represent and replace each other. . . . And it seems, indeed, that the generation of anxiety is the earlier and the formation of symptoms the later of the two, as though the symptoms are created in order to avoid the outbreak of the anxiety state. . . . [In childhood phobias] we see so clearly how an initial generation of anxiety is replaced by the later formation of a symptom. . . . What he is afraid of is evidently his own libido. The difference between this situation and that of realistic anxiety lies in two points: that the danger is an internal instead of an external one and that it is not consciously recognized" (pp. 83-84). But then, two pages later, he says, "It must be confessed that we were not prepared to find that internal instinctual danger would turn out to be a determinant and preparation for an external, real, situation of danger. . . . The danger is the punishment of being castrated. . . . what is decisive is that the danger is one that threatens from outside and that the child believes in it" (p. 86).

## DISCUSSION

Psychoanalysis began as a treatment for patients with mental disorders. Like any other form of treatment, psychoanalysis, in order to maintain credibility, must present treatment results, and present them in a scientific manner. While single case studies are of some value in this respect, more is required. "More" means, first of all, that psychoanalysts must be willing to delineate the boundaries of the conditions being treated in descriptive, not theoretical terms. Without clearly demarcated clinical

entities, results cannot be aggregated in a meaningful fashion. The validation of psychoanalytic hypotheses, or choices among competing hypotheses, depends largely upon the comparison of therapeutic results.

Among the conditions that have traditionally been prominent in psychoanalytic practice are those generally designated as "phobias." "Phobia" does have a consistent denotation in language in general and in psychoanalytic and psychiatric terminology: a persistent or recurrent fear of something in particular that is objectively less than justified and usually recognized by the subject as "something wrong." This definition fits Freud's usage as well.

Freud tentatively proposed a nosology of mental disorders. Phobias did not comprise a category in this nosology, but were seen by him as a kind of symptom which might appear in almost any category of disorder. This designation for phobias was somewhat compromised, however, by his proposal of the entity "anxiety hysteria," the paradigmatic symptom of which was phobia formation and which came to include most predominantly phobic conditions.

Freud offered several different explanations for the symptom "-phobia," depending upon his current nosologic scheme, theory of pathogenesis, and understanding of anxiety. The basic and persistent ideas, however, first appeared in his "prepsychoanalytic" (pre-1900) papers. The "mechanism" of phobia formation differed according to the nosologic category: the traumatic character of warded-off memories of traumatic experience in hysteria led to hysterical phobias; transposition of affect as a defense in obsessional neurosis led to obsessional phobias; the secondary psychological elaboration of *aktual* anxiety in anxiety neurosis led to agoraphobia. In all instances the basic etiology was an impairment in sexual life. In all instances anxiety represented the discharge of libido, somatic or psychic; and the anxiety made use of the "primary phobias of mankind," phylogenetically inherited, to find an object. Energic disturbance was primary; psychological manifestations were grafted on. Phobias

were monotonous, compared to other symptoms: one found nothing but the emotional state of anxiety.

After Freud discovered the psychoanalytic method, unconscious mentation, and infantile sexuality, surprisingly little changed in his view of phobias. The entity "anxiety hysteria" was added to the defense or transference neuroses. Libido, accumulated as a result of mental conflict, was, in this condition, "set free in the shape of anxiety." The onset of illness coincided with a failure of repression and a "return of the repressed." Mental actions were subsequent to the release of anxiety, and consisted of binding the anxiety through projection, a mechanism for selecting an object to be feared. Ideas which were involved in the presymptomatic conflict played a role in selection of the object to localize the fear, via the primary process mechanism of displacement. Anxiety hysteria then seemed to share mechanisms from anxiety neurosis, hysteria, and obsessional neurosis. In all cases the illness represented a compromise between instinctual and repressive forces.

There was a covert problem in this theory, already present in the Little Hans report and much more apparent by the time of the Wolf Man report. The problem concerned the initiation of defense: What caused it? There seemed to be a central role for fear of castration by the father, which led to the warding off of the whole of infantile sexuality. But what form did this fear take? Was fear to be seen as something entirely different from anxiety? Fear seemed to have an intrinsic content, while anxiety had only a grafted on content. Anxiety occurred only as psychopathology.

In both Little Hans and the Wolf Man the illness started with an anxiety attack, which Freud saw as generated or economic anxiety. For the Wolf Man a source for this anxiety was located in a traumatic experience, witnessing a "primal scene"; for Little Hans, the source was unclear.

Freud's 1926 revision of his anxiety theory was also a revision of the theory of symptom formation. Instead of repression causing anxiety, the reverse was true: a signal of anxiety activated

defense. This view applied to all psychoneurotic symptom formation (not to *aktual* neurotic or traumatic conditions), including infantile animal phobias. Freud also located the activating fear firmly in the phallic-oedipal constellation for animal phobias and postulated the same fear plus "temporal regression to infancy" for agoraphobia. The mechanism of displacement still seemed to be the feature which differentiated phobia formation in general from the formation of other types of symptoms, yet Freud had introduced displacement as a characteristic of primary process mentation (1900), and therefore a universal phenomenon. It is not clear in Freud's work whether or not an episode of energic anxiety was seen as necessary to initiate an infantile animal phobia; for agoraphobia, however, an attack of energic anxiety apparently was still seen as a prerequisite even after 1926. Why or how the regression in agoraphobia led to different consequences than the regression in infantile animal phobias was also unclear.

It bears repeating that, given Freud's 1926 formulation of phobia formation, "projection" is not a necessary ingredient: one real fear is simply replaced by another.

Some of the issues raised by Freud's work on phobias, issues which any theory of phobia and related anxiety must address, are as follows:

1) Chronic or diffuse anxiety can be clinically differentiated from acute anxiety ("anxiety attacks," "panic attacks") or focused anxiety (phobias) and from "realistic fear." Do these forms of fear or anxiety differ qualitatively or are they merely quantitative variations of the same thing?

2) What causes anxiety attacks? Are they conceivably primarily psychological phenomena? Or are they, updating the terminology, primarily neurophysiological phenomena—that is, neurochemically, not mentally, driven? If psychological, are anxiety attacks best conceptualized as learned or conditioned responses (like Freud's "hysterical phobias") or in some other way?

3) Phobias can be differentiated on the basis of their content. Is such differentiation of categorical significance or only incidental? What determines the content of any given phobia? In

any given instance how might one decide whether the content is incidental or integral? Are there, in fact, phobic contents which are more or less universal? If so, how does one account for this?

4) Phobias can be differentiated on the basis of their relation to anxiety attacks: a phobia may arise without any anxiety attacks, after one or more anxiety attacks, or precede the commencement of anxiety attacks. What, if any, is the significance of each of these sequences?

5) What causes a phobia to arise at the particular time that it does? And, whatever causes it to arise, what causes it to continue? Or to subside, if it does subside? Are there different kinds of phobias, etiologically? Are there multiple routes to phobia as a "final common pathway"? (The same questions may be repeated for anxiety attacks.)

6) Phobias and/or phobic avoidance are found: as a more or less expectable developmental event (ages four to six); associated with every form of psychopathology; in persons who cannot meaningfully be diagnosed as having any, or any other, significant psychopathology. Is the presence of a phobic trend, phobia, or even conscious anxiety of any diagnostic significance? At least sometimes of primary diagnostic significance?

7) What about the "natural history" of phobias? Are animal phobias that arise at, say, age four and in either sex, the same kind of illness as fear of going out on the street alone or into public places, which typically arises in women in their twenties?

8) Are there certain types of personality which predispose to, or are a prerequisite for, phobia formation? Do infantile phobias, if marked, predict the occurrence of later neurotic or, in particular, phobic illness? Are there familial characteristics or certain types of parenting particularly associated with phobic illness? Could phobic illnesses be primarily genetic in origin—that is, hereditary after all?

## SUMMARY

Freud's early ideas on phobias and anxiety persisted in very significant ways through several revisions of his model of the

mind and of details of his anxiety theory. He addressed only infantile animal phobias at any length, and agoraphobia in passing. His idea of energic anxiety remained at the center of his anxiety theory even after 1926, and therefore remained central in the postulated mechanisms of phobia formation. What accounted for differences in different phobias and for the formation of a phobia rather than some other kind of symptom was less than clear.

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# The Psychoanalytic View of Phobias

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# THE PSYCHOANALYTIC VIEW OF PHOBIAS

## PART I: FREUD'S THEORIES OF PHOBIAS AND ANXIETY

BY ALLAN COMPTON, M.D.

*This paper initiates a series of communications on psychoanalytic and current psychiatric approaches to the understanding and treatment of phobic syndromes with a review and discussion of Freud's evolving ideas on phobias and anxiety. A list of issues that any theory of phobic syndromes must address is compiled on the basis of Freud's work.*

This is the first of a series of communications on the subject of phobias and related anxiety. The present work, consisting of four parts, reviews and critiques the relevant psychoanalytic literature and introduces a comparison of psychoanalytic and psychiatric approaches. Subsequent communications will be concerned with a detailed comparison of psychoanalytic and psychiatric views of agoraphobia and "panic attacks," and the treatment of these conditions; and with problems of nosology in psychoanalysis and psychiatry.

Synthesizing the psychoanalytic view of phobias is not an entirely happy project. In many respects, it starts better than it ends—unless we recognize that it has hardly ended, but rather, needs a new beginning.

In recent years almost innumerable papers on phobic conditions have appeared in the psychiatric literature, while almost none have come from psychoanalysis. Results of the treatment of these conditions have been published extensively, results, that

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Parts III and IV of this four-part work will appear in Issue No. 3 (July) of this *Quarterly*.

is, of treatment by drugs and behavioral-cognitive methods. No outcome study of psychoanalytic treatment of phobic conditions has ever been published.

Beyond that, what the psychoanalytic theory of phobias consists of is unclear. It is, in fact, unclear whether there *should be* a theory of phobias, that is, whether there is sufficient uniformity among these conditions to justify postulating common mechanisms or etiology. There is room for considering the argument that psychoanalysis has approached symptom formation too syncretistically, failed to respect major differences in clinical syndromes, and failed to account for those differences.

There is also truth in the charge that psychoanalysis has lost its clinical moorings. Analysts who will assert that psychoanalysis is not a form of treatment are not hard to find. Analysts who are opposed to diagnosis or any kind of grouping of patients on a descriptive basis are quite the opposite of hard to find.

A general purpose of this review is to reaffirm the basic psychoanalytic stance of treating patients with mental disorders. The more specific purposes of Part I of this work are to establish the meaning of the term "phobia" in everyday language and in technical language; to bring together Freud's views of phobia, scattered through much of his work, as the basis of psychoanalytic understanding from which we can subsequently consider more recent developments; and to assemble a list of issues which any theory of phobic syndromes must address.

Throughout this series of communications, comparisons between psychoanalytic views, past and present, and current psychiatric views of phobias and anxiety will be introduced. It is my belief that both disciplines stand to benefit by integrating their findings. Integration of hypotheses is another matter, and would be premature at this point. Subsequent sections of this work deal with the contributions of psychoanalysts other than Freud on infantile phobias (Part II), the agoraphobic syndrome (Part III), and the general theory of phobias and anxiety (Part IV).

The goal of this work is to arrive at a contemporary view of

phobic syndromes as mental disorders, within the general framework of the Freudian structure-conflict model of the mind. I will not take up the views of other paradigms of psychoanalysis.

We must also deal with psychoanalytic anxiety theory. Discussion of anxiety theory will be limited, however, to the context of phobias. I have examined the theory of anxiety at length in a series of earlier publications (Compton, 1972a, 1972b, 1980a, 1980b). The present communication grew out of and is based upon that work.

The following convention will be applied to comments on the works reviewed. Brief comments will be appended to the review of the work itself, clearly indicated as my views. More extended or more complex critique will appear in the discussion sections.

## *What Is a Phobia?*

The *Oxford English Dictionary* (1971) defines phobia as "fear, aversion or terror." *Webster's New Collegiate* (1981) says, "an exaggerated, usually inexplicable or illogical, fear of a particular object or class of objects." *Webster's New International* (1927) defines only "-phobia: a suffix, denoting fear and often implying dislike or aversion; as in, anglophobia, hydrophobia, photophobia." The first definition is an affect definition; the second categorizes the affect—as exaggerated and illogical—and adds the idea of object of the affect; the third, in effect, says the word means the affect but does not really exist except as a suffix of the object to which the affect is connected.

Within the context of general linguistic usage, more specifically psychiatric meanings of these terms have developed. DSM-III-R (1987), currently the most prominent system of psychiatric nosology in the United States, gives criteria for several different diagnoses which include the word "phobia" or the suffix "-phobia": panic disorder with agoraphobia; panic disorder without agoraphobia; agoraphobia without history of panic dis-

order; social phobia; simple phobia. It adds two other types of "phobic reactions," not included in the Anxiety Disorders section: separation anxiety disorder (Disorders First Evident in Infancy, Childhood or Adolescence); and sexual aversion disorder (Sexual Disorders). All of the diagnoses include, as a criterion, the presence of consciously experienced fear or anxiety; the segregations are made according to the object or source or stimulus or situation connected with the anxiety, or the lack of such an object. Clearly, the combination of a particular type of affective experience and an external[1] referent with which that affective experience is associated are the conceptual elements of the group, and, since the concern is with diagnoses, the aspect of "something wrong" (a "Disorder") is also included.

I want to emphasize the conceptual parameters: something wrong (subjectively), that consists of a fear, of something in particular, that is less than entirely justified (objectively) and that is persistent or recurrent. In psychoanalytic usage the element of avoidance of the feared "something" is usually present, and sometimes "phobic" is used synonymously with "avoidant."

The term phobia thus designates a condition with consistent descriptive parameters in generic, psychiatric, and psychoanalytic usage.

### *Freud's Pre-1900 Ideas on Phobias*

Freud's first comment on phobias was in 1892, in the footnotes to his translation of Charcot's lectures. Charcot had asserted that heredity was the cause of a patient's agoraphobia. Freud disagreed: "The more frequent cause of agoraphobia as well as of most other phobias lies not in heredity but in abnormalities of sexual life" (1892-1894, p. 139).

In 1893-1895 Freud, with Breuer, was trying to establish that hysteria was a form of illness, rather than a type of degeneracy as maintained by the "French school" (that is, Charcot). Hyste-

[1] "External" in this context means outside of the organism.

ria, in Freud's view of that time, resulted from traumatic experiences which had not been "abreacted." Freud asserted that at least some phobias are the product of traumas, like other hysterical symptoms. He recognized, however, a (rather considerable) class of phobias which he called "primary phobias of human beings," including fear of snakes, toads, vermin, and thunderstorms. More specific (that is, approximately, idiosyncratic) phobias were to be accounted for by particular (traumatic) events. An example was Frau Emmy's dread of strangers, which was derived from a time when she was persecuted by her husband's family and saw every stranger as one of their agents (Breuer and Freud, 1893-1895, p. 87). Psychical factors may account for the choice of these phobias, but cannot explain their persistence. Persistence requires a "neurotic" (that is *aktual* neurotic or economic) factor (p. 88).

This theory was expanded in 1894, when Freud postulated three classes of phobias: (1) *typical phobia*, of which agoraphobia is a model, which cannot be traced back to any psychical sexual mechanism—that is, there is no repressed idea from which anxiety springs; (2) *purely hysterical phobias*, the nature of which he does not specify here, but presumably resulting from traumatic experiences not abreacted; and then (3) the great majority of phobias, in which the mechanism of production is psychical and almost the same as the mechanism in obsessions: "the transposition of affect" (1894, pp. 57-58). Transposition of affect is the organizing concept for the third type, and we might temporarily call this type *obsessional phobias* on that basis. The idea is that affect is detachable from the ideational content with which it was originally associated, and may be transposed or (later) displaced to some other ideational content.

A short paper a year later (1895a) is centered on the comparison of obsessions and phobias. First, Freud apparently distinguished a group of phobias and obsessions which are traumatic in origin and thus allied to hysteria. Apart from that group, he said, in phobias the emotional state is *always* one of anxiety, while in obsessions, other affects may occur as well (pp. 74-75).

Two groups of phobias (as disorders) may be differentiated "according to the nature of the object feared: (1) common phobias, an exaggerated fear of things that everyone detests or fears to some extent: such as night, solitude, death, illnesses, dangers in general, snakes, etc.; (2) contingent phobias, the fear of special conditions that inspire no fear in the normal man; for example, agoraphobia and the other phobias of locomotion" (p. 80). Phobias are, in contrast to obsessions, rather monotonous: "analysis reveals no incompatible, replaced idea in them. Nothing is ever found but *the emotional state of anxiety* . . ." (pp. 80-81). The anxiety is not derived from any memory, he said, except perhaps the recollection of an anxiety attack, the recurrence of which is feared. Phobias are part of the anxiety neurosis, which has a (somatic) sexual origin.

Freud's nosology here was considerably influenced by his theory of the somatic origin of anxiety. The resemblance of that theory, and its attendant view of phobias, to current, psychiatric formulations of "Panic Disorder" is striking: the panic disorder patient is said to be afraid of the occurrence of another panic attack. In addition, in the first paper delineating the anxiety neurosis (1895b), Freud put together a clinical syndrome centered around: (1) general irritability; (2) chronic, generalized anxious expectation; (3) anxiety attacks. The latter consist of a feeling of anxiety which may or may not be accompanied by an "interpretation" (that is, an assignment of some danger significance to a situational element) and by any or all of the following: (a) disturbances of the heart action; (b) disturbances of respiration; (c) sweating; (d) tremor and shivering; (e) ravenous hunger; (f) diarrhea; (g) vertigo; (h) "congestions"; (i) paresthesias (pp. 94-95). This list is almost identical to that which comprises the criteria for a "panic attack" in DSM-III-R (p. 238).[2]

Freud (1895b) then said, "*On the basis of* [italics added] chronic anxiousness . . . and a tendency to anxiety attacks. . . ,

[2] Aside from changes to synonymous terms, DSM departs from listing only sensations and adds three purely mental items: depersonalization, fear of dying, and fear of "going crazy." It also includes quantitative cut-offs in the criteria.

two groups of typical phobias develop" (p. 96). The first group simply employs the available anxiety to re-enforce "aversions which are instinctively implanted in everyone." But such a phobia "acts in an obsessional manner" (presumably, becomes a chronic, nagging thought) only if it is re-enforced by the recollection of an actual experience. The second group is typified by agoraphobia, which Freud saw as arising from a sensation of vertigo becoming connected with a fear of the function of locomotion.[3] In both groups, however, he is very emphatic that the "affect does not originate in a repressed idea, but turns out to be *not further reducible by psychological analysis, nor amenable to psychotherapy*" (p. 97).

Shortly thereafter (1895c, pp. 133-134) Freud added that phobias have a more complicated structure than "purely somatic anxiety attacks": the anxiety is linked to a definite ideational or perceptual content. The idea clearly remains, however, that the "energic disturbance" is primary and the ideational content is grafted on.

As Strachey noted (1962, pp. 83-84), "it is not hard to detect some uncertainty" in these discussions of phobia. One can make sense of it, however, in the following way. Freud was in the process of developing a nosology of the "neuroses" which was to be comprised of two basic groups: the defense-neuropsychoses (hysteria, obsessional neurosis, and at least some cases of paranoia) and the *aktual* neuroses (neurasthenia and anxiety neurosis). Phobias, for which he gave categorical examples but no definition or even characterization, occurred in both groups of neuroses and in all subgroups. In the defense neuroses, content was fairly readily accounted for by the theory (warded-off ideas, transposition of affect), but anxiety, an essential feature of phobias of whatever type, was a problem. In the *aktual* neuroses,

[3] The idea of some intimate connection between agoraphobia and locomotion persisted. In 1910 Freud added a very emphatic footnote to *Three Essays*: "The analysis of cases of neurotic abasia and agoraphobia removes all doubt as to the sexual nature of pleasure in movement" (1905, p. 202, n. 2). Abraham expanded on this idea some seventeen years later (1913), and it is still mentioned, e.g., by Ruddick (1961) and Schur (1971).

anxiety was readily explained by the theory (whether or not the theory was valid), but ideational content was a problem, and phobias, by definition, have content—"fear of. . . ." Freud also retained a third category of phobias, neither conflictual nor *aktual*, a phylogenetic group. The various terms he used can be aligned in the following way:

1) primary or common or typical phobias = inherited fearful aversions of humankind in general (not necessarily a disorder);
2) hysterical or purely hysterical or specific or traumatic or contingent phobias = fears of stimuli related to warded-off memories of traumatic experience;
3) obsessional phobias = fears that are based upon the mechanism of "transposition of affect," part of the obsessional neurosis;
4) agoraphobia and some contingent phobias = aspects of anxiety neurosis; they arise from anxiety attacks with no psychological mechanism, attacks which become secondarily psychologically elaborated or complicated.

Freud consistently saw phobias as manifestations of mental disorders, not as a diagnostic entity. The nosologic scheme is shown in the following table.

| | | |
|---|---|---|
| I. Developmental Tendencies | | infantile animal phobias |
| II. Disorders | | |
| Defense Neuroses | | |
| | hysteria | |
| | | traumatic phobias |
| | obsessive neurosis | |
| | | obsessional phobias |
| *Aktual* Neuroses | | |
| | anxiety neurosis | |
| | | agoraphobia |

In both general categories of neurosis, and therefore in all types of phobias, the cause or source of the anxiety was seen to be sexual: physical sexual practices in the case of the *aktual* neuroses, psychical (sexual) incompatibilities and defense in the case of the psychoneuroses.

Freud was clearly aware of a more general problem of psychopathology inherent in this work: the explanation of the formation of a symptom, such as a phobia, does not necessarily suffice to explain the persistence of the symptom (Breuer and Freud, 1893-1895, cited above). This important consideration has often been overlooked by psychoanalysts and others subsequently.

These discussions of phobias by Freud are essentially prepsychoanalytic, that is, they antedate the discovery of dynamic unconscious mentation, the oedipus complex and other aspects of infantile sexuality, and of the psychoanalytic method. Their similarity to current psychiatric views is evident. We shall be concerned to see in what degree, or whether, more characteristically psychoanalytic explanations may be an improvement.

### *Freud's Views of Phobias and Anxiety, 1900-1920*

With the discovery of infantile sexuality and dynamic unconscious mentation, especially unconscious fantasy, via the psychoanalytic method (1897-1905), we would expect to see an enhanced role for mental conflict in Freud's subsequent work on phobias and anxiety. This was suggested, for example, in the Fliess correspondence, where Freud said, in a discussion of fantasy, "Agoraphobia seems to depend on a romance of prostitution, which itself goes back once more to this family romance. Thus a woman who will not go out by herself is asserting her mother's unfaithfulness" (1897, p. 253). Also, in a brief vignette (1895d, pp. 353-354), accompanied by a diagram, Freud related a young woman's fear of going into shops alone to a repressed memory of sexual molestation by a grinning shopkeeper when

she was eight. This is a clearly psychodynamic explanation of an agoraphobic symptom (probably seen by Freud as hysterical, however) and appears to be a different idea than that of somatically generated, contentless anxiety attacks.

In the 1909 report on 'Little Hans' Freud said the following:

> One day while Hans was in the street he was seized with an attack of anxiety. He could not yet say what it was he was afraid of. . . . [Soon he] gave expression to the quite specific fear that a white horse would bite him.
>
> Disorders of this kind are called 'phobias', and we might classify Hans's case as an agoraphobia if it were not for the fact [that it was not relieved by being accompanied by a special person].[4]
>
> In the classificatory system of the neuroses no definite position has hitherto been assigned to 'phobias'. It seems certain that they should only be regarded as syndromes which may form part of various neuroses and that we need not rank them as an independent pathological process. For phobias of the kind to which little Hans's belongs, and which are in fact the most common, the name of 'anxiety-hysteria' seems to me not inappropriate (1909, pp. 114-115).

Freud went on to say that an anxiety hysteria is structurally similar to a hysteria, except for one essential point[5]: the libido liberated from the repressed pathogenic material is not converted into "somatic innervation" but is, rather, "set free in the shape of *anxiety*." Phobias then develop which have the function of "binding" the anxiety (p. 115).

How is the object of the fear chosen? In Hans's case there was a precipitating event: immediately before the outbreak of his illness, Hans, on a walk with his mother, had seen a bus-horse

[4] The clinical feature of relief of agoraphobic anxiety by the company of some specific person here entered the standard psychoanalytic description of this condition. This idea has also persisted, although Fenichel (1944) recognized, correctly, that relief by accompaniment is not an essential feature of agoraphobia.

[5] By this time the source of hysterical symptoms was thought to be in infantile sexual fantasies rather than actual traumatic events.

fall down and kick its feet (p. 125). It is important that "the impression of the accident which he happened to witness carried no 'traumatic force'; it acquired its great effectiveness only from the fact that horses had formerly been of importance to him . . ." (p. 136).

More abstractly, in my words, individual history and symbolizing processes are required to make sense of what happened; psychological force did not stem from the event, but from a prepared set of meanings which it "fixed."

Prior to this time Hans had loved to play horse, in various ways with various people, but his first horse had been his father (pp. 126-127). Freud then said, somewhat mysteriously, I think, "It is especially interesting, however, to observe the way in which the transformation of Hans's libido into anxiety was projected on to the principal object of his phobia, on to horses" (p. 126). (I interpret this to mean something like, "This is not an event just within myself; that horse over there is dangerous and I am responding appropriately.")

Does the transformation of libido constitute a return of the repressed? Yes: "From that moment the way was clear for the return of the repressed; and it returned in such a manner that *the pathogenic material was remodelled and transposed on to the horse-complex, while the accompanying affects were uniformly turned into anxiety*" (p. 137).

Why did the sudden change in Little Hans occur just when it did? "It is hard to say what the influence was. . . . Whether the scales were turned by the child's *intellectual* inability to solve the difficult problem of the begetting of children and to cope with the aggressive impulses . . . or whether the effect was produced by a . . . constitutional intolerance . . . this question must be left open until fresh experience can come to our assistance" (p. 136).

In 1909 Freud suggested that anxiety hysteria was, of all neurotic disorders, the least dependent upon heredity. But in 1923 he emphasized that "there is no reason to suppose that anxiety-hysteria is an exception to the rule that both predisposition and

experience must co-operate in the aetiology of a neurosis" (1909, p. 116, n. 2).

The illness itself was "in its very nature a compromise" between the instinctual components pressing for expression and the repressive forces. Hans's phobia about going into the street allowed him to stay at home with his mother, whereby "his affection for his mother triumphantly achieved its aim" (pp. 139-140). At some cost, we might add: the impulses had undergone regression and transformation of aim from active into passive.

While the episode of seeing the horse fall down served as a precipitating event, the onset of Hans's anxiety was not so sudden after all. He had shown states of "longing and apprehension" during the previous summer and had an anxiety dream that his mother had gone away a few days before seeing the horse. Besides the delayed effect of a castration threat by his mother fifteen months before (p. 120), there were "tendencies in Hans which had already been suppressed and which . . . had never been able to find uninhibited expression: hostile and jealous feelings towards his father, and sadistic impulses (premonitions, as it were, of copulation) towards his mother" (p. 138).

This represents the essence of Freud's theory of anxiety and phobia formation in about 1910, and, surprisingly, it was basically unchanged from his pre-1900 views. His conceptualizations of anxiety remained discharge-energic; anxiety was seen as a "something" that had to come from somewhere; the source of energy or excitation might be somatic, as in the *aktual* neuroses, or psychic, as in the defense neuroses. In either case, however, the particular source was undischarged libido (somatic or psychic). In 1909 he did broaden the hypothesis somewhat: with repression, all affects are capable of being changed into anxiety—that is, the source of anxiety is mostly, but not only, libido (p. 35). (See Compton [1972a] for a detailed study of the development of Freud's theory of anxiety.)

Anxiety is always and only symptom-like in Freud's first theory. Both types of anxiety (*aktual* and psychic) are, at least ini-

tially, free-standing, that is, without psychic content. The (conscious) ideational content is a secondary addition, or perhaps a vehicle, not a cause. Even if we view (psychic) libido as providing some sort of mental quality (a kind of content), that quality is so thoroughly altered in the hypothesized transformation of libido into anxiety that it must be discounted.

Other psychoanalysts have generally been troubled by Freud's idea of anxiety without psychic content. According to Rank's report, in 1907 both Stekel and Federn disagreed with Freud's theory of somatic libido conversion. Freud reiterated at that time his views that it is not valid to maintain that all anxiety is derived from the psyche, and that the clinical issue is whether the generated anxiety can be bound psychically (Nunberg and Federn, 1962, pp. 175-182).

The mental action of "binding" is clearly secondary to the basic event of release or discharge. "Binding" is therefore an aspect of the theory of anxiety as transformed libido (which is a sub-species of the discharge-energic theory of affect). The relation between the anxiety and the content of the phobia is less than clear: "projection" and "binding" are closely related conceptually; the anxiety liberated has no content and one has to be found, via projection, to bind it. "Projection" supplies a referent outside of the subject to locate and rationalize the internal (neurological) event. There is some definite relation, however, between the objects of the sexual trends prior to the transformation of libido, and the phobic objects after the transformation. Why this should be the case is not clear.

By 1917 the entity "anxiety hysteria" had apparently come to include all predominantly phobic syndromes, and Freud believed that the anxiety connected with phobias was independent of "freely floating anxiety" (p. 400). In the same lecture he also gave a succinct statement of a general theory of phobias:

> In phobias, for instance, two phases of the neurotic process can be clearly distinguished. The first is concerned with repression

> and the changing of libido into anxiety, which is then bound to an external danger. The second consists in the erection of all the precautions and guarantees by means of which any contact can be avoided with this danger, treated as it is like an external thing. . . . A phobia may be compared to an entrenchment against an external danger which now represents the dreaded libido (p. 410).

Freud's theory of phobic symptom formation in the report on the Wolf Man (1918) was unchanged in its essence from the formulation of 1909. The theory was showing further strain, however. "The ego, by developing anxiety, was protecting itself against what it regarded as an overwhelming danger, namely homosexual satisfaction. . . . the anxiety that was concerned in the formation of these phobias was a fear of castration. This statement involves no contradiction," Freud said, "of the view that the anxiety originated from the repression of homosexual libido. . . . the libido having then become converted into free anxiety and subsequently bound in phobias" (pp. 112-113). As I have shown elsewhere (Compton, 1972a, 1981), denial of a contradiction here requires that the energy, libido, retain its object through these structural and qualitative transformations, an idea that is at odds with the concepts of both libido and object. Also, anxiety had begun to lose its exclusively pathological character—the ego develops it in response to a perceived danger—and to sound similar to fear.

Another key feature in this case was the observation of a "primal scene" at age one and a half; it was this traumatic experience that was revivified by the wolf dream: in a sense that "primal scene" was the traumatic generator of the anxiety.[6] We shall see that reconstructed primal scene centrality appears frequently in the later psychoanalytic literature as, approximately, a source of anxiety on a psychological basis, which must usually be inferred, permanently outside of consciousness.

[6] Freud had pursued this possibility concerning Little Hans, but the parents denied that it could have occurred.

*Freud's Second Theory of Phobias and Anxiety*

As is well known, Freud revised his theory of anxiety and phobia formation in 1926, in accordance with fundamental changes in his stance on mental economics and pleasure/unpleasure (1920) and his revised model of the mind (1923).

Schematically, the second theory is as follows. A set of instinctual drive impulses becomes active. In the case of Little Hans this set consisted of: the wish to possess his mother in some phallic sense; the wish to do away with his father as hated rival; the wish to be loved by his father in some phallic sense; the wish to do away with his baby sister, also as a rival. These impulses as a group are perceived as leading to a danger situation, specifically, the danger of castration by the father. A signal of anxiety occurs which activates defensive operations, specifically repression, which ward off the entire set of impulses—really, all of infantile sexuality. Unconsciously, a displacement occurs so that the entire set of instinctual drive impulses is shifted to some experientially and symbolically appropriate [mental representation of an] object, in the case of Little Hans, a white horse. (This is, of course, a modification of the earlier idea of transposition of affects.) In regard to Little Hans, Freud said, "What made it a neurosis was one thing alone: the replacement of his father by a horse. It is this displacement, then, which has a claim to be called a symptom . . ." (1926, p. 103).

It is necessary to assume that the fantasy of danger is displaced along with the wishful fantasies. What then appears in consciousness is a fear of the substitute object. The anxiety is thus rendered conditional and therefore avoidable by avoiding the substitute object. In another way, however, nothing is gained: one external danger is simply replaced by another external danger.

The second theory appears to be an improvement over the first in several ways. It offers a much better explanation for the content of a phobia: the idea of being bitten by the horse is a substitute for the idea of being devoured by the father, thus

expressing a passive, tender impulse (the wish to be loved by his father) that has undergone "regressive degradation" from the genital level (1926, p. 105). It places the fear on a dynamic, experiential basis. Why the particular phobic object and its feared action are chosen, however, still remains difficult to answer, and Freud continued to have recourse to phylogenetic hypotheses. Anxiety in phobia is now on a footing with "realistic fear": they are the same, a signal of danger, except that in the case of the neurosis, the source of danger is unconscious, at least initially.

Freud in 1926 was unequivocal that fear and anxiety are the same (but see below, p. 223).

> On a previous occasion I have stated that phobias have the character of a projection in that they replace an internal, instinctual danger by an external, perceptual one. . . . This statement of mine was not incorrect, but it did not go below the surface of things. For an instinctual demand is, after all, not dangerous in itself; it only becomes so inasmuch as it entails a real external danger, the danger of castration. Thus what happens in a phobia in the last resort is merely that one external danger is replaced by another. The view that in a phobia the ego is able to escape anxiety by means of avoidance or of inhibitory symptoms fits in very well with the theory that anxiety is only an affective signal . . . (p. 126).

This seems to me to mean that the idea that some sort of projection is involved in phobias, never very clear, is now unnecessary, at least in this formulation of phobia: one external danger has been replaced by another. The anxiety causes the defending, rather than the other way around which the earlier theory held. Freud concluded, "The anxiety felt in animal phobias is the ego's fear of castration . . ." (p. 109). In infantile animal phobias there is also renunciation of a satisfaction.

The same paragraph continues: "while the anxiety felt in agoraphobia . . . seems to be its [the ego's] fear of sexual temptation—a fear which, after all, must be connected in its origins

with the fear of castration" (1926, p. 109). In agoraphobias in adults there is, in addition, "a temporal regression to infancy (in extreme cases, to a time when the subject was in his mother's womb . . .)" (p. 127). "A phobia generally sets in after a first anxiety attack has been experienced in specific circumstances, such as in the street or in a train or in solitude. Thereafter the anxiety is held in ban by the phobia, but it re-emerges whenever the protective condition cannot be fulfilled" (p. 128). Thus, anxiety in the form of an anxiety attack was still seen by Freud in 1926 as the primary event in agoraphobia.

Freud offered no data to support or even illustrate his ideas about agoraphobia. In addition, the theory has significant gaps. For example, why should avoiding the situation in which the anxiety first arose become a "protective condition"? One must wonder if this "explanation," too, perhaps does "not go below the surface of things."

The theory of phobias must be understood in the context of changes and continuities in Freud's theory of anxiety. After 1926 Freud understood anxiety in the great majority of instances as signal anxiety, an ego response to a situation of perceived danger. He never repudiated the early idea of energic (traumatic or automatic or generated) anxiety, however, and that type of anxiety, in fact, remained the keystone of his anxiety theory. *In the revised model*: Economically, there is signal (nonenergic) and generated (energic) anxiety. Structurally, anxiety may occur as a function of the ego organization or as a manifestation of the disruption of that organization. Genetically, anxiety may occur as a response of the differentiated apparatus or as an experience of the undifferentiated apparatus (helplessness). Adaptively, anxiety may be expedient or inexpedient. Dynamically, there is a signal of impending helplessness or an experience of present helplessness. The situations which Freud saw as characterized by generated, disruptive, inexpedient anxiety-helplessness were: birth and unpleasure states in the perinatal period; childhood neuroses (that is, including infantile phobias); *aktual* neuroses; traumatic neuroses; and traumatic

moments at any time of life. Close inspection of both the infantile phobia explanation and the agoraphobia explanation indicates that a primary event of affect discharge is still required.

The application of this to phobias, not surprisingly, remained problematic. In the *New Introductory Lectures* (1933), for example, Freud said that there is "a highly significant relation between the generation of anxiety and the formation of symptoms—namely, that these two represent and replace each other. . . . And it seems, indeed, that the generation of anxiety is the earlier and the formation of symptoms the later of the two, as though the symptoms are created in order to avoid the outbreak of the anxiety state. . . . [In childhood phobias] we see so clearly how an initial generation of anxiety is replaced by the later formation of a symptom. . . . What he is afraid of is evidently his own libido. The difference between this situation and that of realistic anxiety lies in two points: that the danger is an internal instead of an external one and that it is not consciously recognized" (pp. 83-84). But then, two pages later, he says, "It must be confessed that we were not prepared to find that internal instinctual danger would turn out to be a determinant and preparation for an external, real, situation of danger. . . . The danger is the punishment of being castrated. . . . what is decisive is that the danger is one that threatens from outside and that the child believes in it" (p. 86).

## DISCUSSION

Psychoanalysis began as a treatment for patients with mental disorders. Like any other form of treatment, psychoanalysis, in order to maintain credibility, must present treatment results, and present them in a scientific manner. While single case studies are of some value in this respect, more is required. "More" means, first of all, that psychoanalysts must be willing to delineate the boundaries of the conditions being treated in descriptive, not theoretical terms. Without clearly demarcated clinical

entities, results cannot be aggregated in a meaningful fashion. The validation of psychoanalytic hypotheses, or choices among competing hypotheses, depends largely upon the comparison of therapeutic results.

Among the conditions that have traditionally been prominent in psychoanalytic practice are those generally designated as "phobias." "Phobia" does have a consistent denotation in language in general and in psychoanalytic and psychiatric terminology: a persistent or recurrent fear of something in particular that is objectively less than justified and usually recognized by the subject as "something wrong." This definition fits Freud's usage as well.

Freud tentatively proposed a nosology of mental disorders. Phobias did not comprise a category in this nosology, but were seen by him as a kind of symptom which might appear in almost any category of disorder. This designation for phobias was somewhat compromised, however, by his proposal of the entity "anxiety hysteria," the paradigmatic symptom of which was phobia formation and which came to include most predominantly phobic conditions.

Freud offered several different explanations for the symptom "-phobia," depending upon his current nosologic scheme, theory of pathogenesis, and understanding of anxiety. The basic and persistent ideas, however, first appeared in his "prepsychoanalytic" (pre-1900) papers. The "mechanism" of phobia formation differed according to the nosologic category: the traumatic character of warded-off memories of traumatic experience in hysteria led to hysterical phobias; transposition of affect as a defense in obsessional neurosis led to obsessional phobias; the secondary psychological elaboration of *aktual* anxiety in anxiety neurosis led to agoraphobia. In all instances the basic etiology was an impairment in sexual life. In all instances anxiety represented the discharge of libido, somatic or psychic; and the anxiety made use of the "primary phobias of mankind," phylogenetically inherited, to find an object. Energic disturbance was primary; psychological manifestations were grafted on. Phobias

were monotonous, compared to other symptoms: one found nothing but the emotional state of anxiety.

After Freud discovered the psychoanalytic method, unconscious mentation, and infantile sexuality, surprisingly little changed in his view of phobias. The entity "anxiety hysteria" was added to the defense or transference neuroses. Libido, accumulated as a result of mental conflict, was, in this condition, "set free in the shape of anxiety." The onset of illness coincided with a failure of repression and a "return of the repressed." Mental actions were subsequent to the release of anxiety, and consisted of binding the anxiety through projection, a mechanism for selecting an object to be feared. Ideas which were involved in the presymptomatic conflict played a role in selection of the object to localize the fear, via the primary process mechanism of displacement. Anxiety hysteria then seemed to share mechanisms from anxiety neurosis, hysteria, and obsessional neurosis. In all cases the illness represented a compromise between instinctual and repressive forces.

There was a covert problem in this theory, already present in the Little Hans report and much more apparent by the time of the Wolf Man report. The problem concerned the initiation of defense: What caused it? There seemed to be a central role for fear of castration by the father, which led to the warding off of the whole of infantile sexuality. But what form did this fear take? Was fear to be seen as something entirely different from anxiety? Fear seemed to have an intrinsic content, while anxiety had only a grafted on content. Anxiety occurred only as psychopathology.

In both Little Hans and the Wolf Man the illness started with an anxiety attack, which Freud saw as generated or economic anxiety. For the Wolf Man a source for this anxiety was located in a traumatic experience, witnessing a "primal scene"; for Little Hans, the source was unclear.

Freud's 1926 revision of his anxiety theory was also a revision of the theory of symptom formation. Instead of repression causing anxiety, the reverse was true: a signal of anxiety activated

defense. This view applied to all psychoneurotic symptom formation (not to *aktual* neurotic or traumatic conditions), including infantile animal phobias. Freud also located the activating fear firmly in the phallic-oedipal constellation for animal phobias and postulated the same fear plus "temporal regression to infancy" for agoraphobia. The mechanism of displacement still seemed to be the feature which differentiated phobia formation in general from the formation of other types of symptoms, yet Freud had introduced displacement as a characteristic of primary process mentation (1900), and therefore a universal phenomenon. It is not clear in Freud's work whether or not an episode of energic anxiety was seen as necessary to initiate an infantile animal phobia; for agoraphobia, however, an attack of energic anxiety apparently was still seen as a prerequisite even after 1926. Why or how the regression in agoraphobia led to different consequences than the regression in infantile animal phobias was also unclear.

It bears repeating that, given Freud's 1926 formulation of phobia formation, "projection" is not a necessary ingredient: one real fear is simply replaced by another.

Some of the issues raised by Freud's work on phobias, issues which any theory of phobia and related anxiety must address, are as follows:

1) Chronic or diffuse anxiety can be clinically differentiated from acute anxiety ("anxiety attacks," "panic attacks") or focused anxiety (phobias) and from "realistic fear." Do these forms of fear or anxiety differ qualitatively or are they merely quantitative variations of the same thing?

2) What causes anxiety attacks? Are they conceivably primarily psychological phenomena? Or are they, updating the terminology, primarily neurophysiological phenomena—that is, neurochemically, not mentally, driven? If psychological, are anxiety attacks best conceptualized as learned or conditioned responses (like Freud's "hysterical phobias") or in some other way?

3) Phobias can be differentiated on the basis of their content. Is such differentiation of categorical significance or only incidental? What determines the content of any given phobia? In

any given instance how might one decide whether the content is incidental or integral? Are there, in fact, phobic contents which are more or less universal? If so, how does one account for this?

4) Phobias can be differentiated on the basis of their relation to anxiety attacks: a phobia may arise without any anxiety attacks, after one or more anxiety attacks, or precede the commencement of anxiety attacks. What, if any, is the significance of each of these sequences?

5) What causes a phobia to arise at the particular time that it does? And, whatever causes it to arise, what causes it to continue? Or to subside, if it does subside? Are there different kinds of phobias, etiologically? Are there multiple routes to phobia as a "final common pathway"? (The same questions may be repeated for anxiety attacks.)

6) Phobias and/or phobic avoidance are found: as a more or less expectable developmental event (ages four to six); associated with every form of psychopathology; in persons who cannot meaningfully be diagnosed as having any, or any other, significant psychopathology. Is the presence of a phobic trend, phobia, or even conscious anxiety of any diagnostic significance? At least sometimes of primary diagnostic significance?

7) What about the "natural history" of phobias? Are animal phobias that arise at, say, age four and in either sex, the same kind of illness as fear of going out on the street alone or into public places, which typically arises in women in their twenties?

8) Are there certain types of personality which predispose to, or are a prerequisite for, phobia formation? Do infantile phobias, if marked, predict the occurrence of later neurotic or, in particular, phobic illness? Are there familial characteristics or certain types of parenting particularly associated with phobic illness? Could phobic illnesses be primarily genetic in origin—that is, hereditary after all?

## SUMMARY

Freud's early ideas on phobias and anxiety persisted in very significant ways through several revisions of his model of the

mind and of details of his anxiety theory. He addressed only infantile animal phobias at any length, and agoraphobia in passing. His idea of energic anxiety remained at the center of his anxiety theory even after 1926, and therefore remained central in the postulated mechanisms of phobia formation. What accounted for differences in different phobias and for the formation of a phobia rather than some other kind of symptom was less than clear.

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# Soul Murder. The Effects of Childhood Abuse and Deprivation. By Leonard Shengold, M.D. New Haven/London: Yale University Press, 1989. 342 pp.

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## BOOK REVIEWS

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SOUL MURDER. THE EFFECTS OF CHILDHOOD ABUSE AND DEPRIVATION. By Leonard Shengold, M.D. New Haven/London: Yale University Press, 1989. 342 pp.

Leonard Shengold occupies a unique position in the landscape of contemporary psychoanalysis: he writes from a visceral point of view and refuses to let us forget the body ego. For all the useful object (and selfobject) relational focus of object relations and self psychology perspectives, they neglect the corporeal self, the biological, the body animal. Shengold's work, on the other hand, keeps the viscera squarely under our nose, so to speak. While some of us occupy ourselves with abstractions, Shengold can usually be found mucking around in the guts of the matter. This is not to say that Shengold is a stranger to abstraction. He is a careful scholar, a diligent clinical researcher, and an expert on classical psychoanalytic theory. But he is not one to turn up his nose at dirt; in fact, he seems fascinated by it, and makes it fascinating to his reader. If our denial ever threatens to blind us to looking at some of the horrors of our patients' lives—the ugly, nasty, and cruel; the disgusting and terrifying—Shengold is standing by on the printed page, ready to cast his light into the darkness of ignorance, ready to remind us of what we know, but would prefer at times to forget.

Since first reading Shengold on Rat People in the late sixties, I have regarded him as a master illustrator of drive derivatives in clinical context, particularly the pregenital. In his writing, these come to life with a gritty reality, an immediacy that returns us from abstractions to the visceral experience of the patient. He raises to awareness impulses to bite, to tear with the teeth, to gulp down; to smell, to foul, to smear; to penetrate, to invade, to ream; I could go on. One imagines him helping patients acknowledge and work with experiences and feelings that another analyst might never hear from the same patient. Patients whose experience has included massive psychic trauma need such an analyst who can listen for and bear to hear the consequences of such experience.

It is remarkable that few among us have written about such patients; remarkable how little we have talked to each other about how we work with them. Who else but psychoanalytically trained

people, who have faced their own monsters and learned solutions other than denial and avoidance, will sit with these people, bear with their subjective experience, and try to help them?

Where Freud described in the Rat Man a case of obsessional neurosis, Shengold describes as Rat People all those patients we see who have suffered traumatic, unbearable overstimulation in childhood. These are patients who were overwhelmed when their personalities, their selves, their very souls, were least equipped to bear it. He chooses to call them Rat People because of the oral cannibalistic impulses he has found in so many of them, the invasive destructiveness of which they are capable due to identification with their violators, and their own resulting primitive rage. He discovered what must have been the source of the Rat Man's story that had been told him by Captain N., namely, the "Torture Garden," a popular pornographic book by one Octave Mirabeau published in 1899, seven years before the Rat Man's encounter with Captain N. Such careful research and scholarship is typical of Shengold's writing.

I found his Introduction to be especially well written and useful since it develops some succinct generalizations. He begins with a simple definition of child abuse and neglect which seems to integrate elements of drive pressure, ego regulation, psychic economics, overstimulation, developmental deficit, and psychic trauma:

> Too much and too little are qualities of experience. From the child's experiences we induce our theoretical psychoanalytic concepts of psychic energy and the "economic." Too much too-muchness we call psychic trauma. Too much not enoughness inhibits proper maturation. Child abuse means that the child has felt too much to bear; child deprivation means that the child has been exposed to too little to meet his or her needs (p. 1).

Regarding the roles of external versus internal factors in the etiology of psychic trauma, Shengold emphasizes the difficulties in assigning pathologic effects to specific causes. "I stand against oversimplification, against reducing explanations just to external events or, conversely, just to intrapsychic forces . . . psychological therapists are confronted with their patients' interrelated mental images of the world inside and the world outside the self, which make up the individual's representational world. [These patients] often cannot properly register . . . what they have done and what has been done to them" (p. 3). He also discusses the seducibility and partic-

ipation in their own abuse of children from dysfunctional families, based on "the imperative need for some parental attention" (p. 4). The child is driven to whatever lengths necessary to seek love and to maintain whatever semblance of a loving attachment.

Chapter One, "Aspects of Soul Murder," is a comprehensive discussion of the subject, including the history of the term. I was interested to learn it comes from the title of a novel written in 1832. Strindberg, discussing Ibsen's play *Rosmersholm* in 1887, defined soul murder as taking away a person's reason for living. Ibsen himself spoke of soul murder as a mysterious sin for which there is no forgiveness: killing the instinct for love. Schreber (in his famous memoir which Freud later analyzed) called soul murder a pact with the devil: one person absorbs the life of another; the victim's identity is lost; he must not be able to reason about what has happened, must not be able to know. George Orwell further elucidated it in his portrayal of brainwashing in his book *1984*.

Ferenczi's "Confusion of Tongues between Adults and the Child" is a pioneer study of the effects of the sexual abuse of children written in 1933. Spitz, Greenacre, and Steele have all contributed significantly to the subject. The first two concentrated on the effects of massive psychic trauma in the earliest years. Steele went on to originate the term "battered-child syndrome" with Kempe, calling attention to findings that nobody wanted to see or believe and playing a major role in placing the problem before the public eye.

In Chapter Two, "Brainwashing and the Defensive Consequences of Soul Murder," some of the effects on thinking are clarified. In order to preserve the image of a loving parent and the possibility of being loved later on, if not now, "the bad has to be registered as good. This is a mind-splitting or mind-fragmenting operation" (p. 26). Fragmentation and compartmentalization are necessary "to separate the bad from the good."

Chapter Three, "Did It Really Happen?," takes up Masson's assertion that neurotics become mentally ill only if they have actually been seduced as children. Shengold feels that most analysts share the observation that "it does make a difference whether something actually happened, but that this does not deny the pathogenic power of fantasy" (p. 38).

Shengold reminds us of the auto-hypnoid state that sometimes appears in the transference of such a patient. Such a repetition of

an earlier alteration of consciousness during a traumatic experience can range from numbing to sleep. It can become a key element in the reconstruction of the traumatic experience.

In the remainder of the book, Shengold assembles some of the best of his articles, revising and adding to them to enhance their continuity and integrate them under the heading of the book's title. Essays are to be found on the writings of George Orwell, Rudyard Kipling, Charles Dickens, and Anton Chekhov, who were abused as children.

One naturally looks to Shengold for new ideas, or for support for older ones, on how to treat these patients. In the fourteenth chapter, "Two Clinical Sidelights," Shengold describes a patient whose mother had given up her career when the patient was four. She promptly fired the loving nurse to whom the patient had grown so close and became "omnipresent" in the child's life, not permitting the patient's father, or other potential caretakers like teachers, to be important. She maintained an exclusive proprietary interest, jealously guarding against the possibility of anyone else becoming important to the child. With nobody else to turn to, the patient was trapped in a world of serving her mother's interests and needs, existing only as her narcissistic extension, while any other expression of personal identity was crushed. Shengold remarks with thinly veiled rancor, "Efficient dictators understand the need for propaganda and brainwashing" (p. 307).

But what of the treatment of this analytic patient? He tells us that "brainwashing cannot be undone suddenly. To fight denial requires a relationship that can fulfill basic psychological needs and permit the modification of basic identifications." He explains that the long and hard analytic work was "a continuation of the soul-saving direction initiated . . . by the affectionate empathy . . . of her first nurse and her father, and by the girl's consequent absorption of their points of view" (p. 307).

Under the heading, "General Considerations about Therapy," Shengold continues: ". . . soul murder victims are afraid of feeling emotion because emotion is the beginning of feeling more than is bearable . . . they have had to distance and discount their emotions . . . . this must become manifest in the analytic treatment . . . . [they] require one quality from the therapist or analyst above all others: patience" (p. 311).

Change is slow because there is so much distrust. These patients learned early that to be emotionally open, to want something or really to care, was the beginning of frustrating torment. So a meaningful alliance with the analyst takes a long time to develop; people around them must not be allowed to matter too much. But alongside this is the longing to be loved, to be understood, and to trust (p. 312).

For these patients, to accept the analyst as a benevolent person, transcend their own punitive superegos, and separate from the abusing objects of the past requires years of endless repetition and testing. Given time, the near delusion that only the worst can be expected can be modified by the reliability of the analytic situation and the dependability of the analyst to last it out, remain accepting and non-punitive, and persistently attempt to empathize and to understand (p. 313).

The desperate attempt to hold on to the positive image of caring parents usually has meant the persistence of masochistic bondage to them. Defensively, this also denies the intensity of the murderous rage these patients feel, rage that Shengold has found to be their greatest burden. Interpreting aggression over and over again is the analyst's difficult task; it means that the patient must eventually bear the feelings that have been unbearable (p. 317).

Here he warns against the danger of re-enacting an endless sadomasochistic torment in the treatment. Without developing some evidence of insight from such a re-enactment, the treatment would eventually have to be given up, since it would consist solely of symbolically holding on to the abusing figures of the past, and endless suffering for no therapeutic gain. But if successful, one hopes to help the patient to be able to experience the simultaneous presence of a loved, needed parent and a hated parent one wants to destroy; to feel these all at once instead of in separate compartments. Love can at least partially neutralize hatred if the patient can experience hatred of the loved one without destroying him or her. If there is preserved in the patient a capacity to love his or her children, then the fear of hurting them as he or she was hurt as a child becomes a powerful motivating force for change (p. 318).

Finally, Shengold discusses how we help the patient to make sense of the amalgam of memories retained and memories recovered in the course of analysis: "This involves concentrating not on

the analyst's expectations derived from theory . . . but on the patient's fantasies and memories as they appear as . . . ideas and feelings focused on the analyst. Analytic work centers on attending to the transference of the past as concentrated and distorted in the patient's current unconscious wishes towards the analyst . . . (examining together) what is currently available emotionally in the . . . transactions between them" (p. 319).

It is good to see the term "soul" used without concern for its religious associations. It is quite a legitimate psychoanalytic term, as Bettelheim pointed out eloquently in his book, *Freud and Man's Soul*. Psyche translates as readily to "soul," as it does to "mind," the more customary word chosen by Freud's English translators who were at pains to see to it that "psyche" was given a scientific rather than a religious connotation.

Although intended for a professional audience, *Soul Murder* was reviewed appreciatively in the Sunday *New York Times Book Review* and is being read by a considerable lay audience as well. Patients who were abused as children seem to recommend it to one another and to speak highly of it. Whatever they cannot understand of the technical language is apparently more than made up for by what they can understand. It is very well written, eminently readable, and I recommend it highly to lay readers; but for my fellow analysts and other mental health professionals, I would consider *Soul Murder* a must read.

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MOTIVATION AND EXPLANATION. AN ESSAY ON FREUD'S PHILOSOPHY OF SCIENCE. Psychological Issues Monograph 56. By Nigel Mackay, Ph.D. Madison, CT: International Universities Press, Inc., 1989. 254 pp.

In this concise and informative monograph on the philosophy of science as applied to psychoanalysis, Nigel Mackay takes up the currently unpopular thesis that psychoanalysis is a science. Arguing that psychoanalysis is above all a theory of motivation, he presents a distilled, cogent reading of Freudian psychology and its underlying principles. Psychoanalytic theory is viewed as a complex set of constructs that function similarly to postulations of inferential processes and entities in natural science. In this respect, Mackay takes

a realist position that the phenomena postulated as causal in psychoanalytic theory exist as real processes, worthy of the status of any scientific construction. From this vantage point, he undertakes a comprehensive criticism of those philosophers and analysts who reject a natural scientific realism (of explanation) as a description of psychoanalytic work in favor of the notion of a uniquely human science (of understanding). In doing so, he reasserts the biological, materialist foundation of a scientific theory of mind.

Part I reviews the development of Freud's concepts of motivation, with particular attention to the *Project for a Scientific Psychology*. In his discussion, Mackay shows how Freud's ideas were shaped by commonly held biological, neurological, and physical principles of his time. Although the *Project*, as an effort to construct a model of the mind directly translatable into specific physical mechanisms, was finally abandoned by Freud, its major features persisted into his later work. Thus, his conception of the mental apparatus and of the sources of human motivation continued to rely upon a materialist, mechanistic, and causal model of forces and structures acting in a deterministic manner. While Freud also used anthropomorphic, teleologic, and purposive language in discussing human behavior, particularly in his clinical papers, his consistent intention, Mackay argues, was to formulate psychoanalysis as a natural science.

In Part II, Mackay devotes considerable attention to "unpacking" the theoretical construct of unconscious motivation, which he regards as central to psychoanalytic theory. He presents the concept, its corollaries, and its consequences in a systematic manner, attempting to show its congruence with similar theoretical constructions in natural science. Throughout this exposition, he utilizes the Wolf Man case as a point of reference, explicating Freud's analysis of his famous patient in terms of his fundamental theoretical model. Mackay thereby attempts to show the constant relevance of the metapsychology of forces and structures to Freud's analysis of the Wolf Man's unconscious homosexual wish, which organized and explained a great number of facts about the case. In fact, Mackay seeks to show that the value of a theoretical construction in science lies in its ability to perform just that function, along with its heuristic potential of discovering new relationships and facts.

Psychoanalysts will be impressed by Mackay's masterful grasp of

psychoanalytic literature and theory as he weaves his tale of Freud's consistent effort to construct a scientific explanation for mental phenomena. Certainly he is convincing (although analysts have known this) that Freud saw himself as operating within a natural science framework. Moreover, he points out Freud's conceptual sophistication about the difficulties involved in his undertaking. While any attempt to account for the human being's purposive behavior in physical or materialist terms poses tremendous intellectual and practical difficulties, such an ambition did lie at the heart of Freud's work. Critics who charge that the effort is logically flawed or of dubious scientific merit must wrestle with the fact that the basis for all behavior must be neurophysiologic, and, as Mackay notes, Freud's views about how the "wetware" functions were not quite so naïve or irrelevant to contemporary thinking as some have suggested.

Many critics of metapsychology, however, have argued that whether or not Freud's concepts have come close to accepted scientific portrayals of how the brain functions is irrelevant to psychoanalysis, which deals with a non-biologic level of reality involving persons and meaning. This "separate domain" theory, put forth in different forms by Wittgenstein and by hermeneutic philosophers like Adorno and Habermas, has had significant impact on the thinking of revisionist analysts, like Gill, Holt, G. Klein, Schafer, Spence, and others. It asserts that psychoanalysis belongs to a separate realm of reasons, not causes. In Part III, Mackay addresses these critics of metapsychology, attempting to undermine their categorical distinction between psychoanalysis and natural science. Primarily, he argues for a unitary conception of mind-brain and, secondly, he attacks any necessary distinction between reasons and causes.

There is no intrinsic reason, Mackay insists, why psychological phenomena involving intention, meaning, purpose, etc., cannot be explained within a biological framework. Freud's was not a simple reductionistic model, as his critics claim, but one using broadly biological metaphors to construct a functional explanation of how the mind, ultimately a physical organ, must operate. It seems highly likely that many of the functional systems of the mind described by psychoanalysis (one thinks here of delay of impulses, "reality testing," self-evaluation, finding gratification, etc.) would

guide brain scientists in searching for mechanisms as they seek to explain how the brain-mind works. A psychological theory, Mackay observes, seems necessary to identify appropriate functional systems for research. In this sense, theoretical constructs, for instance, "structures" serving specific functions, while incapable of experimental verification, may nonetheless be valid ways of describing the operations of (someday to be discovered) neurophysiologic mechanisms. They are "real" in the way other inferred entities in science are real, "as putative descriptions of real processes" (p. 221).

Having developed this perspective on inferred theoretical constructs and biological metaphors as acceptable scientific methods for psychoanalysis, Mackay attempts to show how the psychoanalytic conception of motivation deserves the status of a causal theory. That is, reasons and intentions can function as causes in explaining behavior and are not limited to providing a different kind of narrative understanding. Basically, Mackay argues that the hypothesis of an unconscious motive, for example, represents more than a simple circular pseudoexplanation of why someone does something (as some analytic philosophers have claimed). In fact, the inferred desire can "explain" many behaviors to which it is linked through a ramifying network of other contingent motives, whose coherence alone provides an explanatory framework. Therefore, the process of postulating unconscious motives—through collection of behavioral evidence, other facts known about the person, and coherence with other motives—does constitute a causal theory belonging to the domain of natural science.

While relatively easy to follow and persuasive in his explication of psychoanalytic theory, Mackay's arguments about the two-domain debate seem less compelling. Of course, a thoroughgoing "psychic versus physical" dualist position is not philosophically tenable at this point in history. In some sense, the inferred processes that carry out what we perceive or theorize to be psychological operations must ultimately have a neurologic substrate. However, those who insist on the essentially unique way in which we understand human action—the hermeneutic philosophers, for example—hold more sophisticated positions about the problem of applying causal knowledge to constructed entities like psychological subjects than Mackay presents. While the human being has a physical brain that mechanically produces his or her coordinated functioning, as a

psychological subject he/she is constructed only in context with other subjects out of beliefs and desires promulgated by culture and tradition through the framework of language. This intersubjective and social determination of the subject means that he/she is not (or is only to a limited degree) an isolatable object which can be subjected to experimental manipulation to learn about its properties. Rather, his or her properties (e.g., desires and beliefs) are not stable in the person as a scientific object (refindable and confirmable by independent investigation), but emerge only in contexts and patterns with other desires and beliefs. Precisely because any behavior occurs within these interlocking chains of requisite desires and beliefs, a systematic experimental science approach would require rules (evidentiary criteria) to decide how to identify relevant patterns for investigation. Yet psychoanalysts have yet to agree on a list of any but the most commonsense rules (as ordinary language philosophers have argued).

Mackay might respond that appropriate methods for empirical investigation have not been developed and that psychoanalysts should press ahead in building a scientific foundation for a study of mind through the methods at hand. No one could quarrel with this recommendation, which applies to the entire field of psychology. On the other hand, while there may be no logical necessity for a two-domain conception, there are excellent clinical and conceptual reasons for psychoanalysts to maintain it and to accept the radical consequences of a theory that in many ways undermines a natural scientific approach to the human subject. Despite this disagreement with the author, I find his monograph relevant, informative, and a useful addition to the literature.

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THE MOURNING-LIBERATION PROCESS. VOLUMES 1, 2. By George H. Pollock, M.D., Ph.D. Madison, CT: International Universities Press, Inc., 1989. 718 pp.

Everyone experiences loss in the course of a lifetime, both of loves and of treasures. I hold that the way in which an individual adapts to a loss will determine, to a considerable degree, the direction his

or her life will take subsequent to the loss.[1] Different types of identification with an aspect or function of someone loved and/or hated who has been lost, and defenses against such identifications, can—in the course of the mourning process—alter the mental representation not only of the lost one but also of the mourner him/herself. In some cases, such processes may stimulate and enhance the motivations and directions of creativity. On the other hand, the mourning process may be stymied by complications arising from certain factors: the mourner's intrapsychic structure, the intrapsychic meaning that the loss represents to the mourner, and the circumstances that were involved in the loss. Thus, the phenomena of intrapsychic accommodation to loss can be seen on a spectrum that ranges from psychopathology to the enrichment of a creative potential.

Furthermore, the psychology of adapting to the loss of a specific love, treasure, or hope cannot be understood without recognizing what I call "developmental losses and gains," as exemplified by the "loss" of the mother's breast when the baby begins to take solid food, or giving up the parent of the opposite sex as a fantasied incestuous object after resolution of the oedipus complex. Youngsters unconsciously follow this pattern when they loosen their emotional ties to the mental representations of the parents of their childhood in order to be able to identify with a peer-group network: Wolfenstein[2] indicates that the adolescent passage involves a kind of mourning, in accordance with this process. There are many other examples of developmental losses and gains, and of how reactions to loss can influence and are influenced by such losses as the death of a parent or some other closely associated and highly regarded person. The way one handles the pain, shock, and meaning of that which the world recognizes as an obvious bereavement will reflect the way developmental losses are, consciously or unconsciously, accommodated by the individual. The age of the mourner, his or her life circumstances, and, most important, the intrapsychic

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

[2] Wolfenstein, M. (1966). How is mourning possible? *Psychoanal. Study Child*, 21:93-123.

significance of the lost object are all notable factors in this determination. In order to be classified as psychoanalytic, a study of mourning must focus on the latter—on what the mourner does intrapsychically with the representation of that which is lost, and what mechanisms are used by the mourner to facilitate modifications of self- and object representations (and their concomitant drive derivatives) that were initiated by the loss.

These two volumes contain twenty-seven papers that were written by George Pollock between 1961 and 1987 on a psychoanalytic study of mourning that was prompted by his experience of the death of his mother. The volumes are divided into five parts. The papers in the first part describe the adaptational adjustment to the internal milieu and to changes that were wrought by losses in the external milieu. When this adaptational adjustment is successful, the mourner feels liberated from the struggles of the mourning process. In the first part, Pollock expands on his thesis that the mourning-liberation process has biological, psychological, emotional, and social consequences, and is experienced universally. When a normal transformational, adaptive process cannot take place, we see various manifestations of abnormal mourning.

The second part is devoted to anniversary reactions, which Pollock views as responses to feelings of helplessness consequent to the loss of a loved one. He reviews relevant psychoanalytic literature concerned with the concept of time, and tells how an anniversary of a loss, whether consciously noted or not, awakens symptoms. He provides convincing examples of anniversary reactions, and explores the responses of patients who were orphaned early in life, who displayed disturbances as adults upon arriving at the same age as the parent who died. Such phenomena as the anniversary reaction would seem to indicate that the human mind is not a passive recorder, and this raises the question of whether the unconscious is aware of time. Pollock feels that in considering anniversary reactions time should not be conceived of in the metric sense; he claims that in clinical work he has found that symptomatic responses are, on the surface, time-bound, but that in the unconscious the feeling of helplessness that is characteristic of grief, is preserved "in a state close to its original one, relatively immune to the passage of physical time" (p. 244). Pollock sees the anniversary reaction as being connected to "a past linkage of time-event" (p. 244) while remain-

ing independent of the present time. On the basis of the questions he raises, it would appear that the metapsychology of anniversary reactions and related phenomena merit further study.

The final section of the first volume deals with aging, which Pollock studied in relationship to the developmental mourning-liberation process. However, he indicates that in old age normative developmental crises may occur parallel to catastrophic crises—i.e., physical illnesses. Treatment will require sensitive understanding of both categories of crises. Pollock offers examples of ways in which psychoanalysis and/or psychodynamic psychotherapy can help old persons suffering from anxiety, depression, somatization, or paranoid reactions.

The second volume supplies psychobiographic materials that point to a relationship between loss and creativity. Along with papers concerning the case of Freud's patient, Anna O., Pollock writes of such notables as Käthe Kollwitz, Rudyard Kipling, George Orwell, Simón Bolívar and Gustav Mahler. He explores the effects of early sibling loss on adult life, and the psychological consequences of having been abandoned by parents or abused by caretakers. The relationship between psychosocial issues and their intrapsychic reflections—i.e., creative processes—is most convincingly demonstrated.

Since these volumes consist of papers that were written serially, they do contain much repetitious material. They nevertheless constitute psychoanalytic research observations that are of great significance. The preface contains an important summary of Pollock's search for answers. It reflects the influence of Cannon's concept of the homeostasis of biological states.[3] According to Pollock, "The mourning-liberation process evolved and became part of the psychological adaptive processes of the mind in order to maintain a constant state within the mind so as to maintain the organism in a stable state" (p. x).

These two volumes illustrate how psychoanalytic research can be conducted. They also invite recognition of the contribution of psychoanalysis to the understanding of the entire life cycle. Pollock's work lays the foundation for subsequent collaborative research

[3] Cannon, W. B. (1965). *The Way of an Investigation: A Scientist's Experience in Medical Research*. New York: Norton, 1984.

among psychoanalysts and physiologists. A consideration of the mourning-liberation process in connection with the functioning of the immune system can open the door to further work on how intrapsychic processes and physiological changes are related. The ideas presented here suggest new and exciting avenues of study for the future.

VAMIK D. VOLKAN (CHARLOTTESVILLE, VA)

PARENTAL LOSS AND ACHIEVEMENT. By Marvin Eisenstadt, André Haynal, Pierre Rentchnick, and Pierre de Senarclens. Madison, CT: International Universities Press, Inc., 1989. 338 pp.

This volume is a multinational, multidisciplinary collection of articles, written in the late seventies and originally appearing as one French and one American work, now combined to create this new edition. While their work was apparently conceived independently and carried out with different methodologies, the French group and the American author came to similar conclusions. They see loss of a parent as a trauma that imposes pressure on the psyche to recapture paradise lost. Paradise can be re-established through creativity in ideal works of art, in science, literature, etc., or in the will toward power as a political leader. Through the search for an ideal in society, a political leader can become the father of a society in which one is what one longs for. Through this identification, a lost father is no longer missed. The longing for an archaic unity with a lost mother, which is the basis of nostalgia, can be seen in all of our myths and legends of a golden age; projected into the future, this becomes the quest for utopia and immortality that is the springboard for all great human enterprises.

This collection is comprised of four sections, three of which are not psychoanalytic in the strict sense but are psychoanalytically informed. The authors are a research psychologist, a historian, and two physicians, one of whom is a psychoanalyst. This makes the book quite interesting, as the authors approach the topic from very different perspectives.

In "Parental Loss and Genius" by Marvin Eisenstadt, parental loss refers to the death of one or both parents. The criterion for eminence in a field (genius) is inclusion in the *Encyclopedia Britannica* or the *Encyclopedia Americana*, with an average space allocation

of just under three pages. The Eisenstadt study includes a total of 573 subjects, most from the nineteenth and the twentieth century, since data about the ages at which parental death was experienced are most readily available from this period. A comparison study with the general population, derived from the 1921 census data from England and Wales, shows two to three times the rate of parental loss. Eisenstadt repeatedly emphasizes that he had no true control group.

The mourning process, he indicates, can be a creative opportunity to master the crisis. Through a complementary series of compensatory processes of undoing loss, guilt, worthlessness, and rage, an individual can achieve restitution and control and prove one's essential goodness via achievement through which it is possible to become one with one's ideal. Parental loss thus becomes a major impetus to creativity and eminence.

In "Orphans and the Will to Power," Pierre Rentchnick makes the startling observation that historians have missed a fundamental element that motivates political and religious leaders. Many were born out of wedlock, were abandoned, or were otherwise rejected as children. For Hitler, Nasser, and Sartre, an existential crisis, the agonizing sensation of nothingness, is the experiential counterpart to an identity crisis that drove them, he asserts, toward domination and power. This punitive aggressiveness against society or destiny shifts the stage from an intrapsychic search for a personal identity to an outward search for a national one. This is observable in Simón Bolívar, Gandhi, and Mao Zedong, to mention only a few. Theology likewise can represent a systematic effort to contain human existential nothingness by opposing it with the search for "the origins of absolute metaphysics." Moses, Jesus Christ, Buddha, Mohammed, Luther, and Confucius, all were either orphans, abandoned, or rejected by their fathers.

This chapter is devoted to exploring this motivational factor, which the author feels has been almost totally neglected by biographers of highly ambitious historical leaders who do not submit to history but attempt to modify it. The agony of missing a father and the aggressiveness fueled by frustration of the need for security and for a model of identification forces an ego to reach for something of heroic proportions, born of imagination or fueled by the mother. The child belongs to the country before he belongs to the father,

said Danton, orphaned at two, whose notion of replacing all fathers with the supreme fatherland was adopted by Hitler. There can be an unconscious marriage of the leader with the "motherland." When de Gaulle died, Georges Pompidou stated that France had been "widowed."

The discussion of Napoleon's illegitimate birth and of his acquiring the throne as the bastard king, not only for himself but for all his siblings, whom he placed at the head of all the kingdoms he could conquer, is very interesting. But most interesting is the section on Sartre, especially for the quotations in it regarding his experience as an orphan: "I was not substantial or permanent; I was not the future continuer of my father's work. I was not necessary to the production of steel; in short, I had no soul," (p. 60) or "My pride and my forlornness were such that I wished I were dead or I was needed by the whole world" (p. 61). His experience of his identification with his mother was remarkably expressed in his reaction when he saw a man look at her. "But [when] I noticed the maniacal look on his face, Anne Marie [the mother] and I were suddenly a single, frightened girl who stepped away" (p. 63). Without the father to symbolically cut the umbilical cord and detach the child from the tenderness of the mother and join him to the male world, the orphaned son is left to identify with the symbiotic greatness of the mother who creates life.

In "Is the Psychoanalytic Biography of Political Leaders Feasible," Pierre de Senarclens critiques the psychoanalytically informed method of psychobiography, which he finds wanting. However, he feels it has greatly enriched the historian's territory, surpassing the traditional psychological approach to biography of political leaders that relies on common sense and intuition. It attempts to get at their unconscious motives from their dreams, fantasies, political acts, speeches, repetitive styles of interacting, etc., as well as to understand the dynamic interplay between childhood, youth, and later adult life situations.

As he reviews the works of psychobiographers of such "orphaned" personages as Woodrow Wilson, Kissinger, Hitler, Jefferson, and Stalin, he raises the question, "Do orphans rule the world?" He critiques the biographies of these historical figures as failures, however, because they use scanty data to justify broad conclusions without incorporating the societal, cultural, and orga-

nizational variables that are at least equally significant motivating factors. Furthermore, he points out, they fail to emphasize political leaders' focus on action as a relatively independent variable.

Senarclens is much more comfortable with the psychobiographic studies of writers and artists. He finds the psychoanalytic inferences contained in them much more valuable, since in artistic, repetitive creations, associations, and metaphors, one can see themes and directions that are close to dreams and to the reminiscences found in myths and folklore originally given recognition by Freud and his disciples. It is the study of the text that enlightens us about the biography rather than the reverse. This is the problem with studying political figures whose speeches, etc., do not give free reign to their fantasies and therefore are not at all comparable to the manifest dream as a reflection of the conscious.

The last section, written by the French psychoanalyst, André Haynal, "Orphans and Deprivation," is the most specifically psychoanalytic in perspective. Very well written and conceived, it is divided into five sub-sections: Orphans, Creativity, Political Leaders, Society and Change, and Utopia. The theme is that orphans live more intensely what we all experience as fundamental to our being human: the attempt to recreate what we have loved and lost. Haynal quotes Mircea Eliade to the effect that poets invent new language that recreates a primary paradise where the past does not exist. All is new, secret, and mysterious. Thus the poet is at the beginning of creation and omnipotence.

Orphans feel abandoned and are prone to fantasies of reunion with the dead parent and an inability to accept death as final. They also assume responsibility and feel guilt for the parent's death, since oedipal triumph reinforces both the conviction of the power of evil thoughts and fears of confrontation with vengeful ghosts. One way to overcome this is to idealize the father and either creatively give the father life in art or internalize him and achieve for him as a politician or statesman. Music, art, civilization, myths, act to stave off death and evil through a return to paradise lost and immortality. Haynal speaks eloquently of the accomplishments of Keats and Poe, to mention but a few of the many orphans, or deformed, handicapped, or chronically ill celebrities, such as Byron and Pope, and of neglected children, like Churchill.

Haynal suggests that part of our difficulty in adapting to chang-

ing social ideals may be our reluctance to question our own activities. This is especially true in the human sciences, in which new observations cast doubt on the validity of ideas that for emotional reasons tend nevertheless to be obstinately preserved. Similarly, due to general repression of aggressive and sexual desires, the members of a society can accept, as political leaders, criminals who express the inner disequilibrium in their own personalities. He also asserts that neurosis today does not reflect as much internalization of oedipal conflict with authority as it did in the past; rather, it reflects the abandonment, depression, and emptiness associated with the narcissistic vulnerability connected with confronting limits and lacking love.

There are extensive appendices, consisting of synoptic tables of parent-loss profiles for religious and political leaders, artists, and scientists; short histories of famous orphans in *Who's Who*; an alphabetical listing of famous orphans; and a discussion with a former head of state who had been orphaned at age four.

All in all, the book is convincing, entertaining, and enlightening. The translations are excellent. As psychoanalysts, we can appreciate the cogency of the authors' hypothesis although we, as are they, need to be mindful that a strict control group was not available.

**MELVIN SINGER (PHILADELPHIA)**

A CHILD ANALYSIS WITH ANNA FREUD. By Peter Heller. Translated by Salomé Burckhardt and Mary Weigand. Madison, CT: International Universities Press, Inc., 1990. 383 pp.

Peter Heller, currently a professor of German and Comparative Literature in the United States, entered analysis with Anna Freud when he was nine years of age. The analysis took place from 1929 to 1932 in Vienna during an important period in the history of child analysis as well as that of psychoanalysis proper. And this was in the shadow of an emerging Nazism in Europe.

Anna Freud gave Heller her notes and his drawings and writings from the analysis. He later got her permission to use them in a book. His book was originally published in German in 1983. Anna Freud died in October 1982. This translated edition has been revised by the author.

In his prefatory remarks, Heller notes that it was Anna Freud

who initiated the recent contact. In 1972, she sent him a collection of poems he had written as a child and asked him whether she should leave the documents concerning his analysis to him after her death or destroy them. She wondered if he would find her notes upsetting or merely interesting. In 1974, he received the material, her notes and interpretations, and his drawings, stories, poems, and letters.

We know today what effect such contact is likely to have on former analysands. It tends to reactivate the old transference neurosis, which is what appears to have happened in Heller's case:

> Thus, when Anna Freud sent me the material concerning my child analysis with her, I went to the analyst Heinz Lichtenstein for the purpose, I thought, of discussing this material and its possible utilization. But immediately, and now at an advanced age, I began to speak about my troubles, which, among other things, referred me back to the dilemma between greatness and smallness, which had already preoccupied me as a boy, and to the complex of voyeurism and exhibitionism which had also appeared in the childhood analysis (p. xxvi).

As he further states,

> My first effort to integrate the materials of the child's case history with the retrospective of a man in his fifties and early sixties did not succeed. The confrontation with my difficulties as a child made me so intensely aware of analogous current problems that I came to a halt, as if caught in a labyrinth, even before I had worked my way through half of Anna Freud's collection. The second attempt succeeded but was not well received by readers, apparently because of the confusing intermingling of the child analysis with my retrospective, or of the analyst's collection with current reflections . . . (p. l).

Anna Freud advised Heller to use the case history only for the purposes of autobiography. The case history as analysis could only be described and discussed by a psychoanalyst, she cautioned. Heller further notes that Anna Freud was an essential part of his childhood. Aside from his mother, Anna was his great love. Although this book is a most interesting historical document, it very likely is an attempt on Heller's part to rework and resolve that reactivated transference neurosis.

Heller has now dutifully separated Anna's notes from his own, but the most interesting divisions of the book are between the historical views of the Freud household and the people who were to become involved in the psychoanalytic movement on the one hand, and Anna Freud's notes on the other. Heller's own writings as a

child and his "associations" now are less relevant to the enterprise of Anna Freud and psychoanalysis and less interesting. They are more related to his reworking efforts. He associates now as if he were still in analysis. He furthers this by putting her notes on the right-side pages and leaves the left-side pages blank for his own comments and clarifications. It is thus as though they are reunited.

Heller's Introduction and Rudolf Ekstein's Preface provide an almost voyeuristic opportunity to look into the Freud household. Perhaps his Introduction is part of his reworking of the exhibitionism that he mentions. Ekstein, then a Ph.D. student, was introduced to the Heller family by Willi Hoffer, to be Peter's tutor. Thesi Bergmann, later also a well-known psychoanalyst, was Peter's governess and, in fact, for many years, she was his substitute mother. He went to the unique Burlingham-Rosenfeld School, a private school for children in analysis, under the aegis of Anna Freud and directed by Dorothy Burlingham, Eva Rosenfeld, and Peter Blos. Erik Homburger Erikson and Blos were the two main teachers there. Heller and the Burlingham children were all in analysis with Anna Freud then, and all attended this school. Other notable students mentioned are Kira Nijinska, daughter of the dancer; August Aichhorn's son; Ernest Halberstadt-Freud, who later became a psychoanalyst; and Reinhard Simmel, also son of a psychoanalyst.

Heller reports that he developed a crush on Tinky, the third Burlingham child, as well as on Anna Freud. Anna recognized this "love" for Tinky as a "transference." It is not clear that this was dealt with analytically. Subsequently, Heller married Tinky, had a child by her, and later on divorced her. Their daughter is named Anna.

Coming for his analytic sessions in the Freud family apartment, Heller would often see the elder Freud, who might pat him on the head as he went by and say something to him. Anna also had a dog, a German shepherd, not a chow. The family lived there, and both Freuds practiced there. The Burlinghams, Dorothy and her four children, lived upstairs above the Freuds, in an apartment that Heller frequented and made his second home. The atmosphere was highly stimulating and incestuous.

Anna Freud's notes are mostly fragments, and it is often not clear whether her interpretations were notes to herself or interpretations she had made to the patient. Although there is considerable rec-

ognition of the Anna Freud of 1927, in the role of educator and acting *in loco parentis*, this clearly also was an analysis. At times her interpretations are quite direct and almost Kleinian. They are id interpretations, although they are much more preoccupied with libidinal matters than with rage, envy, and death. She tells him that he wishes to show her his penis. She interprets his sexual fantasy and his castration fear. But in her notes she only refers to it, so one does not see her as the analyst in action. At times, she also reveals an awareness of ego psychology, and there are hints of her later work on defenses. But she also knits for her patient and gives him advice. Heller's father asks Anna to tell his son about his lover, whom they were later to live with and whom father would marry. Apparently she does.

Anna also tells him about sexual intercourse. His mother had tried, but he would not listen to her. He does not listen to Anna either. Actually, he is a very "good" patient, compliant and willing to accept the analyst's interpretations, as well as her model for analysis. He associates and he interprets. He gets to talk freely about his penis and its getting hard. He interprets his own dream symbols. A turtleneck collar in a dream he interprets as the foreskin wrapped around the penis. Frayed pants are interpreted in terms of the naked legs sticking out like a penis out of the foreskin. An oven door is seen as a woman's "hole."

Anna crochets a vest for him and, surprisingly, he is embarrassed. On a piece of paper he writes, "It is a sweater for me," and he draws a picture of a scrotum. Clearly, he perceives it as seduction.

Heller is an apt pupil, overstimulated by his home environment and overstimulated by the incestuous environment of his analytic home and analytic school. He loves Anna and wants to do what she wants of him. She generally does not see his compliance as a major resistance or his exhibitionism as an acting out. Heller is a good boy and a good patient, and he produces many dreams and drawings and all the analytic products an analyst might want. He is even so enthusiastic about Anna's interpretations that he congratulates her.

Anna makes a number of references to transference, both to Tinky and to herself. She refers to his transferring his anger from his mother to her and to Tinky. Transference is sometimes per-

ceived in traditional terms, at other times as a displacement. There are also references to resistance.

Although there is clearly a preoccupation with homosexual solutions, it is not at all clear that Anna sees them as defenses against oedipal wishes. He wants to know what a Lesbian marriage is, but also whether Anna is having an affair with her father. It seems clear from the material that in many ways he is more erotically interested in his own father than he is in his father's lover. He is in competition with her. There are some analytic attempts to deal with the homosexual material.

Although Anna refers to termination material about a year after the analysis begins, when the analysis does end two years later, the notes end abruptly and Heller himself experiences the ending as abrupt. In his own current notes, he refers to Anna's preferring that he go away to a boarding school, in order to be sheltered from the parental conflicts and, above all, from the "homosexual" bond to his father. The notes and presumably the analysis end very shortly after his visit to his mother (and her lover?) in Berlin. His own dream interpretation is that he sees his mother as a prostitute. Again, his current note is that the analysis broke off as he was achieving "virility," his puberty. At this time he also leaves the Burlingham-Rosenfeld School. It is only with considerable private tutoring that he is accepted then into a public secondary school. And with the Austrian *Anschluss*, he has to transfer to a school for Jews, but is allowed to graduate just before his emigration to England in the late spring of 1938, the same time that the Freuds left Vienna.

Heller subsequently went into analysis in his late twenties with Ernst Kris. He sees this in some ways as a reflection of the failure or limitations of the first analysis. This is a common perception of analysands, namely, that analysis should cure them of the problems of today and protect them against the problems of tomorrow.

Heller writes very well and gives us, in addition to a view of the Freud household, a flavor of Jewish middle-class life in Vienna. Coming as he did from a cultured liberal background filled with Freud and Marx, the arts, and politics, it is most interesting that the anxieties of the looming disaster do not seem to impinge on his analysis or on his historical account of daily life. It appears only near the end of the story, when Heller is forced into a Jewish

school, then leaves Vienna for England, and eventually relocates to the United States.

As Ekstein says in his preface, this book is in the nature of an archaeological find. It is by no means a complete statement, either about analysis in 1930, about life in Vienna, or about life in the Freud-Burlingham households, but it gives us insightful fragments. Heller himself comes across well. He is very much in affective contact with the memories of his past and of the people important to him. Anna Freud comes across as a caring, dedicated professional. But, as usual, one gets no glimpse into her personal life or into her affective states. Despite the fragmentary nature of much of the book, reading it is nevertheless a rewarding and touching experience.

SAMUEL WEISS (CHICAGO)

FATHERS AND THEIR FAMILIES. Edited by Stanley H. Cath, Alan Gurwitt, and Linda Gunsberg. Hillsdale, NJ: The Analytic Press, 1989. 683 pp.

This is a companion compendium to a seven-year-earlier work, *Father and Child*, edited by Cath, Gurwitt, and Ross. The current volume contains twenty-eight chapters by thirty-one contributors organized into seven subject areas. A recent *New York Times* Film View headlined its story, "It's a New Age for Father-Son Relationships," so you should be pleased with a volume that promises all you ever wanted to know about fathers and their families.

As is likely to be the case when there are so many chapters, the quality varies. Some of the chapters left me cold, but much of the material is quite stimulating. Rather than trying to review all the chapters, I shall detail some of the observations and ideas that most provoked my curiosity and exploration in reading the book.

On the basis of their five years of research on fatherhood and father-child relationships, Michael E. Lamb and David Oppenheim conclude that the one characteristic that most clearly distinguishes fathers from mothers in their role as parents is that responsibility for the child is assumed by the mother. This is true even when fathers are highly involved, nurturant caretakers. Infants, Lamb and Oppenheim add, show clear preferences for their mothers on measures of attachment and affiliation.

Was it true of Freud's family of origin that responsibility for the children was assumed by the mother? Most likely. If so, was Freud's paternal imago the basis for this conception of the role of the analyst—first, as a mirror to the patient, and second, as a neutral figure who does not gratify the patient? For Freud, not only does the analyst avoid responsibility for the patient's life, the analyst also avoids responsibility for the patient's treatment—an avoidance of therapeutic zeal. This conception of the role of the analyst probably distinguishes it from the role taken by other physicians who, in maternal fashion, assume responsibility for the care and treatment of their patients.

Was the essential characteristic of maternal caretaking, the assumption of responsibility, excluded from Freud's conception of the analyst? It was probably more unrecognized than excluded. As Lipton[1] describes, Freud was a warm, humane person with his patients. It is in the patient's basic trust of the analyst, the patient's feeling that the analyst provides a secure holding environment, that the maternal responsibility for care is probably expressed. That is, it is in the patient's relationship to the analyst as a real person, in what came to be described as the therapeutic alliance, that this maternal characteristic is expressed. Recognition of this aspect of the analyst's role has occurred only very slowly during the last four decades.

When the role of the therapist becomes explicitly gratifying for the patient, the treatment is no longer considered analytic. Instead, it is categorized as supportive treatment, which has long been viewed by analysts as a less effective, second-class mode of treatment. It is understandable that if the analytic conception of the therapist is based upon the paternal imago, it would derogate a competing conception of the therapist based upon the maternal imago.

Several of the contributors remark about the complexity of the child's formation of a paternal imago. Such an imago is powerfully influenced by the mother's perception of and attitude toward the child's father. As Linda Gunsberg puts it, "If father cannot be considered by mother to be a significant cornerstone of her son's mas-

[1] Lipton, S. D. (1977): The advantages of Freud's technique as shown in his analysis of the Rat Man. *Int. J. Psychoanal.*, 58:255-273.

culine identity, then her son will have serious difficulties in his emerging identity as a man and father" (p. 508). Carol S. Michaels reports that children with nonresident fathers create many "good father" fantasies and notes the strong impact of the maternal attitude toward the nonresident father upon good father fantasies.

Mary-Joan Gerson notes that "it appears that what has been traditionally defined as the oedipal, rather than the preoedipal, father is the silhouette on which fatherhood fantasies are sketched" (p. 140). The early preoedipal experiences with father serve as background, not foreground, in the representation of fathers. "It is as though the nurturance of . . . fathers has become merged with their earlier experience of dependence on their mothers and this is not easily integrated" (p. 140). Blos[2] is reported as believing that the preoedipal father-son attachment is the basis for striving for a warm, loving, constructive father-son relationship that is not saddled with oedipal tensions.

The role of the paternal imago for Abraham Lincoln is interestingly depicted by Charles B. Strozier and Stanley Cath. Lincoln's intense, pervasive deprecation of his father's imago was compensated for by a grandfather imago. Lincoln believed that his mother was illegitimate and that his own specialness was traceable to some Virginian grandfather of heroic proportions, a Thomas Jefferson or a George Washington.

Consideration of the role of the paternal imago for children of divorce results in a challenge to the prevailing mores for assigning custody of the child. Atkins notes that close to 50% of all children born in the last decade will spend some of their childhood years living with only one custodial parent. Albert Solnit reports that in well over 70% of divorces the mother is the custodial parent and the father lives separately. In Solnit's view noncustodial parents, mostly fathers, should accept the reality of separation by accepting the position of visitor and friend with the hope of a better relationship in the future. Atkins notes that in the five years following divorce, 50% of fathers will lose significant contact with their children.

Cath reports, "A striking concordance is that boys and girls living with the same-sex parent after a divorce do better in terms of social

[2] Blos, P. (1985): *Son and Father. Before and Beyond the Oedipus Complex*. New York: Free Press.

competency, superego development and general maturation . . . diminished contact with fathers is hardest on boys who are likely to manifest declinations in self-control, sleep, cognitive skills and academic motivation. . . . An interested father seems to be what a boy needs as an identity model and role model" (p. 462). Cath concludes: "It is not surprising that many authors call for greater scrutiny of the reflexive tradition of awarding sole custody and control to mother while assigning a substantially limited role to father after a divorce" (p. 462).

Much of the book is engaging. If you would enjoy having your curiosity piqued in relation to your notions about fathers and their families, try it. You'll like it.

JOSEPH SCHACHTER (PITTSBURGH)

FOUNDATIONS OF OBJECT RELATIONS FAMILY THERAPY. Edited by Jill Savege Scharff, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1989. 488 pp.

Family therapy emerged in the early 1950's, in the heyday of post-war ego psychology, as an attempt, largely by psychoanalysts, to study psychiatric disorders, schizophrenia in particular, which were viewed as adaptations to a disturbed family environment. Of the early pioneers in family therapy, Don Jackson in Palo Alto, Theodore Lidz and Stephen Fleck in New Haven, and Murray Bowen and Lyman Wynne in Washington D.C. were psychoanalysts. The early researchers probably began the family therapy movement in reaction to seeing the malignant effects of identifying only one person in a dysfunctional system as pathological. The movement over time became increasingly hostile to medical models, to professionalism in general, and to individual psychotherapeutic orientations, especially psychoanalysis.

The remarkable and persistent mutual mistrust between psychoanalysis and family therapy that has existed over the last forty years has begun to thaw, however slightly. Even models of infant observation and development have recently gone from a one-party to a familial frame of reference. A case in point is the current emphasis on "attunement" and on the quality of maternal *and* paternal relationships with infants, rather than on the child-centered Mahlerian model of stages of separation-individuation prevalent a few years ago.

The tradition of psychoanalytic family therapy, apart from the scattered writings and early works of Eisenstein, Mittelman, and Bergler, is not yet a quarter century old. It can perhaps be dated to the appearance in 1967 of Henry Dicks's *Marital Tensions*, which remains to date the finest book on psychoanalytically informed marital therapy.[1] Dicks, using a Fairbairnian framework, emphasized the replay of early conflictual object relations in later marital relations. He theorized that spouses relocated disowned parts of themselves into each other, forming the collusive basis for dysfunctional marital ties based on projective identification.

The basic concepts of Dicks and of subsequent psychoanalytic family therapists are actually not so much Fairbairnian as they are Kleinian,[2] emphasizing splitting and projective identification and seeing countertransference as the signal sensed within the therapist of pressure to collude with the system that uses projective identification to seal in dysfunctional, collusive patterns of relating. Projective identification is indeed the central concept in object relations family therapy. It is a mechanism of defense, the operation of which is viewed not as exclusively intrapsychic but as intrapsychic and transpersonal. In projective identification, the intrapsychic fantasy that an unacceptable or highly valued part of oneself is split off and put into another for disposal or for safekeeping is buttressed by complementary fantasies about the other and by complex, highly nuanced, communicative behaviors that stimulate, induce, coerce, and maintain collusion among intimates.

Also of central importance are the revisions and additions to Klein's theory to be found in Wilfred Bion's work on small group systems.[3] Bion's observations also put major emphasis on projective identification. They resulted from his viewing the activities of group members as though they emanated from the collective psyche as a whole and in relation to the leader in states of dependency, of pairing off, or in flight or fight activities.

W. R. D. Fairbairn adapted Kleinian insights to put more em-

[1] Dicks, H. V. (1967). *Marital Tensions: Clinical Studies towards a Psychological Theory of Interaction*. New York: Basic Books.

[2] Klein, M. (1946). Notes on some schizoid mechanisms. *Int. J. Psychoanal.*, 27:99-110.

[3] Bion, W. R. (1961). *Experiences in Groups and Other Papers*. London: Tavistock.

phasis on early family relationships. Dicks used Fairbairn's model not so much to serve as a complete theory of the mind or a theory of process but as a schema to represent the replay of early conflicts brought by each spouse into the marriage, i.e., the spouses' transferences to each other. Similarly, an earlier work by Jill and David Scharff[4] used a basically Fairbairnian nomenclature but went beyond his theoretical scaffolding.

Virtually all of the contributors to the present book's twenty-four chapters are centered in the Washington D.C. area. The editor, Jill Savege Scharff, together with David Scharff and Robert Winer, are prominent members of the Object Relations Family Therapy Program at the Washington School of Psychiatry, a center of educational, clinical, and scholarly activity that represents a fine amalgam of psychoanalytic principles and family therapy.

Of the book's twenty-four chapters, only Chapter III, "The Maintenance of Stereotyped Roles in the Families of Schizophrenics," is by the earliest generation of Washington psychoanalytically oriented family therapists. Fourteen of the chapters are authored or co-authored by either John Zinner or Roger Shapiro, the main contributors to the book and to American psychoanalytic family therapy generally. The book deserves a place in any psychoanalyst's or family therapist's library if only as a collection of Zinner's and Shapiro's pioneering papers, which remain of enduring value. The final six chapters are by the younger generation of the Washington school, Jill and David Scharff and Robert Winer. These elaborate on the integration of individual and family therapy, extend the object relations approach to sexuality, and take up the specific topic of technique.

Throughout the entire volume, the strongest part of the chapters is the clinically rich and therapeutically mature case material that consistently illustrates and exemplifies the various points being made. The contributors are by and large credible, psychoanalytically sophisticated, first-rate therapists. The overall therapeutic attitude constitutes a welcome relief from the generally immature, often sadistic and manipulative, sometimes extremely naïve and

[4] Scharff, D. E. & Scharff, J. S. (1987). *Object Relations Family Therapy.* Northvale NJ/London: Aronson.

gimmick-ridden case material that is so prevalent in the non-psychoanalytic family therapy literature.

The book's strong clinical grounding does not obviate the fact that for a truly usable object relations family therapy, the Fairbairnian theoretical underpinnings are in considerable need of modification and expansion. This reviewer endorses wholeheartedly the emphasis on spouses' replaying of archaic relationships in their families of origin and on their use of psychological projective identification to deal with these conflicts, but a comprehensive theory must do more than account for collusion and transference distortion based on earlier object relations. Neither the opening chapters on theory nor the collection of papers that follows puts sufficient emphasis on the lack of personality cohesion and the attendant shame that are present in the narcissistically vulnerable persons who comprise the majority of those who are treated with family therapy. The lack of attention to personality disorganization and to shame—their origin, how they are handled, and how they are defended against—leaves the book theoretically in an unsatisfactory state that fails to account for a wide variety of clinical phenomena which include envious attack, hostile dependency, retardation of separation and individuation, and escalation of conflict.

Shame conflicts, the emotion of shame itself, the conflicts posed by incohesiveness of the personality and the need for cohesion-producing relationships, ubiquitous struggle against identification with internal objects held in contempt, and behaviors toward family members that signify reversals of humiliating attachments to internal objects are not dealt with at all. Neither is the transformation of unacknowledged shame into rage—so eloquently emphasized by Helen Block Lewis[5]—that forms the basis of familial conflict escalation, envious attack, hostile dependency, or acting out. Also ignored are the shame that family members feel about their excessive reliance on other family members for cohesion and the manner in which these defenses against shame retard both separation and truly satisfying intimacy.

These shortcomings notwithstanding, this is an excellent collection of papers that gathers together some of the finest of American

[5] Lewis, H. B. (1971). *Shame and Guilt in Neurosis*. New York: Int. Univ. Press.

psychoanalytic family therapy articles to date. It is part of a larger enterprise led by the Scharffs that has elevated psychoanalytic family therapy to a discipline with a center of scholarly, clinical, and educational activity. It can be recommended wholeheartedly to family therapists, to child therapists and analysts, and, indeed, to psychoanalysts and psychodynamic therapists generally.

MELVIN R. LANSKY (LOS ANGELES)

DRIVE, EGO, OBJECT, AND SELF. A SYNTHESIS FOR CLINICAL WORK. By Fred Pine. New York: Basic Books, Inc., 1990. 279 pp.

It is a pleasure, albeit somewhat mixed, to welcome Fred Pine into the thin ranks of psychoanalytic ecumenicists—the stubborn few who refuse to join one of the competing schools that vie for our allegiance in this era of *glasnost*. Undaunted by the prevalent demands for theoretical and technical simplicity, Pine insists that unprejudiced attention to clinical material demonstrates that the four clusters of issues alluded to in the title of his book may have independent roles in pathogenesis, though in varying proportions in different instances. He rightly implies that excessive emphasis on one of these clusters (or perhaps a combination of two of them) characterizes the approach of many of the ideological factions within psychoanalysis. The latter may therefore be condemned as reductionistic, although Pine grants their proponents some credit for highlighting one or another of what he regards as the alternative "psychologies" at our disposal.

The argument for an ecumenical position stands or falls on the persuasiveness of its proponents' clinical accounts—at least, this will continue to be the case as long as unbiased follow-up studies of analyses conducted in accord with different premises remain unavailable. Pine is clearly aware that his narratives of clinical work form the core of his book; in addition to two cases culled from the literature, he provides a dozen fresh clinical illustrations, ranging from relatively brief vignettes to a couple of fuller accounts from completed analyses. Depending on the particular purpose of the illustrative material, it might be focused on reasonably detailed extracts from specific sessions (even some verbatim accounts), or it might organize narratives of analytic process in terms of the meaning of the data encoded in the construct language Pine favors.

However Pine organized each of his presentations, I found them clear, coherent, and lifelike. For me, they conveyed the extent of the human complexity we encounter in our consulting rooms. Pine always provides sufficient detail to permit the reader to grasp the rationale of his conclusions whether one agrees with them or not. His reasoning seldom outruns the evidence on which it is based, and he is generally aware when he might be challenged for making claims he cannot entirely justify.

To be sure, I am not an unbiased reader, for I have advocated over the past twenty-five years most of the therapeutic maneuvers Pine illustrates in this book. For example, his argument for the necessity of parametric interventions in cases of people suffering from "ego defects" echoes the theme I tried to underscore by entitling one of my books *Beyond Interpretation*.[1] I shall return to questions of therapeutic technique later in this review; here, it may suffice to note that although I have offered even more detailed clinical material to show the usefulness of various approaches than Pine does in this book, my efforts have never persuaded skeptics, because it is literally impossible to present enough data to rule out alternative readings.

In other words, although Pine has convinced me that in clinical matters he knows what he is talking about, I doubt that partisans of more prescriptive therapeutic techniques will be equally satisfied by his case vignettes. However, prejudiced as I am in favor of giving equal weight to all of the issues singled out by Pine (or to any others we may choose to highlight!), I am not at all satisfied that in any particular instance his specific choice was other than arbitrary. I do not mean to assert that Pine did not have excellent reasons for focusing on the psychological issue he chose—only that he has failed to specify why one of the alternatives would have been less advantageous in that particular contingency. In order to make my point entirely clear, it may be useful to refer to one of the examples Pine has provided.

He briefly describes one session with a "Mr. C." (pp. 130-135) that shows the importance of each of the "psychologies" in Pine's system: "Our view [was] informed by the drive psychology (his

[1] Gedo, J. E. (1979): *Beyond Interpretation. Toward a Revised Theory for Psychoanalysis.* New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1983, 52:271-280.

sadomasochistic fantasies) and the object relations psychology (its place in repetition of old relationships). But the ego psychology (its use for defense), and the psychology of self experience (as it was core to his sense of himself, deeply coloring his low self-esteem) were also part of the picture as we came to know it." However, in the verbatim accounts of parts of the session, Pine reports his own interventions as a series gradually focusing on the transference significance of the patient's behavior within the session itself. These interpretations gained the analysand's concurrence and led to associations revealing an identification with certain objectional characteristics of his father.

On the basis of the data we are given, we have no reason to doubt the validity of Pine's interpretations or their usefulness in promoting further self-inquiry. Yet we have absolutely no way of judging whether his was the best possible approach to this clinical contingency—Pine is implicitly asking us to take his word for this. But how can he rule out the possibility that it would have been preferable to pursue the tack on which Pine actually started in this session, that of dealing with the patient's unceasing resort to the disavowal of the significance of his own thoughts? Perhaps, in fact, it might have been even better to focus on the analysand's delinquency in withholding his associations (and the senselessness of believing that any good could come from failing to report everything)—a matter of superego pathology, not easily accommodated in Pine's four-part schema.

In pointing out these uncertainties, I am trying to address the crucial flaw in this book: Pine's failure to articulate rules of transition among his four psychologies. I am perfectly willing to grant that Pine himself may be able to shift comfortably from one to another at appropriate junctures (in other words, that he is operating in accordance with a set of rational criteria), but he has kept the secrets of this art to himself. He is not far from claiming that it is easy—that one only needs to do what comes naturally through the sheer exercise of one's intellect.

Another way to state my objection is to point out that Pine's ecumenicism is too self-indulgent: he fails to deal with the fact that his four fragments of clinical theory are in many ways mutually exclusive. Pine explicitly argues that no unifying framework is needed to integrate these "psychologies," that they are properly linked in terms of clinical practice and the patient's actual experi-

ence. As I understand this, Pine is proposing to discard the theoretical aspects of our concepts of drive, ego, object relations, and self; his use of these constructs amounts to no more than phenomenological classification in terms of wishes, adaptive mechanisms, patterned transactions with others, and subjective experience, respectively. Pine defends this evisceration of psychoanalytic theory by claiming that "there is nothing at all to keep in mind in an analysis except what the patient is saying; all the rest is clutter (until such point as theory helps clarification)" (p. 258). This statement contains a hidden contradiction: without our having pre-existing theoretical commitments, whatever patients say will amount to clutter. Pine's position represents an effort to justify flying by the seat of one's pants—theoretical anarchism disguised by means of therapeutic talent.

Obviously, I believe that Pine's talent as a therapist is not merely God-given, that he is actually using the clinical theories popular in the past generation, those of ego psychology, the objects relations school, and self psychology. He is well aware of the fact, almost universally endorsed by the adherents of these views, that they are irreconcilable with each other. Pine claims the right to use them all nonetheless, in a manner so loose that their original sense is lost. This strategy spares him the immense trouble of finding a new theory that could accommodate the data behind these competing proposals without internal contradictions.

Only in one brief passage (p. 146) does Pine show awareness of the fact that the issues he addresses in his analytic work must, in the mental life of every person, be integrated in some lawful manner. He calls the configuration wherein the individual deals with these matters a "personal hierarchy." The admission that every personality is an integrated whole betrays the fact that Pine is not merely dealing with four separate psychoanalytic theories: he should be trying to articulate one theory that can encompass all the issues he deems significant. In such a theory, each of his "psychologies" can only amount to a discrete line of development. Arnold Goldberg and I presented one proposal for the hierarchical arrangement of these (and certain other) developmental lines in 1973.[2] Since 1979,

[2] Gedo, J. E. & Goldberg, A. (1973): *Models of the Mind. A Psychoanalytic Theory.* Chicago: Univ. of Chicago Press. Reviewed in this *Quarterly*, 1974, 43:674-677.

I have called such a supraordinate organizing schema that of the "self organization." I find it inexplicable that Pine fails to discuss these proposals in his book.

My work is by no means singled out for this kind of benign neglect: Pine actually fails to discuss any of the not inconsiderable literature dealing with the awesome problem that psychoanalysis does not have an accepted unitary theoretical framework. I shall not provide a reference list of the relevant publications here; instead, for reasons that will, I hope, become apparent, I wish to single out for mention the struggles of Heinz Kohut with this problem. It will be recalled that Kohut felt he had made clinical discoveries that were not well accommodated by previous analytic theories; by 1972, he gave up his lengthy effort to force them into the framework of drive and ego psychology. For a number of years, he then advocated the simultaneous use of two complementary clinical theories, the traditional one (which, according to Kohut, dealt with the problems of "Guilty Man") and Kohut's novel proposals (which were designed to illuminate those of "Tragic Man"). It will also be recalled that ultimately Kohut chose to give up this theoretical incoherence, devising the system known as self psychology on the basis of unitary premises.

I review these familiar events because Pine's present viewpoint is essentially homologous with Kohut's intermediate position. It is true that Pine claims to be dealing with four issues, but in conceiving of the Guilty Man/Tragic Man dichotomy, Kohut was doing the same: in his schema, Guilty Man is beset with the conflicts of drive versus ego, while Tragic Man struggles with a defective self because of the legacy of former object relations. In the chapter Pine devotes to illustrating various kinds of "personal hierarchies," he presents the case of "Mr. F." as one of "oedipal centrality" (Guilty Man). As a coda, Pine adds a brief vignette about "Mr. G.," characterized as "a hierarchy of self and object issues 'under' drive-defense issues." This is a case explicated in the exact manner Kohut[3] used to present his controversial (but by now celebrated) case of "Mr. Z." At the very least, Pine owes his readers some explanation of how his current views differ from those of Kohut fifteen years ago. We

[3] Kohut, H. (1979): The two analyses of Mr Z. *Int. J. Psychoanal.*, 60:3-27.

ecumenicists should hold ourselves to a higher standard than do the mere sectarians.

JOHN E. GEDO (CHICAGO)

THE DEVELOPMENT OF THE EGO: IMPLICATIONS FOR PERSONALITY THEORY, PSYCHOPATHOLOGY, AND THE PSYCHOTHERAPEUTIC PROCESS. By Stanley I. Greenspan, M.D. Madison, CT: International Universities Press, Inc., 1989. 380 pp.

The author declares for his book an impressively ambitious and somewhat confusing series of aims: "This work will present a comprehensive theory which looks simultaneously at the biological . . . and the interactive . . . underpinnings of the ego, as well as the stages that the ego uses to organize itself, namely, its own experience. [It] will also postulate the developmental pathways by which biology and experience express themselves in various psychopathologies . . . provide a model both for future research and further theory building . . . suggest a needed reexamination of a number of core concepts in dynamic thinking, including identification, repression defense, and drives . . . discuss applications to clinical practice [including] the classic psychoanalytic situation with both children and adults [and] short-term psychotherapy involving couples, families, and groups [and] evolve a model of preventive therapeutic work with both children and adults which takes advantage of the ego's own tendencies toward growth, conflict resolution, and new levels of integration" (p. x). Not surprisingly, the author's reach exceeds his grasp.

The book consists of eleven chapters, the first two of which explicate Greenspan's present theories of the stages of ego development (Chapter 1) and of psychopathological development (Chapter 2). The remaining nine chapters are concerned with the application of these developmental theories to a number of areas of clinical interest and, in Chapter 3, to some psychoanalytic concepts. Chapters 1, 2, and 11 repeat material Greenspan has published in journals, and the first two chapters are primarily based on three of his previously published books.

In Greenspan's current description of ego development, he hypothesizes that it occurs in six stages: (1) homeostasis, 0-3 months; (2) attachment, 2-7 months; (3) somatopsychological differentia-

tion or purposeful communication, 3-10 months; (4) behavioral organization, initiative, internalization, and a complex sense of self, 9-18 months; (5) representational capacity, 18-30 months; and (6) representational differentiation, 24-48 months. The scheme differs in some details from an earlier version,[1] though the existence of these differences and the reasons for them are not explained. Apparently, the author assumes the reader will not have read the relevant previous work. This is an unfortunate omission because there is considerable overlap, and both the earlier and the later versions would have benefited from a discussion of what led to the choice of the particular stages and to their modifications. Without such an explanation, the developmental divisions come across as being made arbitrarily and primarily on the basis of observed behavior with only incidental psychic (as distinguished from cognitive) counterparts.

The developmentally sophisticated reader will understand that Greenspan's description of his approach as "developmental structuralist" is meant to convey his commendable effort to integrate Piagetian with psychoanalytic psychology. However, the less well informed reader may be misled by another unfortunate omission, and that is an adequate account of psychoanalytic developmental ideas. For example, Spitz's 1959 monumental contribution to early ego development and pathology[2] is not recognized, nor are Mahler's many contributions to the interface between normal development and psychopathology. Without an explicit acknowledgment of such sources, the newcomer to this field could get the impression that this impressive intellectual edifice was constructed primarily by the author.

While the author referred to Nunberg's notion of the "synthetic function" of the ego in an earlier work,[3] and seems to have understood it primarily as equivalent to Piaget's concept of assimilation, an appreciation of the central role of the integrative functions of

[1] Greenspan, S. I. (1981): *Psychopathology and Adaptation in Infancy and Early Childhood. Principles of Clinical Diagnosis and Preventive Intervention.* New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1984, 53:122-127.

[2] Spitz, R. A. (1959): *A Genetic Field Theory of Ego Formation: Its Implications for Pathology*. New York: Int. Univ. Press.

[3] Greenspan, S. I. (1979): *Intelligence and Adaptation: An Integration of Psychoanalytic and Piagetian Developmental Psychology*. New York: Int. Univ. Press. Reviewed in this *Quarterly*, 1983, 52:452-458.

the ego is noticeably lacking here. As a consequence, Greenspan's depiction of the ego is that of a cognitive engine. References to the importance of drives are not convincing, nor does the superego play a role in the development of the engine. The concept of the mutual influences of id, ego, and superego is absent in this book, and one gets a sense that cognition is the driving force behind other aspects of development.

In addition, there are conceptual problems scattered throughout that complicate the reader's task. For one example, the author asserts that "the infant evidences a variety of affects or affect proclivities" and refers to the work of Tomkins, of Ekman, and of Izard (p. 3). However, their work all deals with the facial expression of presumed affects, not to the subjective experience of affect. One wonders if the author believes the difference to be of any importance. Another example is the attribution to Hartmann's 1939 work, *Ego Psychology and the Problem of Adaptation*, of this idea: "Psychic structure, rather than being seen as evolving from the transformation of drive energies, is viewed as existing from the beginning as part of 'an undifferentiated matrix,' while drive-affect dispositions are acquired through maturation and the accumulation of human experience" (p. 124). This is a provocative interpretation of Hartmann which is debatable for a number of reasons.

Greenspan is more successful when he describes the limitations of data derived from what he refers to as "selected focused experimental findings," i.e., laboratory experiments with infants. In a cogent discussion of Daniel Stern's work, he details the fallacies involved in making overgeneralizations from narrow experimental observations to broader areas of experience and interaction. To make such generalizations, he points out, one must first take account of differences in the way information is processed in different modalities, in different individuals, at different developmental levels, between interpersonal and impersonal stimuli, and as contrasted with age-appropriate expectations and the actual functional capacities of a particular individual at that time.

The value of the author's one-sided approach to ego development becomes more clear in the second chapter, however. There one finds examples of the pathogenic impact on the developmental process of defective central processing. Once the reader has been sufficiently sensitized to the details of early cognitive development, it is easier to understand the cascading effects of mother-infant

misattunement, resulting in severe developmental deviations and defects. There are interesting suggestions for helpful interventions based on this understanding, suggestions similar to those made by Brazelton and by Fraiberg, although they are not referenced. The author goes on to speculate, unconvincingly, on the possibility that early misadventures of this sort might underlie obsessive-compulsive, hysterical, and phobic disorders.

The remaining chapters have in common with the first two the value of the opinions and experience of a developmentally expert and experienced clinician, stated often in declarative fashion. They will appeal to other experts who are interested in the particular areas covered, rather than to beginners in the field, but they will not convince any analyst not already an advocate of the value of detailed knowledge of early infant and childhood development. However, the author is impressively consistent in applying his learning theory approach to particular concepts in psychoanalytic theory, and to the technique of psychoanalysis and psychoanalytically oriented psychotherapy. One might have wished for some recognition that many of his points have been discussed at length by other authorities; and on some occasions they are misleadingly simplistic. For example, in Chapter 5, The Psychoanalytic Process, he states that "oedipal transferences have to do with triangular conflict involving sexuality, aggression, and negative and positive oedipal strivings. Preoedipal transferences involve issues around anger, dependency, separation, and control" (p. 172). The author is not clear whether he makes a distinction between aggression, as in oedipal transferences, and anger, as in preoedipal transferences. His implications that sexuality and aggression are not issues in preoedipal transferences is only one point of many open to question here. Also, the nature of the psychoanalytic process is conceptualized in terms of the learning theory advocated by Greenspan; it conveys to the reader the notion that changes in behavior occur when undesirable patterns of responses are unlearned as a consequence of a kind of corrective cognitive experience with the analyst. The roles of transference interpretation, conflict resolution, and insight are not addressed.

While the author's reach exceeds his grasp and a comprehensive theory does not emerge from this work, the range of subjects covered is remarkably broad. In addition to the topics already men-

tioned, other chapters deal with ideas of therapeutic change, short-term therapy, couples, family, and group therapy, and work with children and with infants with developmental disabilities. In general, the writing style throughout the book is not felicitous, tends toward tedium, and would benefit from closer editing. Reading this book, however, will significantly sharpen the experienced clinician's sensitivity to and perspective on cognitive phenomena in development, in pathogenesis, and in a variety of treatment settings.

ROBERT L. TYSON (LA JOLLA, CA)

HANDBOOK OF PHOBIA THERAPY. RAPID SYMPTOM RELIEF IN ANXIETY DISORDERS. Edited by Carol Lindemann, Ph.D. Northvale, NJ/ London: Jason Aronson, Inc., 1989. 434 pp.

Psychoanalysis has always been beset by charges of insulation and parochialism. What such admonitions usually mean is that psychoanalysts do not familiarize themselves sufficiently with the fine print of kindred fields, such as psychiatry, psychology, philosophy, neurophysiology, and anthropology, for if they did, they would surely mend their theories and change their practices. On the other hand, our critics are themselves likely to be only approximately familiar with the technicalities of psychoanalysis, so that their recommendations are often addressed to merely fictive psychoanalytic theories and practices. Such is part of the normal exchange that goes on across boundaries of disciplines that hold certain interests in common. However distracting and digressive this state of affairs might be, it is not altogether unproductive, because it moves many practitioners on both sides of a boundary to get better acquainted with another's point of view on a shared interest, thereby enabling a realization yet again of all the subtleties that are entailed in one's first principles and the practices they constitute.

Particularly sensitive and often intimidating exchanges for the psychoanalyst go on at the boundaries of clinical research, because, among other things, psychoanalysis is importantly a clinical practice, and therefore diagnosis and prognosis have always been especially urgent matters for the psychoanalyst. Indeed, the nature of analyzability, its limits and forms with respect to differential diagnosis, e.g., anxiety as distinguished from panic disorder or neurotic

versus organically generated depression, were problems that Freud constantly reckoned with from the very outset of his psychoanalytic work. Responsible not only for the actual care of a troubled public but also for the repute of the psychoanalytic method itself and its perspective on the neuroses, no analyst is indifferent to the clinical claims made by other approaches to diagnosis and therapy. Now and again every analyst will peruse the clinical reports of various schools of thought at the boundaries of psychoanalysis, even if merely for the sake of self-acquittal.

The occasion for these interdisciplinary observations is the publication of *Handbook of Phobia Therapy*, a collection of serious and informative chapters edited by Carol Lindemann, a specialist in the treatment of phobias, who has rounded up a range of contributors, each of whom offers a decided approach to the diagnosis and treatment of anxiety disorders. For the psychoanalyst, it is good to have in one handy place the whole scope of this particular specialty, rendered, moreover, in enough fine print to spell out a technical version of the specialty.

To be sure, there are expectable misapprehensions of the psychoanalytic approach to things, which are bound to crop up in this particular book because certain versions of psychoanalytic therapy are the foils for the promise in the subtitle *Rapid Symptom Relief in Anxiety Disorders*. For example, in an otherwise compelling opening chapter by Lindemann on the development of phobia therapy, one finds the familiar non sequitur that the complexities of the analytic theory of pathogenesis interfere with the analyst's understanding of and compassion for the patient's suffering on its own merits. Thus Lindemann writes: "The analytic viewpoint that phobias are based on underlying conflicts, and that avoidance of the phobic situation is a symbolic avoidance and fulfillment of the conflicted impulse, directs the therapist to look away from the patient's concrete conscious experience of distress" (p. 4). Fortunately, such moments are few and far between, so the analyst-reader's attention is not polemicized and can remain with the task of grasping a world of activity going on just across the way from clinical psychoanalysis and its own variously derived psychotherapies. In the various chapters of this work the analytic practitioner will find a number of reassuring correspondences between psychoanalytic practice and the specialized techniques described. Before I get to this, however,

I want to recount the organization of the twenty chapters that comprise this handbook.

I have mentioned Lindemann's excellent opening overview of a field of practice that specializes in anxiety disorders. She also introduces each chapter with a succinct preview of its content. The first eight chapters of this two-part book are devoted to problems of diagnosis, epidemiology, and treatment results. Thus Ira Lesser's "Diagnosing Anxiety" is a concise and scholarly history of psychiatric conceptualizations of anxiety disorders leading up to the present status of the diagnostic problem. This is followed by a long chapter by Dianne Chambless on agoraphobia. Like many chapters of the book, this one is remarkable for its clinical protocols and for the sobriety and modesty of its evaluation of therapeutic claims, including those of pharmacotherapy. Part I concludes with a chapter on obsessive-compulsive disorders by Edna Foa and Gail Steketee that maintains the high authorative level of the other reviews in this section of the various "phobic" conditions, such as generalized anxiety disorder and childhood phobias. Every analyst in practice for any reasonable amount of time will have seen much that is presented in these chapters and will be edified to see how such things look through another's eyes.

Part II consists of a dozen chapters on a variety of techniques with what will seem to most analysts curious, if not off-putting, appellations—cognitive-behavioral therapy, several varieties of desensitization therapy, imaginal desensitization therapy, systems therapy. Toward the end of this section is a friendlier-looking chapter by Sander Abend called "Psychoanalytic Psychotherapy," which gives an account of the psychoanalytic theory of the formation of a typical phobic symptom and an illustrative case presentation. Eric Hollander and Donald F. Klein conclude the book with an up-to-date report on current psychopharmacological approaches to anxiety disorders.

Perusing this second section, the analyst will detect the correspondences with psychoanalytic approaches to the problem of phobias I mentioned earlier. As Lindemann rightly states in her introduction to Abend's psychoanalytic chapter, the psychoanalyst undertakes the treatment of anxiety conditions with more elaborate therapeutic ambitions than the various psychotherapy specialists represented in the rest of the book. However, there is a marked

convergence that has to do with the psychoanalytic idea of encouraging in the analytic patient what Fenichel called the counter-phobic attitude.[1] When one thinks about it, the analysand's trials with the task of free association itself entail a conquest of resistance by a counter-phobic attitude, which resembles the various "desensitization" techniques reported in this *Handbook*. Indeed, in his brief clinical encounter with Bruno Walter, who had developed a hysterical paralysis in his conducting arm, Freud himself practiced a bit of "rapid symptom relief" by urging Walter to go on with a scheduled concert:

> *Walter*: "But I can't move my arm."
>
> *Freud*: "Try it, at any rate."
>
> *Walter*: "And what if I should have to stop?"
>
> *Freud*: "You won't have to stop."
>
> *Walter*: "Can I take upon myself the responsibility of possibly upsetting a performance?"
>
> *Freud*: "I'll take the responsibility."[2]

Walter went on that evening with little problem, and after a subsequent series of sessions with Freud, the functioning of his arm was restored to normal. While this is not what is typically meant by psychoanalytic therapy, the incident contains many germs of the method, such as encouragement to face a phobic situation, followed by a process of working-through.

The point is that psychoanalysts may want to touch base with such a report as *Handbook of Phobia Therapy* not only to relieve a sense of professional isolation but also to be reminded of much that analysis still has to offer colleagues who engage common clinical problems as if with wholly different concepts and wholly other means.

DONALD M. KAPLAN (NEW YORK)

[1] Fenichel, O. (1939). The counter-phobic attitude. *Int. J. Psychoanal.*, 20:263-274.

[2] Clark, R. (1980). *Freud: The Man and the Cause*. New York: Random House, p. 193.

WOMEN ANALYZE WOMEN. IN FRANCE, ENGLAND, AND THE UNITED STATES. By Elaine Hoffman Baruch and Lucienne J. Serrano. New York/London: New York University Press, 1988. 424 pp.

This is an unusual and interesting book. The authors have assembled interviews with nineteen women, most of whom are analysts, nine from France, four from England, and six from the United States. It was their hope that some important aspects of the flavor of the personality would emerge, together with the style of their thinking. Therefore, the authors have provided brief descriptions of their subjects' work settings and of the women themselves. The interviews are also informal in style, affording ample opportunity for each of them to develop thoughts as they wish.

It would be fair to say that the authors have succeeded in their attempt to help the reader gain an impression of the person in various ways, as well as to become more familiar with the issues which seem to be most urgently on each individual's mind. However, it would be equally fair to say that the reader should not expect to find complete, well-developed expositions of the points of view of each of the women interviewed. The effect is impressionistic but also stimulating. Also, the differences, as a group, between the French analysts on the one hand and the English and American on the other are quite intriguing.

From France, the authors interviewed Dominique Guyomard, Monique David Menard, Joyce McDougall, Catherine Millot, Françoise Petitot, Janine Chasseguet-Smirgel, Julia Kristeva, Luce Irigaray, and Monique Schneider. The evidence of Lacan's influence is clear here, as even those who have not been or are not any longer his followers take account of him importantly in their thinking about theory in general and about the psychology of women. All the women interviewed in the three countries have strong roots in other fields, but the French analysts were selected more heavily from those who came into analysis from philosophy. It may be this, or it may be just a reflection of the climate of the time, but the French analysts as a group speak more abstractly, and it is difficult to always achieve clarity about what they mean. For the reader already well versed in these currents of thinking and dispute in France, these sections would be more rewarding.

From England, the authors interviewed Juliet Mitchell, Enid Bal-

int, Hanna Segal, and Dinora Pines. Among these, the influence of Klein and Winnicott is obviously very strong. From the United States, they interviewed Marianne Eckardt, Dorothy Dinnerstein, Jessica Benjamin, Donna Bassin, Muriel Dimen, and Diana Trilling. It is clear from the list that the authors have laid some important limits on who would be selected for interviews. Many more women analysts are interested in and write about women's psychology than are included here, and conspicuously absent are representatives of the establishment. It seems clear that the authors were interested in choosing those who in one way or another could be characterized as feminists and also could be considered as part of a ferment for change from more classical psychoanalytic ideas, however much these have changed or been added to over the years. The reader should not look for a balanced or complete view of the ways in which women analysts think about or work on women's issues. However, this work provides a stimulating glimpse into the kinds of energetic challenges coming from certain groups.

The authors provide an extended introduction which helps to clarify the position from which they approach these interviews. As might be expected, many of the questions they pose to their subjects are rather leading ones which reflect their own position. Because the authors themselves have backgrounds in literature and language and because a great deal of this work and discussion goes on outside our standard psychoanalytic journals, the book gathers together interesting and different voices which any psychoanalytic reader would find stimulating.

**ADRIENNE P. APPLEGARTH (SAN FRANCISCO)**

IMAGES OF FREUD. CULTURAL RESPONSES TO PSYCHOANALYSIS. By Barry Richards. New York: St. Martin's Press, 1989. 211 pp.

For the clinician, psychoanalysis is an emotionally demanding, hands-on profession, not an intellectual exercise, nor a cultural phenomenon. Yet it is impossible not to notice, on emerging from the consulting room and glancing at the newsstand, or browsing through the bookstore, that another "psychoanalysis" exists. It is the psychoanalysis that floats polymorphously in the minds of the press, the general public, the literati, the artists, the revolutionaries, the academics, the politically correct, the politically incorrect, *et al.* The clinician is apt to shrug off this torrent of written material as

superficial cant. Yet, for those who once in a while choose to peruse this material, and especially for those unfortunate New Yorkers who must every Tuesday confront the *Science Times* and every Sunday *The New York Times Book Review*, a book has arrived which may well be worthy of attention. A readable, well-written tour guide has appeared by which the reader may venture, without getting hopelessly lost, into this cultural Tower of Babel, now filled level by level with intellectualized and distorted perceptions of psychoanalysis. The author, Barry Richards, is particularly well qualified to have written such a guide. An ex-clinical psychologist who now lectures in the Department of Sociology at the Polytechnic of East London, Richards, with analytic honesty, describes the personal, emotional, and intellectual odyssey that has led him to his present position. Beginning as a left-leaning socialist of the British variety, Richards was early attracted to psychoanalysis as a potential support for his political views. Passing through the Human Potential Movements and the revolutionary fervor of the 1960's and the 1970's, while at the same time studying psychoanalysis intensively, both as an analysand and as a student, Richards grew progressively critical of the political and psychological movements of the times. Of particular relevance for his present book, Richards developed a clear perception of the precise ways in which these movements, whether through enthusiastic adoption of psychoanalysis, or energetic opposition to it, distorted the essential principles of psychoanalysis as developed by Freud. Richards has organized his personal odyssey into a very interesting book.

Lest the above introduction create misunderstanding, it needs to be stated that this book is not an autobiography but a serious intellectual exercise. In his opening chapters Richards gives a clear and relatively sophisticated exposition of the essence of Freudian psychoanalysis as he sees it. Although well aware of current clinical issues, Richards emphasizes, for the purpose of his discussion, the "pessimistic" or "tragic" implications of Freudian analysis. For Freud, as viewed by Richards, human development comprises an ineluctible series of losses and the conflicts which develop in response to them: the loss of the illusion of infantile omnipotence; the difficult evolution from narcissism to object relationships; the loss of the illusion of exclusive parental love as a vicissitude of infantile sexuality; the loss of the illusion of unisexuality; the loss of

the illusion of human "goodness" through contact with the ubiquity of aggression. Because of all of this, Freudian psychology, Richards observes, has been too somber and too difficult for the culture to absorb in its undiluted form: hence the inevitable distortions and mutations of psychoanalysis. Richards sagaciously divides the taxonomy of these psychoanalytic mutations into three main species, believing as he does that these three typify most of the current misconceptions and distortions of psychoanalysis. The three species are: academic psychology; humanistic psychology; and radical politics.

The section on the dismal fate of Freud in academic psychology will come as a particular jolt to those who hoped that the opening of psychoanalysis to this field would lead to mutual enrichment. But it will come as no surprise to those analysts who have had the curiosity to open the psychology textbooks brought home from college by their sons and daughters. For, as Richards illustrates, in those few textbooks in which Freudian analysis is not officially pronounced dead, the surviving "Freudian" remnants are unrecognizable. Nothing seems to be included of psychoanalysis since the early 1920's, and even these early references are distorted. Richards admits that he is speaking mostly of British textbooks, but guesses that American textbooks are the same. This reader can vouch for that. Richards is well aware of that segment of postgraduate academic psychology which seriously engages psychoanalysis (e.g., Division 39 of the American Psychological Association), but he wonders about the ultimate lasting effect of the distortions which such students have to overcome in their college courses in order to have motivation and capability for psychoanalysis on the postgraduate level. Richards is particularly outraged at academic psychology for its selective abandonment of its usual scientific standards, its disregard of the rules of evidence, and its throwing-to-the-winds of historical scholarship when it comes to the intellectual entombment of Freud. To the analyst familiar with the history of psychoanalysis, this is a sad but familiar tale.

Not much more encouragement is to be derived from the humanistic psychologists: Rogers, Maslow, et al. Richards provides a useful review of the main tenets of these workers. In essence, these apostles of the flower generation have thrown out the bath water but kept the baby, i.e., they have simply abandoned the whole

complex clinical apparatus of conflict, repression, and defense. Or, more accurately, all these analytic ideas have been energetically rebelled against as if they were the imposition of hostile parental authority. Instead, a feel-good, let-it-all-hang-out approach is substituted on the basic assumption that the Human Being is Naturally Good. The "tragic" Freud is dismissed. Richards is particularly amazed—but not surprised—at the wide acceptance, and even elevation, of the humanists by the academic psychologists of those days. Rogers and Maslow were the ideological and political leaders of the profession.

Yet more discouraging are the distortions of the Freudo-Marxist political radicals (Marcuse, Kovel, Reich, *et al.*) whose efforts to employ Freud in the service of Revolution all come to nothing. These revolutionaries make a similar effort to jettison the "tragic" Freud, i.e., the clinical phenomena of loss, conflict, repression, etc., although now the source of these difficulties is found, of course, to be the capitalist state. Here there is an overlap with the humanists and academic psychologists, in that all deny that the source of psychological difficulties resides in human nature itself, as observed by Freud. Richards is very lucid as he wends his way through the various humanistic, utopian, and political philosophies. Because of space limitations, his account can only be commended, not described in detail.

Richards supplies concluding chapters on the outlook for the future. Here it seems to this reader that Richards has a few more miles to go on his intellectual odyssey. For he concludes, in an overarching view, that *all* of the above three distortions of psychoanalysis are in themselves caused by the ambient ideology of market capitalism, which focuses on the freedom and satisfaction of the individual and denies the existence of the Other (*cf.*, p. 143). In this way, according to Richards, market ideology itself ignores the main task of human development as defined by psychoanalysis (the development of object relationships), as do both humanistic psychology and revolutionary Freudo-Marxism. Richards here freely admits that he is being vague, in that the term "market" has never been clearly defined (p. 147), but he does seem to accept uncritically the notion that a capitalist market by its nature fosters narcissism (selfishness) and thus interferes with the development of object relations. Here it seems that Richards endeavors to achieve a

blend of British object relations theory with his original socialism, and has become confused as a result. For, apart from the mixing of levels of data (clinical and sociological—a methodological problem of which Richards, to his credit, is aware), it seems to this naïve clinician—perhaps relying too little on philosophy and too much on naturalistic observations of parents and grandparents in the "market"—that a "market" at any level *in and of its very essence involves object relations.* Put simply: you want to sell something? You have to have a customer. You have no customer? You have no market. A minimum of two human beings, at least, is necessary for a market, and "sellers" must have at least a rudimentary empathy with "buyers" (their wants and needs)—or sellers sell nothing.

At any rate, one looks forward to Richards's next effort, incorporating as it must the collapse of socialism in Eastern Europe and the yearning of its peoples to belong to "markets." These vast phenomena occurred after the publication of the present book.

This problem aside, Richards's book can be endorsed as among the very few in this area whose clarity, brevity, and freedom from jargon recommend it to the psychoanalyst. And it is impossible to disagree with Richards's basic premise:

> . . . in studying the patterns of psychic and social meanings that have cohered around ideas about psychoanalysis, with its rich and difficult messages, we may hope to learn something of value about how we currently understand ourselves and our possibilities (p. 175).

**HERBERT M. WYMAN (NEW YORK)**

PSYCHIATRY AND THE CINEMA. By Krin Gabbard and Glen O. Gabbard. Chicago/London: The University of Chicago Press, 1987. 304 pp.

In Jonathan Demme's 1991 thriller, *The Silence of the Lambs*, two psychiatrists figure prominently in the plot's action. Dr. Childrun, the sadistic director of a forensic hospital, is depicted as obnoxiously arrogant, insecure, and slimily, ambiguously sexual as he attempts to dominate the young heroine, Clarice Starling. Far from being an empathetic physician or even a competent doctor (only in the novel is it explained that he is not a physician or psychologist), Dr. Childrun is the quintessence of ruthless and vengeful ambition as he tortures his psychiatric patients by depriving them of their

possessions or blasting evangelical television broadcasts at them day and night. The forensic hospital itself is envisioned more as a medieval dungeon—complete with stone walls and steel bars—than a psychiatric facility.

The other psychiatrist is Dr. Hannibal "The Cannibal" Lecter, a brilliantly insightful, manipulative sociopath who has been imprisoned for life for his offbeat culinary tastes (murdering his patients and then consuming choice bits and pieces). Of one of his former patients, he states, "It was the best thing for him, really. Therapy was getting him nowhere." Clarice is convinced that Lecter holds the key to the case of Buffalo Bill, a serial murderer who skins his female victims.

For all his hideousness, however, Lecter is by far the more sympathetic character. Not only is the ever-competent Anthony Hopkins cast to play Lecter, but his "star" status ensures an almost instantaneous viewer identification. Further, the film revolves around the complex, seductive sadomasochistic play between him and Clarice interspersed with quasi-therapeutic encounters centered upon Clarice's memories of her father, her identification with him, his death, and her subsequent difficulties, including her runaways and struggles to create an identity for herself. As the film progresses, more and more focus is given to the solution to Clarice's own internal mystery until, in a final, cathartically "therapeutic" moment with Lecter, a crucial memory is retrieved enabling Clarice to cry and, by extension, solve the Buffalo Bill mystery (which ironically involves retrieving a victim from the depths of a dungeon-like well). Such a "cure" is also synonymous with intimacy and seduction as Lecter hands her a "clue" while caressing her finger with his. Lastly, Clarice's catharsis is followed by Lecter's own "cathartic" release as he escapes from his cell, after murdering two guards, and subsequently disappears (i.e., returns to the unconscious). At film's end, Lecter resurfaces, now having assumed a new identity, and telephones Clarice to reassure her that he will not hunt her down. The final sequence revolves around a grim joke as Lecter tells Clarice that he is "having a friend for dinner." Dr. Childrun reappears as Lecter's unsuspecting victim, and the film ends as Lecter follows Childrun into an anonymous crowd.

Without going into an extended analysis of the oedipal dynamics, the perverse sexuality, and the manifestations of Clarice's intrapsy-

chic dilemma realized in the structure of the narrative, it is notable that two psychiatrists figure so prominently. In light of Krin Gabbard and Glen O. Gabbard's insightful and rich contribution, *Psychiatry and the Cinema*, their depictions are at once disturbing and faithful to Hollywood's appropriation of the psychiatrist/psychoanalyst. As the Gabbards note, the relationship between psychiatry and the movies has been an ambivalent one at best, motivated by the social investment in and distillation of Freudian theory (who, for example, does *not* have at least some rudimentary acquaintance with terms such as "the oedipus complex," "penis envy," or "castration anxiety"?) balanced by the public's misperception of what psychiatry—and specifically psychoanalysis—is "all about." The very hidden nature of the analytic work, coupled with psychoanalysts' own reluctance to divulge, much less articulate, psychoanalytic process and theory, fuels this curious schism. Perhaps more so than any other profession, psychiatry is thoroughly inculcated in the social consciousness and yet has been subjected to wildly skewed cinematic depictions, ambivalent investment, and oversimplification.

Be that as it may, the Gabbards have performed a dauntingly remarkable task in their uniformly excellent volume. Drawing from their viewings of over one hundred films, they have approached the depiction of psychiatrists in the movies from an analytically informed, historical perspective. Thus, the reader is enabled to see how the positing of the psychiatrist in the film narrative has not only changed over the decades but how the specific decade has influenced the depiction of the psychiatrist. In the first section of the book, written largely by Krin Gabbard, the reader is taken on a historical tour de force, as it were, of the development of the psychiatrist as a character in classical Hollywood cinema. From this cultural perspective, we see how the psychiatrist has gradually undergone an evolution from quasi-scientist (armed with white coat and medical jargon) to wildly erotic, libidinally uninhibited lover (the psychiatrist who seduces his patients in order to effect "cure"); from bland, featureless persona to a noble crusader against inner demons. While other depictions abound—one has only to recall the Judd Hirsch character in *Ordinary People* (1980)—not only does it become clear that the work of the psychiatrist remains elusive, but it is also disheartening to see how very little has changed in Holly-

wood's depiction of psychiatry. How different is it, for example, that Dr. Lecter is essentially a physical and mental cannibal as compared to the seductive, aggressive psychiatrist played by Tom Conway in *Cat People* (1942)?

What this type of analysis highlights, of course, is how important it is for psychiatrists and psychoanalysts to pay attention to these varying depictions, since they not only reflect but also fuel our patients' expectations. I recall with great clarity one young woman, who had just seen *Ordinary People* on videotape, angrily demanding to know why I would not hug her or was not as "nice" as Dr. Berger (Judd Hirsch). *The Silence of the Lambs* is a film most of my patients have spoken to me about. Therefore, it behooves us as practitioners to understand the cultural dynamics and expressions of our patients' fantasies and desires mediated through this very powerful and *popular* medium. This same issue is addressed by the authors in a section devoted to a consideration of "cinematic visions of countertransference" and their clinical implications.

In addition, Krin Gabbard considers the depiction of female psychiatrists and analysts in film as demonstrating how the woman analyst's sexuality is continually questioned; her choice of profession presupposes a quasi-sterility and a subversion of the dominant patriarchal ethos—i.e., woman fulfilled only through her association with a man. Further, women analysts are envisioned as less than committed to their profession, since the majority of them in film are subsequently shown to be happy with hearth, home, and baby. Male analysts succumb to their countertransference infatuations but usually remain as empowered professionals—recall Dudley Moore's character in *Lovesick* (1983), a film which also posited the ghost of Freud both authoritatively commenting to the character and audience and finally undoing himself by insisting that he never intended that psychoanalysis be taken so seriously in the first place. Women not only succumb, but their positions as analysts are appropriated by their patient-lovers who seem to acquire psychiatric knowledge and acumen quite easily—most of them only need a night's study!

The second portion of the book, the majority of it written by Glen O. Gabbard, is devoted to psychoanalytic interpretations of films, such as *All That Jazz* (1979), *Stardust Memories* (1980), *The King of Comedy* (1983), and *Three Women* (1977). Gabbard departs—and re-

freshingly so—from psychoanalytic interpretations of years past, in that he does not treat film characters as if they were patients or "real people" in the sense of reconstructing pasts or postulating futures. Rather, Gabbard considers these characters' depictions within the structure of the narrative. Thus, he contends that in a film such as *All That Jazz*, the protagonist's narcissism is manifest through the film's figuration of women split into disparate imagoes, and then he looks to the structure of the film to bolster his argument, noting differences in costumes, physical location of the characters within the film, and the like. His interpretations are also freer from jargon than many others. They take into account, although in a limited fashion, some cultural considerations surrounding the films' inceptions. A particularly impressive achievement is the application of Kleinian insights to Ridley Scott's wonderful science fiction film, *Alien* (1979). Further, he avoids a common pitfall by *not* using these films to "analyze" their directors.

Finally, in the book's epilogue, the authors consider the ramifications of the culture's fascination with psychiatry and psychoanalysis, coupled with the ways in which these fantasies betray its misapprehension of the profession as well as filmmakers' outrage over what is "read into" their films by psychiatrists.

I have only two minor criticisms of this excellent work: I disagree with the authors' contention that classical Hollywood cinema does not lend itself well to "shot-by-shot" analysis. Readings of films such as *Nightmare Alley* (1947), a splendid example of *film noir* style, or *Private Worlds* (1935), which features an interesting montage sequence, would be enhanced by such analysis. In addition, I am not sure that such a strict division between sociocultural and historical considerations versus "purely" applied psychoanalytic interpretations needs to or should be promulgated. Melding a sociocultural perspective with psychoanalytic interpretation might provide an interesting way to allow film and psychoanalysis to better communicate with one another.

These are only small problems. All in all, this is a wonderful work with a little something for everybody. The interested filmgoer, the serious student of film theory, and the curious psychiatrist will all have something of value to discover here.

ILSA BICK (SPRINGFIELD, VA)

PSYCHOANALYTIC ASPECTS OF FIELDWORK By Jennifer C. Hunt. Newbury Park, CA/London/New Delhi: Sage Publications, Inc., 1989. 93 pp.

Until 1967, when *From Anxiety to Method in the Behavioral Sciences* was published, George Devereux had been seeking a publisher for his synoptic work for over thirty years. Today, the self of the therapist and human researcher has come increasingly to be recognized as the core instrument for all understanding and treatment. If the self of the analyst is the core of healing, the self of the fieldworker is the core of social research. The monograph under review joins contributions by G. Devereux, W. La Barre, L. B. Boyer, W. Kracke, H. F. Searles, and many others. Drawing from widely used paradigms of constructivism, hermeneutics, existentialism, and social interactionism, Hunt deepens these all through her exploration of the role of fantasies, dreams, affects, and inner conflicts in all facets of field research and cultural interpretation.

The author is a sociologist who is also an analytic research candidate. Her data sources consist of anthropological and sociological literature on fieldwork, fieldnotes from eighteen months of fieldwork in a metropolitan police department, interviews with researchers in cross-cultural and United States settings, and participant observation in medical settings. She candidly and courageously offers generous examples of her own transference responses—and their autobiographical roots—while she was studying police work and medicine. She writes, "The fieldworker's journey involves a complex transformation in the subject, object, and known cultural reality" (p. 28). Moreover, "fieldwork is, in part, the discovery of the self through the detour of the other" (p. 42). Hunt shows the intersubjective dialogue of fieldwork to be D. W. Winnicott's "squiggle" writ large. Describing examples of fieldwork as direct participation in people's lives, she implicitly shows how reality can be analyzed in terms of its unconscious contributions to social process (e.g., fieldwork texts as akin to free associations). Hunt shows how fieldworker transference can "facilitate" or "blind" understanding (p. 26).

The topic areas covered include: fieldwork and the self of the observer; the role of the researcher's affects and emotions in fieldwork; fieldworkers' choice of setting; the use of research techniques

as defenses against anxiety; culture shock; unconscious dimensions of researcher roles (e.g., marginality as a defense against closeness, sibling rivalry, and oedipal conflict); exposure to illness, injury, and death in police work; unconscious aspects of collecting field data (e.g., resistances to asking questions); transference and countertransference in fieldwork (clinical settings, psychiatric emergency room setting, police research); transferential aspects of sexism and racism; sexual conflict in an encounter with homosexual police; and informants' assignment of archaic images to the researcher. "The ability to simultaneously be introspective and interactive during the research encounter" (p. 83) is a tension which the psychoanalyst will immediately recognize as occupying the core of analysis.

Hunt does not distinguish transference from countertransference in terms of clinical social role (analysand or patient/analyst or therapist), but rather in terms of unconscious content. She emphasizes that because of the "close ties" between researcher and informant, "both researcher and subject routinely impose archaic images onto . . . . the questions asked, the answers heard, and, ultimately, the materials collected as data" (pp. 57-58). The term "transference" is used "to refer to researchers' unconscious reactions to the subjects and some aspect of their world. Transference [is also] used to describe the unconscious archaic images that the subject imposes onto the person of the researcher. Countertransference, in contrast, [is] used to refer to the researcher's unconscious reaction to the subject's transference" (p. 58).

Opting neither for the classical view of countertransference (as prejudicing experience by interfering with empathy and reality testing) nor for the "totalistic" view, Hunt argues instead that "it is the successful analysis of the countertransference reaction which deepens understanding rather than merely its experience" (p. 59). Hunt implicitly argues how, through continuous self-analysis in the field, external social reality can indeed be psychoanalyzed (a central issue in psychoanalytic theory and methodology), with the self of the researcher as its principal instrument.

Although intended primarily as a contribution to field methodology, Hunt's volume clearly and succinctly introduces the reader to psychoanalytic theory as well. Her interpretive framework is that

of classical structural theory and oedipal conflict. She provides examples for which object relations, preoedipal, and group psychoanalytic models might also have been fruitfully explored. I wish she had considered the dynamics of projective identification when discussing empathy and resistances to it.

In one riveting example, she describes witnessing "a horrifying accident in which a woman was stuck under the wheels of a bus" (p. 49). Among her own responses were included a regressive desire for food and drink, amnesia (denial) about details of the event, and anxiety about bodily integrity. Through empathy, she was able not only to understand police responses to frightening situations, but also to respond supportively to police colleagues' emotional needs as well. She writes: "my reactions to the incident with the injured woman shed light on the ways in which police themselves handle exposure to death images" (p. 51). Further, "My awareness of my own regressive response attuned me to those of the police and facilitated a peculiar kind of empathy" (p. 52).

Empathy can be taken even further. Located at perhaps the furthermost frontier of the unconscious regulation of researcher-informant relationships is Harold F. Searles's still revolutionary discovery that the patient often serves as therapist to his or her analyst.[1] The patient brings out in the therapist precisely those functions he or she needs to heal, but which the therapist has not yet integrated in himself or herself. Might not the same be true in ethnographic fieldwork: i.e., that often (or is it always?) informants have their own therapeutic strivings which are induced and played out in the fieldworker (and vice versa), and which, if affectively heeded, will lead to a more profound, richer, "native" account of reality and to better theory? If psychoanalysis is (re)construction, it is far from a one-sided achievement. The answer to the question, "Whose story is being told?," is therefore "Both informant's and participant observer's." In the field, the informant can help the fieldworker, in turn, to help the informant to tell his or her story, a role that is stretching for both. When researcher and key

[1] Searles, H. F. (1975): The patient as therapist to his analyst. In *Tactics and Technique in Psychoanalytic Therapy, Vol. 2: Countertransference*, ed. P. L. Giovacchini, *et al.* Northvale, NJ: Aronson, pp. 95-151.

informant(s) can mobilize therapeutic strivings in one another (and the researcher, of course, can be consciously aware of this process) and when the researcher can include it in the very cultural data which are to be collected and interpreted (that is, the person or group being studied), the result testifies to how, in the very act of studying another person or group, all might bring out in themselves and in the other what was only latent before. Hunt's monograph is a step in such a direction.

HOWARD F. STEIN (OKLAHOMA CITY)

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# The Psychoanalytic Study of the Child. XLIV, 1989.

Gerard Fountain

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# ABSTRACTS

**The Psychoanalytic Study of the Child.** XLIV, 1989.

*Abstracted by Gerard Fountain.*

**The Place of the Adolescent Process in the Analysis of the Adult.** Peter Blos. Pp. 3-18.

Oedipal interpretations are readily received by adolescents but are therapeutically ineffective, because the adolescent boy's struggle with his father is not at first oedipal. Rather, it is defensive and is directed, as in preoedipal years, toward a dyadically experienced father. Only by analyzing the dyadic relationship can we proceed to analyzing the truly oedipal struggle with the father. This is the progression as it occurs naturally in adolescent development.

**The Reality in Fantasy-Making.** Shlomith Cohen. Pp. 57-72.

Cohen is interested in fantasy-making in children and adults; to clarify that function, she discusses the relation of fantasy to the fantasizer's awareness of reality. She briefly presents a child of six and a half, and among other ideas, suggests that the child used fantasy activity to establish his relation to his therapist. The developing child uses fantasy to understand and master oedipal and other drives, but understanding and mastering reality also serves this purpose. Cohen also discusses the question, what are the boundaries between fantasy and reality (when does the fantasy activity become too real, for example), and she points out that for fantasy, as for metaphor, a sense of reality is necessary.

**From Protomasochism to Masochism. A Developmental View.** Jules Glenn. Pp. 73-86.

This useful article discusses the origins of masochism. Glenn insists that we distinguish preoedipal "protomasochism" from the oedipal form. To establish the diagnosis of masochism, the existence at puberty of conscious or unconscious masochistic fantasy must be shown. A case discussion vividly illustrates some of the many possible varieties of defenses, drives, and superego elements that may enter into the final, oedipal, character of the masochism.

**Comments on Phobic Mechanisms in Childhood.** Anne-Marie Sandler. Pp. 101-114.

Sandler emphasizes the distinctions between fear, anxiety, and phobia. Of phobia there are two kinds, which may be called extrusive (like that of Little Hans), when the subject is preoccupied with the object of the phobia, in fact needs such an object; and intrusive, when the subject avoids the phobic situation and, as long as it is absent, may be pretty much free of the phobia. Both are ways of dealing with the subject's inner conflict. Fantasy, here discussed by Sandler, is of special importance in the intrusive phobia. The paper is illustrated by excellent case examples.

**The Analyst's Visual Images and the Child Analyst's Trap.** Johan Norman. Pp. 117-135.

Norman discusses the origin, meaning, and role in therapy of the visual images an adult patient may sometimes evoke in the analyst. He presents several examples of how these images can make analysts aware of certain processes in the patient they might not otherwise have perceived. In child analysis this does not occur, because the child patient makes constant demands upon the therapist; free-floating attention is therefore impossible, and the usual images are not formed. In their place, moods are evoked in the child analyst. They are re-awakenings of moods the analyst experienced as a child, and they can help the analyst know how to proceed with the child. An example is given.

This paper contains one incidental but memorable paragraph: it is a remarkable statement of how a writer (Virginia Woolf's *To the Lighthouse* is cited) provides slight references, mere hints of, for example, the setting of a story. From these the reader, as in the formation of the visual images that are discussed in the paper, constructs, with the help of his or her unconscious, the setting—the landscape, the people—of the story. "The talented writer reaches the unconscious of the reader with only a few signs, thereby making the readers create an inner scenery, the author managing to take the reader with him in this mental work."

**The Psychoanalyst's Use of Tact.** William Sledge. Pp. 137-147.

Sledge offers a helpful discussion of the meanings and applications of tact in analysis, with examples from analysis of an adult. Tact involves consideration of the level of an interpretation, the "depth" or accessibility of what is interpreted. A second consideration is sequence, the order in which material evolves and is interpreted to the patient. A groundwork must be laid for an interpretation. An interpretation or other intervention must be neutral, not taking sides with ego, id, or superego. Transference must be taken into account. And, although there is no place for vague or incomprehensible interpretation, sometimes a planned ambiguity can be useful; it "[allows] the patient to find his own level of response to an interpretation." What has been called "pseudo-tact," mere politeness or participation in the patient's avoidance and denial, is to be avoided.

**Gifts in Psychoanalysis: Theoretical and Technical Issues.** Kenneth H. Talan. Pp. 149-163.

Talan discusses the meanings of gifts given by the analysand to the analyst and also—a matter not much discussed by previous writers—the responses the analyst may make. Talan's honesty in looking at his own feelings and responses to gifts from patients adds to the value of his paper. He offers excellent theoretical and practical advice on how the analyst should respond to various kinds of patients at various stages of treatment. The paper is devoted to adult analysis.

**Id or Superego: Some Theoretical Questions for Clinicians.** T. Wayne Downey. Pp. 199-209.

In this concise, thoughtful paper, Downey—proceeding from some ideas of Loewald—points out that our idea of the id is vague, pejorative, and rather unhelpful.

He suggests the term "subego." This structure, in contrast to "the id," arises in the infant's interaction with the mother and others. It serves the function of awareness of the self and the outside world. Downey presents a persuasive argument that his suggestion offers a more useful concept than that of "the id."

**Psychoanalytic Neutrality toward Religious Experience.** Nathanael Laor. Pp. 211-230.

In this scholarly study, Laor examines the beliefs of many analysts, starting with Freud, concerning the validity and nature of religion and its compatibility with psychoanalytic thought and practice. He proposes that religion is not a regressive phenomenon but rather "a reasonable approach to the unknowable." Psychoanalysis can bear in mind this tolerant view, and the attitude of the religious person can be regarded with neutrality and respect; it will not require analysis but stands outside our concerns as analysts. This is an excellent, thorough, and balanced discussion. No brief abstract can begin to convey the richness of its content.

**On Blaming: An Entry to the Question of Values.** Vann Spruiell. Pp. 241-263.

Spruiell is concerned to show the part psychoanalysis can play in setting up a realistic and useful theory of values. He examines the nature of blaming, which oversimplifies the intentions and behavior of the person blamed; much blaming is a defensive reaction. Under some circumstances, as when social systems break down as they are doing today, blaming can be dangerous and destructive to the blamer and to the persons or groups blamed. Spruiell examines the part blaming may play in psychoanalytic treatment, particularly in countertransference. Analysts cannot establish or endorse particular moral values, but psychoanalytic treatment can facilitate the individual's determination of his or her values. Spruiell talks also of questions of responsibility, of the development of moral values; and he cites *The Virgin Spring* to illustrate some of his ideas.

**Daughters and Mothers: Oedipal Aspects of the Witch-Mother.** E. Kirsten Dahl. Pp. 267-280.

Dahl discusses the daughter's ambivalent perceptions of her mother. The child perceives her as both fascinating and malevolent, as a "witch-mother." This perception arises from the child's oedipal wishes and fears, rather than having a predominantly preoedipal basis. The child has a "secret excited longing" for mother, which the child fears; she projects these wishes upon mother. She also projects her jealous possessiveness upon mother. Thus she comes consciously or unconsciously to perceive her as a witch, hostile to any heterosexual wishes of her daughter. Dahl skillfully illustrates her ideas with accounts of three cases (a kind of evidence all too often lacking in papers of this sort). Dahl's paper is of both theoretical and practical value.

**Adolescent Sexuality: A Body/Mind Continuum.** Moses Laufer. Pp. 281-294.

Laufer discusses seriously ill adolescents he has known who have attempted suicide. His thesis is that the adolescent's relation to his or her own body, its changes at

puberty, underlie the development of perversion or psychosis. Treatment is long, difficult, and of doubtful outcome; however, the two patients here described were helped by it. Transference analysis seems to have been the most useful means.

**A Note on "The Theme of the Three Caskets."** Eugene J. Mahon. Pp. 325-330.

Mahon suggests that Freud's interest in the theme of the Three Caskets in *The Merchant of Venice* had a cause unknown to Freud himself: his troubled relation with Jung, which was important to him at the time he wrote about the Three Caskets. His problems with Jung raised questions about Jews and Christians. That is a major theme of Shakespeare's play.

**Terror Writing by the Formerly Terrified: A Look at Stephen King.** Lenore C. Terr. Pp. 369-390.

Terr discusses at length the horror stories of Stephen King. She traces King's preoccupation with fear, injury, horror, and death to King's having been at age four, with a playmate killed by a train, an event he cannot remember. Terr shows how often traumas occur in King's work, sometimes as metaphor or in other indirect ways. He discusses the techniques by which King produces his effects.

**Looking for Anna Freud's Mother.** Elisabeth Young-Bruehl. Pp. 391-407.

This paper has an importance far beyond a merely biographical interest concerning the Freud family. Young-Bruehl hoped to supplement her biography of Anna Freud by seeing more clearly Martha Bernays, "who," she writes, "remained a shadowy figure in my family album." Lacking accounts of Martha, having little data to employ, she searched for clues in some of Sigmund Freud's writings on female sexuality and other subjects. What evidence would these offer about Anna and her relation with her mother? We can be sure Freud's works made use of data from his analysis of Anna and other observations of his daughter. Not much emerged clearly. Anna had in effect three mothers: Martha; Minna Bernays, her aunt who lived in the household; and as an infant, her nurse Josefine. Young-Bruehl conjectures that this multiple mothering is one of the reasons why Anna's relation with her mother is so unclear. It does seem that the nurse became Anna's "good mother" and Martha her "bad mother," though the situation was far more complex and inscrutable than that simplification suggests. Another difficulty facing Young-Bruehl in her task is the strength of Anna's attachment to her father and the special qualities implied by—among other things—his having been twice her analyst. Although Young-Bruehl never did "find" Martha Freud, her quest has produced an important and interesting paper that tells us a good deal both about Anna and about some aspects of female development.

**Psychoanalysis and Contemporary Thought.** XIII, 1990.

*Abstracted by Joel Gonchar*

**The Relations among Narcissism, Egocentrism, Self-Concept, and Self-Esteem: Experimental, Clinical, and Theoretical Considerations.** Drew Westen. Pp. 183-239.

The author states that the concept of narcissism is confusing and unclear because of the ambiguous place of concepts of object relations in metapsychology. Westen

distinguishes four phenomena associated with narcissism and explores their relations from the perspective of clinical work. By remaining closer to clinical and experimental data, we can achieve greater clarity for the term narcissism. Psychoanalytic theorizing has typically not distinguished many separable phenomena that do not always co-vary and may have interdependent but distinct developmental lines. The four phenomena examined are egocentrism, relative emotional investment in self and others, self-concept, and self-esteem. In reviewing the experimental data the author finds that many data challenge psychoanalytic theory about narcissism. In the clinical section of the paper, the author explores the relations among the four phenomena examined and concludes that they have interdependent but distinct developmental lines, indicating that narcissism is not a unitary construct. Finally, Westen arrives at a precise definition of narcissism which allows him to differentiate it from temporary egocentrism or from problems of self-esteem. He goes on to distinguish two levels of narcissistic pathology, neurotic or "phallic" narcissism, and narcissistic character disorder.

**Is Freud's Concept of Instinct Incoherent? Resolving Strachey's Dilemma.** Jerome C. Wakefield. Pp. 241-264.

Wakefield examines Strachey's view of Freud's theory of the nature of instincts; Strachey believed that Freud described instincts as "mental contents, as somatic processes and as a combination of the two." Strachey tried to resolve the ambiguity of the concept of instinct by depending on Freud's idea of its being a "frontier concept" between the body and the mind. The author states that Strachey's view is a misreading of Freud and that the latter's concept of instinct expresses one coherent idea. Wakefield turns to the concept of psychic energy for a way out of Strachey's dilemma. He points out that Strachey made the mistake of identifying a psychical representative with an ideational representative, but that what Freud was trying to say was that there are mental phenomena, such as psychic energy, not classifiable as mental contents. Wakefield reconsiders the three sets of texts that Strachey cites, and attempts to show that the passages are consistent. He faults Strachey's view, which he sees as based on a series of confusions. The first is between the terms psychical representative of an instinct and psychical representative of the body; the second between psychical representative and ideational representative; and the third between frontier concept and frontier entity. After demonstrating that all three characterizations of instinct are consistent, Wakefield states that they all fit a conception of instinct as a non-ideational mental phenomenon that is caused by bodily processes. Wakefield's interest in resolving Strachey's dilemma and clarifying the nature of instincts has to do with the movement to rid psychoanalysis of metapsychology, which he believes is being done without a clear idea of concepts such as instincts.

**Why Instinctual Impulses Can't Be Unconscious: An Exploration of Freud's Cognitivism.** Jerome C. Wakefield. Pp. 265-288.

This paper is an examination of an assertion made by Freud in *The Unconscious* that an instinctual impulse cannot be unconscious, and that instinctual impulses can never become objects of consciousness. The author attempts to give us insight into

Freud's views about the nature of instinctual impulses and in this way to answer critics who consider Freud's metapsychological concepts to be outmoded "biologizing." In fact, Wakefield sees affinities between Freud's views about instincts and some aspects of modern cognitive psychology. He expresses the opinion that what Freud meant about instinctual impulses vis-à-vis consciousness or unconsciousness was that it would be a "category mistake" to apply these criteria. In other words, the categories are inappropriate to the thing being categorized. Wakefield makes the point that the categories, conscious and unconscious, should be applied only to mental contents while instinctual impulses are not mental contents but rather govern the way mental contents function and interact. He goes on to describe Freud as a cognitivist because for both Freud and modern cognitivists mental contents are structured as mental representations which are capable of functioning without awareness. What has been confusing about Freud's theory of instinctual impulses has been his treating them as if they were mental contents and therefore capable of representation by themselves and not necessarily by ideation. The difference between contemporary cognitivism and Freud's cognitivism lies in the absence of motivation in the former, which is influenced by the computer metaphor of the mind. Freud's metapsychology of instinctual impulses adds another major input into the system of cognitions by adding bodily processes as a causal property of certain cognitions.

**A Strategy for the Clinical Validation of Psychoanalytic Theory.** Eric Gillett. Pp. 289-309.

In this paper Gillett develops a strategy for the clinical testing of psychoanalytic theories which was suggested by Adolf Grünbaum's critique, *The Foundations of Psychoanalysis*. Grünbaum's example, taken from the game of billiards, is that we can causally infer that when one billiard ball strikes another the acceleration of the second ball results from its impact with the first. According to Grünbaum, this situation is prototypical of the single case validation of psychoanalytic hypotheses which are without control groups; he is therefore dubious about validating Freud's long-term etiological hypotheses this way. According to Gillett, philosophers of science have not yet been able to set rules for measuring the degree of probability or confirmation that a body of evidence confers on a given theory. Gillett disagrees with Grünbaum and believes that the "billiards principle" can be used to justify causal inferences over a wide range of clinical phenomena. Gillett's research strategy would involve collecting a large number of clinical reports and abstracting out certain typical patterns which could be partially explained by psychoanalytic propositions. Competing hypotheses would also be used to see if they fit the data better. If psychoanalytic propositions fit the data best and provide the only plausible explanation available, this would be evidence to confirm the psychoanalytic theories.

**Brain-Centered Psychology: A Semiotic Approach.** David D. Olds. Pp. 331-363.

The author suggests that with the proliferation of information from neuroscience, we are at the point at which we can begin to develop a psychology which is brain-centered, and which would also be at the same level of abstraction as ego psychology. This new psychology would function as an addendum to ego psychology and would

help explain the areas (including affect theory and the organic aspects of brain function) in which ego psychology is weak. It would also explain the efficacy of certain treatment modalities, such as biochemical manipulation, behavior therapy, biofeedback, or gestalt techniques. The author believes that with the aid of information theory, neurobiology and psychoanalysis can be linked. He defines information and then shows how brain events, when looked at as informational, can also be seen as a description of mind. He demonstrates how semiotics or the study of signs is similar and parallel to information theory. The latter theory deals more with quantitative, while the former more with qualitative, aspects of information. Using the information-semiotic theory, Olds outlines four kinds of learning that take place in different parts of the brain: affective, behavioral, internalizing, and cognitive. Each mode of therapy in use today can be shown to relate to one of these types of learning.

**Freud, Truth, and the Wolf Man.** Paul Wink. Pp. 365-416.

Wink attempts to clarify the relations between theory and data in psychoanalysis and what consequences the conclusions would have on the correspondence theory of truth. His basic premise is that theories influence basic scientific observations. The author uses Freud's case history of the Wolf Man to examine this issue because Freud claimed to have arrived at the historical truth of what actually "happened" to the Wolf Man as a child. Wink discusses narrative truth versus historical truth and examines how the new philosophy of science has changed our view of theory, from seeing it as absolute to seeing it as relative. Using the Wolf Man's dream and following the process of Freud's reconstruction of the pathogenic primal scene experience, Wink argues that the importance of theory to Freud in arriving at his interpretation of the data makes it difficult to accept Freud's conclusions as historical truth. Making use of Lakatos's views of science, the author then compares two psychoanalytic theories in their explanatory powers of the Wolf Man's neurosis: drive theory, which Freud originally used, and object relations theory. He finds that object relations theory fits the "facts" better. The author further explores object relations theory using Lakatos's criteria that the theory be progressive, lead to expansion, and encourage development.

**Mirroring Processes, Hypnotic Processes, and Multiple Personality.** Michael Ferguson. Pp. 417-450.

The author examines the phenomenon of multiple personality from a self psychology perspective. His central thesis is that multiple personality as seen in the clinician's office is a form of mirror transference. These patients seek what was denied them as children: acceptance, recognition, and confirmation. Although hypnosis aimed at unifying the different personalities is the goal of most treatment, the author believes that the mirror transference relationship in the context of the hypnosis is the crucial element in making the treatment effective. Exploring case examples from the literature, he shows in one case how the goal of reintegration is prepared for by the therapist through the acceptance and legitimization of the anger experienced by the "alter self." Other cases are used to illustrate that hypnosis itself

is a mirroring response to the patient's unconscious and is only helpful in an empathic environment of mirroring self objects. The treatment requires the therapist to recognize that each alter self is seeking a different kind of self object for acceptance or mirroring response. The author also stresses the conceptual distinction between splitting and the dissociation involved in hypnosis, the former being a permanent alteration in the psychic organization, while the latter is temporary and easily reversible.

**The Evolution of Triadic Object Relations in the Preoedipal Phase: Contributions of Developmental Research.** Elizabeth A. Sharpless. Pp. 459-482.

Sharpless questions an established Freudian tenet that triadic object relations emerge at the same time as the oedipal phase. This paper seeks to update this idea with evidence provided by direct infant research which has shown that infants as early as a year have a distinct sense of self and enter into differentiated attachments. This would imply that they could have triadic object relations uncoupled from the oedipal phase. Simple triadic object relations are present around fifteen months, while the capacity to symbolize them is a slow developmental process that takes place from twenty-four to thirty-six months. Other areas of child developmental research that are reviewed are intersubjectivity, representations of interactions which have been generalized, generalized event representations, symbolization, and language development, particularly with regard to play and the ability to symbolize relationships. This research indicates the need for some modification in the commonly held views of the genesis of triadic object relations. The onset of the oedipus complex can only in part be accounted for in this way. The wish of children to have for themselves the kind of relationship with one parent that they perceive their two parents share is not accounted for by this research, but must be looked for in terms of libidinal development.

**Psychoanalysis and Social Theory: Sacrificing Psychoanalysis to Utopia?** C. Fred Alford. Pp. 483-507.

Alford argues that psychoanalysis is being used by three authors, Chodorow, Benjamin, and Dinnerstein, to corroborate their hidden utopian social theories. Specifically, they have chosen ideas of the British school of object relations to analyze the social relationships which they see as pathological, but then abandon these theories when trying to imagine an alternative society. Alford describes this as using psychoanalytic theory to climb to the top of the ladder, the top being a new social order, and then throwing away the ladder because the psyche has been transformed and now reflects the new order. He likens this to the work of the Frankfort school, particularly to Herbert Marcuse who blended Freud and Marx for the foundation of a communist utopia. The larger question raised is that these authors make use of psychoanalytic theory as a catalog of alternative accounts of human nature. Social theorists first figure out what kind of society they want and then pick from the catalog the view that best supports it. Psychoanalysis, however, is a world view; it is not being taken seriously by the authors mentioned, who abandon it for their own social-psychological theories.

**The Ending to Dora's Story: Deutsch's Footnote as Narrative.** Anne E. Thompson. Pp. 509-534.

Felix Deutsch's 1957 paper, "A Footnote to Freud's 'Fragment of an Analysis of a Case of Hysteria'," is considered from the point of view of its being narrative, rather than historical, as it has been considered by many. Thompson believes that both "Footnote" and the case history are influenced by narrative perspective. She especially examines the themes in Deutsch's paper which seem to reflect those that permeate Freud's text—knowledge, secrets, and revelations. She cites Deutsch's text to show how "Footnote" includes not only Dora as a character, but also Freud and Deutsch, whose relationship is played out in the metaphor of knowledge. Thompson's study of the "Footnote" raises the question of the validity of case reports in general and examines their intertextuality—the way the previous text exerts an influence on the present text—as well as the context in which a report is written. In the case of "Footnote," this would include Deutsch's identification, interaction, and competition with Freud.

**The Effectiveness of Interpretations: A Reader-Response Perspective on Psychoanalytic Cure.** Beatrice Priel. Pp. 535-550.

The author examines the question of what interpretations do in an analysis, and how they produce a cure. Using reader-response criticism as the theoretical point of view, her main thesis is that effective interpretations are those through which the patient creates new meanings. The patient does this by filling in the gaps found in all interpretations. Priel provides an overview of the theoretical position of reader-response criticism and discusses examples from Freud, Lévi-Strauss, and Agnon which imply a perspective that is analogous to reader-response theory.

**The Problem of Unconscious Affect: Signal Anxiety versus the Double-Prediction Theory.** Eric Gillett. Pp. 551-600.

Gillett challenges the idea of the existence of unconscious affect. Since signal anxiety is one affect thought to be unconscious, Gillett discusses the problems presented by this concept, and replaces it with "double-prediction theory," which is shown to be more parsimonious than signal anxiety theory. Calling the part of the ego that regulates defenses the censorship, the author distinguishes two predictors as components of it. Predictor 1 predicts the consequences of allowing any particular mental content access to consciousness, and initiates defenses against this content if the danger is sufficiently great. Predictor 2 then functions to regulate the intensity of the anxiety response depending on how it assesses the probability of success of the defense. The signal of anxiety in this theory is not necessary to activate defense. Anxiety, according to this theory, becomes the motivator of the defense effort. In this model, anxiety is produced by an anxiety or affect generator. Ideational content is monitored before it stimulates the affect generator, and if it seems likely to do that, the censorship activates a defense such as repression to keep this content in such a state that it will be unable to stimulate the generator. Thus the concept of affect being unconscious becomes unnecessary.

**American Imago.** XLVI, 1989.

*Abstracted by Anita G. Schmukler.*

The fiftieth anniversary issue is a rich compilation which includes several papers that have been reprinted from the early period of the journal as well as more recent commentaries.

**Remarks on the Popularity of Mickey Mouse (1940).** Fritz Moellenhoff. Pp. 105-119.

Moellenhoff examines the figure of Mickey Mouse and explores reasons for his prolonged popularity. His ability to compete successfully with larger figures is akin to what we find attractive in fairy tales. Moellenhoff observes that the mouse engages in wild activity, defies the law of physics, and wins fame by clever perseverance. While the hero engages in rescuing Minnie, physical expressions of warmth are clumsy, genital love is absent, and the mouse remains infantile. The author addresses traits in Mickey with which the audience identifies, from immediate gratification of aggressive impulses, to unquestionable omnipotence and denial of death. Both pregenital impulses and oedipal themes are delineated, and Mickey's adventures are compared to a dream. The suppression of superego forces and freedom for explosive drive gratification contribute to Mickey's popularity (even fifty years after Moellenhoff's paper).

**Psychoanalysis as a Therapy of Society (1940).** Paul Federn. Pp. 125-141.

The author refers to an unpublished paper of Freud's which examined unconscious elements in character formation. This line of thought leads from psychopathology to an examination of applied psychoanalysis. Resistance to psychoanalysis in both its constructive and critical aspects is explained partly by the general public's rejection of that which is new, creative, pursues truth, and thus interferes with repression. The pain of uncovering illusions, rationalizations, and other forms of self-deceit is displayed in resistance to psychoanalytic thought. Federn points out that the individual who has analyzed his or her unconscious conflicts has a greater sense of direction and an increased potential, in his or her high regard for truth, to contribute to the welfare of society. A successful psychoanalysis can potentially transform sadistic impulses into better superego function and masochistic impulses toward healthful perseverance. Thus a series of fears about the anticipated social dangers of psychoanalytic thought are addressed, discussed, and dismissed. With respect to social change, Federn observes a general weakening of oedipal conflict and individual "ego-feeling" while the group ego increases in strength. He views psychoanalysis as a partial remedy for this problem, so that individuals of strong moral fiber will beneficially influence society. He expresses sincere optimism for the contributions of psychoanalysis to individual treatment, cultural explorations, and as a remedy for societal malfunction.

**Psychotherapy and the Pursuit of Happiness (1941).** Hanns Sachs. Pp. 143-152.

Early views of the origins of illness specified external supernatural evil forces, and treatment was typically a primitive form of psychotherapy, in which opposing spir-

itual forces grappled for dominance. Belief in magic was more palatable than the notions that we are invaded by invisible organisms against which there is no effective remedy, or that we are in some way responsible for our own maladies. Relinquishment of magical thinking is accompanied by the acknowledgment of our own mortality. Two aims, the avoidance of death and the pursuit of happiness, are examined from the perspective of psychotherapeutic intervention. The idealization of the therapist leads to the patient's notion that the therapist is either omnipotent or not at all helpful. Neurotic individuals seek not simply fuller use of their talents but recompense for what they have been denied. The wishes of the patient for the therapist to be an omnipotent, all-loving, ideal parent prompt a variety of responses. The therapist may respond to the idealization by a variety of methods of pseudotreatment, bypassing science to embrace magical omnipotence. The most helpful response is that in which the therapist acknowledges his or her limitations. We are fellow-explorers, but not guides.

**Unveiling Sais: Reflections on Federn and Sachs.** Jonathan Scott Lee. Pp. 153-159.

The author views Federn's faith and optimism in psychoanalysis—as individual treatment and potential instrument of social change—as "unscientific," "uncritical," and "elitist," in contrast to the perspective of Hanns Sachs, who is explicit in his awareness of the limitations of the therapist. Lee compares and contrasts "current" therapy with magical modes of treatment. Federn's allusion to Sais, "the Ancient Egyptian mother goddess," is ironic, from the perspective of the author, who states that "psychoanalysis *has been* in some sense a wicked unveiling of Sais." The author emphasizes the radical nature of Sachs's view of the therapist as "empty-handed" in approaching the patient.

**The Characteristics of Masochism (1939).** Theodor Reik. Translated by G. Wilbur. Pp. 161-195.

The author delineates the sine qua non of masochism. After excluding pleasure in pain as an essential element, since fantasied pleasure will clearly suffice, three constituents of masochism emerge: the *peculiar significance of fantasy*, the *suspense factor*, and the *demonstrative character*. Numerous clinical examples are provided for each of these elements. The fantasy in masochistic perversion is characterized by lingering over preparatory pleasure in order to avoid the anxiety that accompanies orgasm. In this context the author refines the definition of masochism as a *pleasure in the expectation of pain*. Furthermore, the masochist may arrange to experience pain and humiliation to escape the anxiety of anticipating them. The demonstrative element in masochism addresses the necessary presence of the onlooker, a witness to the suffering, even if this takes the form of the masochist's reflection in a mirror.

**Introduction to "The Characteristics of Masochism."** Donald M. Kaplan. Pp. 197-202.

Reik called attention to the elements of suspense and its enactment, exhibitionistic impulses, and provocation of persecution in the masochistic fantasy—substantial contributions to psychoanalytic thought—which were discussed in considerable de-

tail in *Masochism in Modern Man*. His synthesis of clinical, mythological, social, anthropological, and religious ideas added an almost unparalleled richness to his presentations. However, Reik continually avoided acknowledgment of significant, relevant psychoanalytic concepts in his writing, a practice which Reik himself referred to as masochistic. Kaplan suggests that this avoidance is a possible explanation for the fact that Reik's work, with all its penetrating insight, does not take its place in psychoanalytic bibliographies.

**The Influence of Freud on Anthropology (1958).** Weston LaBarre. Pp. 203-245.

LaBarre examines statistical, historical, and bibliographical material for an assessment of Freud's influence on anthropological work. Géza Róheim emerges as the individual whose intimate connection with psychoanalytic thought enabled him to approach all his data from an analytic viewpoint. In Róheim's tradition, George Devereux is cited as the major modern figure in the psychoanalytic approach to anthropological study.

**Thomas Mann's *Death in Venice* (1969).** Harry Slochower. Pp. 255-279.

The author examines significant imagery in Mann's work in the light of the creative process and presents a broader, deeper perspective than those who view artistic products as simply defensive or sublimatory, and who approach characters in novels as patients in clinical practice. Slochower criticizes the latter viewpoint for not truly representing the goals of a psychoanalytic examination of literature. He emphasizes Mann's notions of the favorable social soil necessary for creative productivity, and also the artist's conflicting pulls of discipline and dissolution. Significant imaging in *Death in Venice* includes the color red, which reappears continually in the narrative in many conflictual contexts, and the voyeuristic impulses of looking and watching. Aschenbach's creative drives are alternately desexualized and resexualized. The author also cites an aspect of the ending of *Death in Venice* that has been ignored by critics: Aschenbach finally sees something that is not a projection. He acknowledges his lack of control over Tadzio; Slochower views this as an "affirmative element" in the novel. Slochower takes Kohut's study of *Death in Venice* a step further, underscoring that which is not merely sublimatory, but of a "nearly explosive" tension; he also explores the shift in psychic function that occurs upon examination of the "magic" inherent in the creative process.

**André Breton and the Politics of the Dream: Surrealism in Paris, ca. 1918-1924.** Jack J. Spector. Pp. 287-317.

Surrealist poets, of whom Breton was representative, recorded and published their dreams as an experimental mode. For these writers the dream was "central to their artistic and political goals" and a form of communication on various levels. The author attempts to analyze dreams reported by Breton that were published in major periodicals during the 1920's. The absence of associations of the dreamer "seems justified," we are told, because the meanings of the dream "lay in their intention to make a specific intellectual point."

**Surrealism and Psychoanalysis: Notes on a Cultural Affair.** Donald M. Kaplan. Pp. 319-327.

The Surrealists' link with psychoanalytic thought is dated to Breton's acquaintance with Freud's papers, about 1916. Automatic writing was an element of psychoanalysis that Breton found especially useful and recommended for all those engaged in artistic endeavors. Breton's notion of surrealism was the effort to express thought processes in a manner unencumbered by reason or moral judgment. Freud raised serious doubts about the surrealists' convictions in a 1938 letter to Stefan Zweig. While psychoanalysis and surrealism both attend to *process,* the author points out that the surrealists did not address crucial differences in perspective between the two disciplines.

**Massonic Wrongs.** Norman N. Holland. Pp. 329-352.

Holland presents a lucid account of the evolution of Freud's thought with respect to the etiology of the neuroses in general and hysteria in particular. When Freud revised his theory of the effects of seduction in childhood, he did not deny that seduction might have occurred; he simply determined that there was not a direct correlation between sexual abuse in early childhood and the onset of hysterical neurosis in adults. He insisted upon the crucial role of fantasy and unconscious conflict in either the presence or absence of actual seduction. Thus the author presents a critical review of some of Masson's writings on Freud's changing theories.

**On Situating the Object: Thoughts on the Maternal Function, Modernism and Post-Modernism.** Donald Moss. Pp. 353-369.

The author raises questions with respect to the challenge of the "original object." These include: "What holds the object in place? What determines its erotic and historical valences? What are the structures through which it simultaneously sustains a relation to its own predecessors and spawns its own descendants?" The questions lead to tracing the object, as it is first lost and then rediscovered, in the work of Freud and Lacan. In Freud's view, hysterics try to preserve early objects, and successful treatment enables them to reconstruct objects in accordance with their current reality. An example is given of the effects of a severe challenge to the substance of a belief, when this is based upon available perceptions. The perception, construction, and reconstruction of objects discovered, and rediscovered, is the central issue.

**The State of the Subject Today.** Cornelius Castoriadis. Translated by David Ames Curtis. Pp. 371-412.

The vicissitudes of the "subject" are explored in considerable detail, from historical, social, and psychoanalytic perspectives. In an examination of the psychic sphere of human beings, the author points out that "what is specific to humans is not sexuality but the distortion of sexuality. . . ." Castoriadis emphasizes the role of the mother as a social individual, who first introduces us to society, and thus affects the way in which an individual relates and navigates within group structure. An exploration of the meaning of the conscious includes the degree to which this represents the subject as well as various ego functions: imagination, reflectiveness, and capacity for purposeful activity.

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# Meetings of the Psychoanalytic Institute of New England, East

Morris Stambler, Robert L. Pyles & Graham Spruiell

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# NOTES

## MEETINGS OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

January 29, 1990. THE FREUD-FERENCZI RELATIONSHIP AND ITS BEARING ON CONTEMPORARY PSYCHOANALYSIS. Dr. André Haynal.

Dr. Haynal discussed the origins of some of our concepts in psychoanalysis. The common notion that everything in treatment is transference is not something one will find in Freud, despite Freud's emphasis on the transference. Ideas relative to countertransference that are important in the British, Swiss, and French schools, and hidden ideas of object relations and intersubjectivity, are also not found in Freud. What is the origin of these ideas? Dr. Haynal traced them back to the intimate relationship between Freud and Ferenczi. The early psychoanalytic pioneers did not make a sharp distinction between the private and personal, and the psychoanalytic. For example, Ferenczi fell in love with Elma Pálos, his analysand and the daughter of Gizella Pálos, then his mistress, later to be his wife. Ferenczi pressed Freud to help him with this crisis by briefly analyzing Elma. In 1909 Freud wrote to Jung urging him not to analyze his wife because of the problem of countertransference.

The early pioneers worked with the conviction that the analysis could be dissociated from the relationship. While Freud discovered the transference, he did not make explicit its limits, nor did he seem particularly enthusiastic about working with it. In a letter to Pfister in 1910, Freud said, "Transference is our cross to bear." He spoke of it often in his technical writings as the greatest difficulty in the treatment. Freud was especially uncomfortable with the maternal transference and worked with it only out of necessity. He was quite aware of countertransference, and in a 1909 letter to Jung he wrote about the importance of developing the thick skin we need to dominate "countertransference."

Ferenczi, like Freud, thought that with proper training, analysis could be uniform, irrespective of who the analyst was. Yet gradually, Ferenczi came to understand that this was not so. He moved to a position that conceived of the analyst as a variable. This was a new element in the conceptualization of psychoanalysis. Much of Ferenczi's work in this regard was accepted, but not clearly attributed to Ferenczi. In 1914 Freud wrote about the importance of experience versus insight. Transference as an *experience* was later a point that Ferenczi developed. Ferenczi also brought forth notions of tact and empathy, emphasizing the maternal aspect of the transference. Dr. Haynal thinks that much of what is now referred to as classical analysis includes many of Ferenczi's contributions.

Ferenczi's focus on trauma and its role in the patient's pathology was significant. He believed strongly that analysands must be helped to return to the point where they felt overwhelmed and helpless. He tried to make his psychoanalytic treatment a lived experience rather than an intellectual one by confronting and making deep contact with his regressed patients. Because of this focus, Ferenczi was able to highlight some of the countertransference reactions in psychoanalysis. Initially

blaming the patient when the analyst experienced guilt in the countertransference, Ferenczi later realized that by creating an atmosphere of nonjudgmental acceptance, he could overcome the patient's intrinsic guilt and permit the analysis of these early disturbances of relationships. In this way Ferenczi's conceptualization was the forerunner of the idea of "the holding environment" later proposed by Winnicott and Bion.

Dr. Haynal stressed that Ferenczi pointed out the danger that an analysis could turn into a seductive repetition of the patient's original trauma. He felt that we cannot deny the importance of this potential negative enactment. Ferenczi was also one of the pioneers who brought to light how badly children are treated and how often they are actually abused, with catastrophic results. Finally, Dr. Haynal noted that when he interviewed other early analysts about Ferenczi, he often encountered warm smiles in regard to Ferenczi. He was a lively person, remembered with fondness by everyone who knew him. Ferenczi argued against the theoretical and sterile direction analysis was taking in the 1920's and for a more human model, filled with passion and feeling on both sides of the couch.

**MORRIS STAMBLER AND ROBERT L. PYLES**

November 10, 1990. THE ANALYST'S RETREAT FROM THE PATIENT'S VANTAGE POINT. Evelyne Albrecht Schwaber, M.D.

Dr. Schwaber discussed the countertransference implications involved in the imposition of the analyst's sense of reality upon the patient. She referred to a general tendency for analysts to move away from the stance of listening and inquiry, and she offered reasons for this in terms of countertransference reactions. Although there are divergent points of view about countertransference in the literature, Dr. Schwaber concluded that "there is little dispute that the countertransference must, at the least, be located by the analyst in order to further the clinical endeavor." She cited previous works in this area that delineate modes of listening in which the patient's "vantage point" is *less* obscured by the analyst's preconceptions about reality. She emphasized "affective shifts" in the clinical material which may enhance the patient's self-observing capacities and reveal ways the analyst is being perceived. This activity informs the analyst in an ongoing manner about attitudes which run counter to inquiry into the patient's sense of reality and self. Dr. Schwaber presented several clinical vignettes illustrating self-analysis of countertransference, which allowed her to resume listening to what the patient was saying without unconsciously distancing herself because of conflicting notions about reality.

Discussion focused on the vignette of Mr. K, who entered analysis because of feelings of loneliness. He was intelligent and college educated, but dyslexia had made the experience of education painful and humiliating. Mr. K hoped to return to school eventually. Through associations, he became aware of the connections between his learning problem and conflicts about sexual identity. In response to his talking about returning to school, Dr. Schwaber suggested that perhaps engagement in formal learning might shed light on his sexual difficulties; Mr. K seemed to agree. As the application deadline approached, however, Mr. K became more disorganized, sullen, and alone in his thoughts. He resumed symptomatic behaviors, such as drinking, smoking marijuana, and sexual perversions. Eventually, he became

panicked. Dr. Schwaber asked him what it was that made him feel under pressure to apply to school at this time if he was in such distress. The following day he informed Dr. Schwaber of his intention to postpone his application, whereupon she wondered with him how his sudden change of mind might be understood. Mr. K said, "At least it's no longer a feeling as if I'm going to my hanging," and then remained silent for much of the rest of the hour. Later he said, "I feel damned if I do and damned if I don't . . . I don't know what to make of where you are coming from." Dr. Schwaber interpreted that the way he experienced "her messages" was integral to his bewilderment, and she acknowledged that her response to him had played a large role in his dilemma. Mr. K agreed. He said he was "freaked out" when Dr. Schwaber suggested that he might learn more about his "sexual stuff" by going to school. Dr. Schwaber interpreted how that had happened: "Analysis then had a goal which felt separate from whatever was the essential you." Later she commented that his heightened loneliness was the result of feeling that she was no longer on the side of his "essential me" but rather had an agenda of her own about what was best for him. She interpreted further, "Once going to school became a way of doing good for your treatment, you felt that you had to choose between that(me) and yourself; choosing the one, you felt you lost something of you; choosing the other, you felt lonely."

Following these comments, Dr. Schwaber noted a significant shift of affect. Mr. K seemed more at ease. Memories of the past unfolded spontaneously. This indicated a change in his experience of her; he no longer felt alone. Mr. K came to believe his loneliness derived from the sense that he had to relinquish a "connection" with his mother, interpreted as sexual identification, in order to maintain the sense of being true to himself. He became aware of his unconscious equation of masculinity, learning, and loneliness, as he now felt that the essence of his experience, including his perception of the analyst in the transference, was recognized in the analysis. His lifelong sense of confusion lifted. He later successfully applied to graduate school, and after termination, wrote of how he had gone on to a good career and a fulfilling marriage. Dr. Schwaber later surmised that Mr. K's regression was interwoven with the way she was being perceived by him. "Here, I propose, may lie the source of the obstacle, which I eventually observed in myself—a reluctance to recognize my unwitting participation in another's ongoing inner experience."

DISCUSSION: Dr. Jacob A. Arlow pointed out that there is much confusion and controversy about the term "countertransference." Defining it becomes useful for the discussion. Countertransference is first a derivative concept of transference, which means literally, from its Latin roots, "to carry over." An instinctual wish for a scenario involving a primary object is "carried over" in experience, *not* as an abstraction. Dr. Arlow asked, "From whom to whom? " The answer determines the term for consideration. Recently, some have considered any thought or feeling occurring in the analysis to be a manifestation of transference. Dr. Arlow sees such conceptions as simplistic, because many communications exist outside the sphere of transference. Yet elements of transference, in both directions, are present in *all* relationships. In psychoanalysis the setting and the relationship are unique. Analysts neither endorse nor reject what is projected upon them by the patient; hence "transference manifestations stand out in bolder relief." It therefore becomes easier in analysis to demonstrate unreal (carried over) aspects of feelings and wishes toward the analyst,

in contrast to what the patient knows to be reality, i.e., reality shared between patient and analyst. There are two mechanisms involved in countertransference reactions. The first involves identification and can be described as sympathy. "Instead of thinking and feeling *about* the patient, the analyst remains at the stage of thinking and feeling *with* the patient." The second represents the analyst's unconscious fantasy wishes toward the patient. Wishes stirred by the patient's productions result in departure from the analytic stance and distort interpretation in the direction of maintaining the psychic equilibrium of the analyst. Analogous with transference, not everything the analyst thinks and feels about the patient is countertransference.

Dr. Arlow turned his attention to Mr. K. He referred to Dr. Schwaber's suggestion that engagement in formal learning might shed light on sexual difficulties as a useful and accurate "dynamic intervention." The fact that the patient lapsed into a regressive spiral indicates the likelihood that the analyst's hunch was right. As the deadline approached, regression intensified, but Mr. K remained determined to go ahead. Then Dr. Schwaber asked why he felt under such pressure to apply at this time, since he seemed in great distress. Dr. Arlow asserted that every question implies a declarative statement. It is likely, whether intended or not, that the patient heard a sympathetic reaction, to the effect that "it is not necessary to expose yourself to such agony at this time." Mr. K responded, "At least it's no longer a feeling as if I'm going to my hanging." Dr. Arlow was in agreement with Dr. Schwaber's interventions up to this point, but here his views diverged.

In Dr. Arlow's view the patient said something *unreal* and striking in comparing an application to graduate school with a hanging. This unrealistic simile is interpretable. "It is at this point that some countertransference element entered to distort what had been, up until that time, a very effective communication between analyst and analysand." The confusion about graduate school was not Dr. Schwaber's, but belonged rather to Mr. K, and what looked like a quarrel might instead represent a repetition of the patient's inner quarrel with himself. According to Dr. Arlow, Mr. K's regression probably resulted from an accurate comment by the analyst about the connection between his sexual problems and his inhibition about undertaking graduate training. Consciously he realized that the analyst was trying to help him overcome an inhibition about learning. Unconsciously he responded as if he were being forced to go to his hanging. His manifest behavior was in keeping with the latter misconception. The real question for both patient and analyst is to understand why he treated advancing his career as if it were a criminal act deserving of his being hanged. Dr. Arlow speculated that perhaps the issue of countertransference was overdetermined and temporarily diverted the analysis away from the "shared reality," i.e., applying to graduate school is *not* like a hanging. Further, he maintained that fears of imposing a "shared reality" upon the patient are conflict based. He then thanked Dr. Schwaber for her honesty, courage, and perceptiveness in raising issues which regularly confront clinicians.

Dr. Schwaber thanked Dr. Arlow and agreed that though the remark about "hanging" could have been looked at further, her goal was to learn what she did not already know about that experience, rather than seek the "unreality" of his complaint. In her view "the hanging" may have represented a vital aspect of Mr. K's inner reality, the meaning of which was still to be ascertained. When the analyst

makes a judgment about what is or should be "real" or "unrealistic" for the patient, further inquiry about the patient's inner reality is bypassed. Dr. Schwaber asserted that for Mr. K, applying to graduate school *was* like a hanging. In closing, she emphasized the ways in which she agrees with Dr. Arlow about countertransference, but she acknowledged a further need for dialogue about psychoanalytic conceptions of reality.

**GRAHAM SPRUIELL**

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The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 16-20, 1992, at the Waldorf-Astoria Hotel, New York City.

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The Sándor Ferenczi Society, in cooperation with the Hungarian Psychoanalytical Association, is organizing A SÁNDOR FERENCZI BIRTHDAY COMMEMORATION (1873-1993). This will be an International Conference, titled "The Talking Therapy: Ferenczi and the Psychoanalytic Vocation," to be held July 18-20, 1993, in Budapest. For further information, contact: György Hidas, M.D., The Sándor Ferenczi Society, Szilassy út 6, 1121 Budapest, Hungary.

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The 1991 Margaret S. Mahler Literature Prize has been awarded to Alvin Frank, M.D., and György Gergely, Ph.D. Drs. Frank and Gergely, as co-winners, will receive the award during the May 1992 MARGARET S. MAHLER SYMPOSIUM in Philadelphia. Submissions are now invited for the 1992 Margaret S. Mahler Literature Prize. Authors should send 3 copies of original papers or books which have not yet been published, or are in press, or have just been published during the past year. The paper or book should be relevant to issues of separation-individuation and may be on a developmental, clinical, theoretical, or interdisciplinary topic. The deadline for receipt of papers for consideration for the 1992 Prize is October 10, 1992. Papers received after that date may be automatically considered for the 1993 Prize. Authors should send their work to: Harold P. Blum, M.D., Chairperson, Margaret S. Mahler Literature Prize, 23 The Hemlocks, Roslyn Estates, NY 11576 USA.