

# Observations on the Utility of Couples Therapy Conducted by a Psychoanalyst—Transference and Countertransference in Resistance to Analysis

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## OBSERVATIONS ON THE UTILITY OF COUPLES THERAPY CONDUCTED BY A PSYCHOANALYST—TRANSFERENCE AND COUNTERTRANSFERENCE IN RESISTANCE TO ANALYSIS

BY ARNOLD ROTHSTEIN, M.D.

*This paper explores the premise that conviction concerning the therapeutic efficacy of psychoanalysis combined with a flexible attitude toward the structure of the analytic situation and the parameters of its techniques facilitates the acceptance of psychoanalysis in suitable cases as the treatment of choice. Clinical data from therapy with couples are presented in support of this premise.*

The purpose of this paper is to discuss the subject of creating an analytic practice. The immediate impetus for this paper is my response to Brauer's (1991) "Preliminary Report on the 1990 Survey of Psychoanalytic Practice," presented to the newly formed task force on psychoanalytic practice of the American Psychoanalytic Association (chaired by George H. Allison), of which Dr. Brauer and I are members.

Brauer reported a small decline in the number of analysts in analysis with members of the American Psychoanalytic Association since Shapiro's (in Panel, 1978) earlier findings:

For graduated analysts in all membership categories who had at least one patient in any treatment, the mean number of analytic cases was 4.2. The number of cases varied considerably with membership category and training analytic status. Training analysts had 5.8 cases, compared to 3.9 for certified members (Brauer, 1991, p. 1).

Brauer added:

Although there is a gradual increase in the size of practices according to membership status from 2.6 cases for affiliate members to 3.9 for certified members, *it is clear that most certified members and extended associate or associate members spend only a small portion of their time doing analysis*. . . . [There is a] decline in analytic cases since 1976 [the data of the last study reported by Shapiro in 1978]. . . . Studying only certified members, there is a reduction in the size of practices for both training analysts and non-training analysts. Not all cases are evenly distributed among the membership. . . . almost half of all analysts who are not training analysts have two or fewer cases in analysis. One hundred seventy-two of these analysts have no cases in analysis. A higher percentage of certified and extended associate members have no cases in analysis than do associate and affiliate members, indicating that for some, practice declines with seniority. It is clear that most analysts who are not training analysts spend little of their time practicing clinical analysis. A preliminary look at geographic distribution of cases indicates some geographic variation. However, in cities with more than one institute, the number of cases tends to be the same. Also, the geographic variation is small, with only four societies having a mean of five or more cases (pp. 1-2, italics added).

These findings emphasize a serious morale problem among graduate analysts related to their difficulties developing analytic practices. This problem influences young mental health professionals as they consider the option of pursuing analytic training. Residents in psychiatry often ask teachers who are analysts about their experiences of satisfaction in their work and then ask, "Why should I pursue analytic training and spend all that time and money if there is little hope that I will be able to practice analysis?"

Perhaps the most obvious question raised by these findings is: Why do analysts have so few analytic cases? Before proceeding with my attempt to reflect on this question, it is important to emphasize that the most an individual analyst can hope to do,

given the current state of research methodology, is to state an *opinion*.

Opinion is inevitably biased and subjective, deriving from one's personality, clinical experience, and training, as well as from one's theoretical beliefs, convictions, and commitments. This emphasis resonates with the fact that psychoanalysis is taught from the perspective of authority—authority that is to some extent institutionalized.

The basic premise of this paper is that the analyst's *attitude* toward analysis, particularly its clinical efficacy and indications, profoundly influences her/his capacity to develop an analytic practice. Success in creating analytic patients and in developing and sustaining an analytic practice is enhanced if the analyst has a *conviction* concerning the therapeutic efficacy of psychoanalysis tempered by a realistic sense of its possibilities. Reflecting on a colleague's success with a group of difficult patients, Silber (1991) noted:

It is clear that for analytic treatment to be successful, the analyst's attitude towards patient and illness assumes the utmost significance. . . . Her flexible, imaginative approach is bound to bring out what is latently accessible in her patients. It is also her *conviction* that change is possible which may supply the needed spark to breathe life into the joint analytic endeavor (p. 370).

When I conduct a consultation, I am armed with the conviction that analysis is the best treatment for most non-psychotic patients who seek help for specific symptoms and/or for complaints about the quality of their personal and/or professional lives. My conviction generates an attitude that a trial of analysis is indicated for all such non-psychotic patients. In addition success is facilitated by a *flexible* attitude toward the structure of the analytic situation as well as toward the parameters of its technique. What is *essential* in analytic technique is the analyst's attitude toward the patient and the patient's behavior and verbal associations. Other features of the analytic situation, such as



frequency of sessions and use of the couch, though important, are not always and absolutely essential.

A secondary premise of this paper is that various aspects of psychiatric and psychoanalytic training and related ideals contribute to analysts' difficulties in developing analytic practices. I suggest that analytic candidates are taught, in part, from the perspective of an idealized model. Relatedly, analytic training in general, and training in analyzability in particular, may promote the search for the mythical good analytic case. It is noteworthy that most of the clinical teaching in analytic process is done by senior training analysts who have had, for the most part, little concern with the problem of creating an analytic practice. In a similar vein it is noteworthy that there are few formal courses on the subject.

An exploration of the literature on psychoanalytic process, indications for analysis, and analyzability reveals two contrasting models and derivative attitudes. One, I propose, is an idealization that emphasizes the "good" analysand who can be analyzed without "parameters" (Eissler, 1953). It is inferred that such mythical analysands will work through their core neurotic conflicts sufficiently to achieve a transformation of their infantile narcissistic libido so that they will acquire "wisdom" (Kohut, 1966) and "generativity" (Erikson, 1950). Another model deriving from Stone's (1954) pioneering contribution is more realistic. It envisions a wider range of patients as suitable for analysis while conceiving of the process and goals of analysis as interminable (Freud, 1937) and limited. Brenner's (1982) recent rendering of the mind in conflict concerning derivatives of infantile sexual wishes similarly stresses the interminability of conflict.

In a related vein it is possible that psychiatric training, with its interest in description of manifest phenomenology, differential diagnosis, and derivative treatment models, subtly influences analysts' attitudes toward beginning analyses with disturbing patients. Kernberg's contributions highlight this perspective. Employing Kleinian psychodynamics, Jacobsonian developmental ego psychology, and more recently Mahlerian developmental psychology, Kernberg has developed a differential diagnostic

schema which may discourage analysts from trying to develop certain patients into analysands. In this regard Kernberg (1970) stated:

The prognostic considerations examined in this paper illustrate the limitations and difficulties in the psychoanalytic treatment of patients with narcissistic personality structures. Even if we cannot successfully treat many of the patients, at least they permit us to better understand and resolve narcissistic defenses in patients with less intensive overall character pathology (p. 84).

Similarly Kernberg (1975, p. 243) quoted Ticho (1966) in emphasizing that "narcissistic personalities constitute a 'heroic indication for psychoanalysis'" (p. 213). Kernberg (1975) "question[ed]" the use of "standard" (p. 167) psychoanalysis in the treatment of borderline personality organization and suggested that a "modified psychoanalytic procedure or psychoanalytic psychotherapy is the treatment of choice for patients with borderline personality organization" (p. 147).

Bachrach (1990) presented a different perspective. His summary of research of analyzability clearly demonstrated the difficulty, if not impossibility, of predicting outcome at the beginning of an analysis. Bachrach stated that analyzability is "no more than marginally predictable . . . at the initial evaluation" (p. 12), and he added that the studies "also suggest that it is necessary to wait until a case is terminated before a true assessment of analyzability can be meaningfully made" (p. 21).

Gedo's perspective on indications for beginning an analysis is similar to mine. In a consultation, all that is required is a judgment regarding patient suitability for a trial of analysis. Gedo (1981) stated: "Kernberg's 'borderline conditions' and Kohut's 'narcissistic personality disturbances' are analyzable disorders" (p. 80). He added that "many patients who seem maximally impaired, disorganized or desperate are able to use the procedure successfully" (p. 81). Gedo conceived "two current limits of analyzability: first, the emergence of actual states of helplessness *in the course of treatment*; second, the continuing influence of unalterable, but disavowed, delusional convictions" (p. 78).

In regard to helping disturbed patients become analysands, it is worth remembering Stone's de-emphasis of questions of analyzability and his emphasis on the importance of the match. Stone (1954) stated that "a therapist must be able to love a psychotic or a delinquent, and be at least warmly interested in the 'borderline' patient" (p. 592) and that "the therapist's personal tendencies may profoundly influence the indications and prognosis" (p. 593).

I am emphasizing that in doing a consultation with "difficult," "disturbed," and/or disturbing patients, it is helpful to pay particular attention to a prospective analysand's sensitivity rather than to considerations of diagnosis. I am stressing that even very difficult patients, regardless of the diagnostic tag that some colleagues would pin on them, are better treated by psychoanalysis than by any other form of psychotherapy, as Abend, Porder, and Willick's (1983) book on borderline patients suggests. Any other attitude biases an analyst against analysis, which, I believe, accounts for a good deal of the difficulty that many analysts have in helping patients who need analysis to accept it. Instead of analyzing the patients' resistances to entering analysis, they accept these patients in some less intensive, less analytic form of treatment because the analysts themselves are swayed by unconscious bias against analysis; the bias may derive in considerable measure from reliance on such authoritative statements as those given above concerning the unsuitability of analysis as a form of treatment for many patients.

In the tradition of the attitude espoused by Stone and Gedo, I reiterate what I stated in *On Beginning an Analysis*: "... to develop a[n analytic] practice most analysts today must see the possibilities in individuals who seek treatment, allow them to begin the way they can begin, work systematically with resistances, and thus help patients become analysands" (Rothstein, 1990, p. xi).

Couples therapy offers a valuable perspective on the process of creating prospective analysands. Sander (1988) reminded us of Freud's (1919, p. 163) statement to the effect that unhappy

marriages can supersede neuroses while satisfying a need for unconscious punishment. Sander noted that such patients may use externalizing defenses and often do not seek individual treatment but rather seek couples therapy for defensive reasons. Many patients seeking couples therapy find themselves in treatment with a therapist who is not analytically trained. If they do consult an analyst, the analyst may have little experience with or interest in that modality of treatment and may communicate a denigrating attitude toward it.

My therapeutic experience with couples evolved serendipitously from a conversation with a fellow analyst who was experiencing an impasse with an analysand. His analysand was employing just those externalizing defenses that Sander noted, a not uncommon phenomenon. A great deal of his analysand's associations expressed dissatisfaction with his wife and involved reports of discord between them. My colleague expressed his sense that the analysis would not proceed unless the analysand's spouse accepted a referral for treatment. He had been unable to effect the referral from his analytic vantage point. We wondered together whether my seeing the couple in a consultation might help effect such a referral for the spouse. My colleague referred his analysand for couples therapy with me. The stated purpose of the referral was to help the couple discuss their differences, among them the husband's conviction that his wife needed an analysis.

The goals of couples therapy, in my view, are much more limited than those of clinical psychoanalysis. In fact, as the therapeutic processes I present demonstrate, couples therapy can be conceived by an analyst as a complement to and/or a modification of psychoanalysis. One indication for couples therapy is to aid in helping the spouse of an analysand of another analyst accept the recommendation that he or she begin psychoanalysis. In a larger sense, then, couples therapy may be indicated as a preparation for psychoanalysis. I have found that when colleagues have referred stalemated cases or cases in which an impasse was conceived to be in process, I have often been able

to help the colleague work with the analysand's intransigent resistances and the often related countertransference. Therefore, couples therapy can be conceived of as one form of consultation concerning an analysis in difficulty. Finally, couples therapy is indicated as a component of a treatment plan for patients who are judged to be unsuitable for analysis or unable to have an analysis.

The therapeutic process in couples therapy aims at facilitating communication between the members of the couple. My method of working with a couple is first to define the couple as the patient. I meet with the couple for ninety minute sessions weekly and ask them to discuss their difficulties. My interventions focus on describing their interactions and on helping the couple identify and understand their attitudes toward and expectations of each other. Sander (1988) understood couples' complaints to reflect, in part, the mutual enactment of their transference neuroses. When the process succeeds in identifying these trends, it may begin to shift from the couples' interactions to their individual internal conflicts. This shift in process is one indication for termination of the couples therapy and for referral to another analyst for individual treatment.

The following vignettes are from therapies with five couples. It is noteworthy that these referrals came primarily from colleagues who were friends with whom I shared my early experiences with this modality. More recently referrals have come from students who have heard me describe these experiences.

## THE CLINICAL DATA

### *Case No. 1*

Ms. T was referred to me for couples therapy by her husband's past therapist, to whom she had turned for help. When the two came for their first session, Ms. T began by complaining tearfully of her husband Tom's self-involvement and his lack of

interest in their one-year-old son, John. Dr. T, upset by his wife's tears, expressed his love, remorse, and wish to work to make their marriage better. He confessed that he was very ambitious and stated that his professional aspirations had interfered with his ability to appropriately consider the needs of his wife and son. Ms. T had come to the consultation with the fantasy that she would be unable to make her concerns heard. Encouraged by her success she added two more complaints: Tom was too critical and perfectionistic, seemingly expecting her to be his perfect servant. In addition, he was too involved with and intimidated by his mother, whom Ms. T experienced as competitive and intrusive.

In their individual sessions, I learned that Dr. T was raised in a Jewish home and was the older of two boys. His father, a famous academic, was exceptional in everyone's eyes except his mother's, who found him wanting as a financial provider. Dr. T had graduated from a prestigious college and medical school. While in college he sought psychoanalytically oriented treatment because of difficulties with authority figures. He worked with his analyst on a twice-a-week basis because his parents refused to pay for an analysis. He valued that experience and reported that he had learned about his penchant for self-destructiveness when faced with criticism or success. After medical school he left his first residency position in a manner that he felt reflected the influence of his self-destructiveness. At present, he was surgical resident in a prestigious program and expected to be appointed chief resident within the year. He expressed his belief that he did not need treatment for himself at this time but was interested in pursuing couples therapy which he felt would help his marriage. I conjectured that he would not consider a referral for individual treatment at this time unless his professional life was in jeopardy.

Ms. T, the oldest of four children, was born to an established, wealthy, Catholic family. She reported that her parents were very loving, but were basically unhappy and plagued with a sense of "underachievement" in their lives. Her father and a

sibling had been treated with antidepressants, and she wondered if depression was an inherited family vulnerability that might affect her some day. Ms. T had graduated from a fine Midwestern college and had pursued a graduate degree in art history, working as a teacher prior to the birth of their son. Teachers in college and graduate school had been very laudatory of her painting talent. She, however, was never able to imagine herself to be as gifted as others considered her to be.

Dr. and Ms. T were happy and eager to begin their weekly joint sessions. The early sessions were characterized by Ms. T's expressing her complaints and Dr. T acknowledging the influence of his sense of entitlement in their relationship. As a consequence, Ms. T was able to become more aware of her anger and less afraid of expressing it. In addition, Dr. T was more considerate of his wife and son and more able to limit his mother's intrusiveness into their lives.

After ten such sessions I began to note a shift in the process from a focus on their interactions to their individual concerns. Dr. and Ms. T, alternately, for parts of their joint sessions, related to me as if I were their individual therapist. Such a shift in process may be an indication that one or both members of the couple are beginning to consider individual treatment for themselves. Interpretation at this point was aimed, in part, at exploring the advisability of referral for psychoanalysis.

Dr. T's individual concerns focused on his imminent appointment as chief resident. He was anxious about the possibility of undermining it and defended against his fear of failure by questioning his desire to spend the rest of his life as a surgeon. Defensive aspects of these fantasies were interpreted and worked with productively. Although I thought analysis would be helpful to Dr. T, it was my judgment that he would not accept such a recommendation if he did not, in fact, become more self-destructive.

As Dr. and Ms. T discussed her life and her wish to be an artist and paint full time, Ms. T became more aware of her conflicts concerning her individual success. In their fourteenth

session her husband commented that a painting was not worth painting unless you sold it for a lot of money. I identified his denigrating tone and the seemingly inhibiting impact it had on Ms. T.

In their next session I was able to interpret Ms. T's use of her husband's denigration of her and his wish that she be suppliant and servile in their marriage to avoid her conflicts about being competitive and successfully creative. Ms. T associated to her mother who unselfishly relinquished her career to make a move to another city that was required by her husband's career. Ms. T then associated to her sense of her father as a failure.

Ms. T began their next session by telling me of a dream she had the night of their previous session.

"I was in an airport with my mother and Tom and two children. In addition to our beautiful son, John, we had a daughter who was ugly. The ugly daughter got lost. Tom and my mother said there is nothing to worry about, and I agreed for a while. Then I got concerned and found the baby. The baby was blue and not breathing. I revived her with mouth-to-mouth resuscitation."

Ms. T said, "The artist, X, describes her paintings as her babies. The ugly baby is my painting." I inquired: "Why would you experience your creative product as ugly?" Ms. T pondered the question for a while. I commented: "Analysis can help with that question as well as with your undervaluing your creativity." The next day Ms. T called me for a referral to an analyst. I worked with Dr. and Ms. T for six additional weekly sessions, during which time Ms. T began an analysis. During these sessions Dr. T shared a frightening and satisfying fantasy. Dr. T believed he had a special relationship with his mother who he believed had magical powers. He believed that her magical powers guided and insured his success. As long as he continued to serve her, he felt she would protect him and guarantee his success. He believed that if he frustrated her wishes, she would vengefully hurt him and ruin his success. Although he knew these beliefs were absurd, he felt them to be true and felt enslaved by them. I



suggested that analysis could help him with his fears. Dr. T recalled his parents' refusal to let him have an analysis while he was in college. Dr. T believed his mother would punish him if he accepted the recommendation of analysis, by preventing him from becoming chief resident.

Two weeks after I terminated work with Dr. and Ms. T, Dr. T called me for an individual session. From our previous work, he knew that I did not work with individuals of a couple I had treated. I had made it clear to them at the beginning of the couples therapy that I was the therapist of the couple and if it turned out one or both of them wished individual treatment, I would refer them to a colleague. I explained that one of my reasons for working this way was that they might want to consult with me, at some future date, as a couple. I had added my belief that if I were working with one of them individually, my ability to help them as a couple would be impaired. In spite of this explanation Dr. T attempted to induce me to make an exception in his case. I interpreted that he seemed to be attempting to get me to treat him as special, as an exception to the rule, and I shared my conjecture that he felt his mother treated him in that way. During our phone conversation he repeated this attempt to induce me to accept him as an analysand. He rejected my offer of a referral to another analyst.

Six months later Ms. T called to make an appointment for the couple. Their first session began with Dr. T's detailed criticism of his wife's sloppy nature. This trait was particularly annoying to him because he felt it hindered his ability to develop potential referring colleagues by entertaining in their home. He reminded his wife that style was more important than substance in the pursuit of success.

Dr. T began their second session proclaiming that he was very angry. He was angry at his wife for not being more affectionate, and he was furious with her parents for the manner in which they treated him in a joint financial venture. He denigrated Ms. T's father for his conservative nature and poor financial judgment. I interpreted to Dr. T that the intensity of his anger

suggested that something much more personal was going on. I continued by stating, "You express your anger and disappointment in the details of the way Ms. T's father manages money rather than in regard to your wish that he take care of you." Ms. T added, "You feel entitled to have him just give you hundreds of thousands of dollars." Dr. T smiled, like a little boy caught with his hand in the cookie jar, and acknowledged the accuracy of the interpretations. Ms. T responded by expressing her anger and disappointment in her husband. She stated, "I want a man I can respect. A man who is strong and wants to take care of himself. I want a man who has integrity and who doesn't manipulate to get money. Your difficulty being a man, your wish to be your mother's special little boy, makes it more difficult for me to work on my problems being an adult, a woman." Dr. T responded, "Your being critical of my wish to be a spoiled indulged child makes it hard for me to accept that in myself." I commented, "You're both using each other to avoid working on your own conflicts." I reiterated my recommendation that Dr. T could work more productively on his conflicts in individual treatment. Dr. T was able to accept referral to another analyst and to begin a productive analysis. Ms. T's analysis proved to be productive as well.

#### *Case No. 2*

Ms. F, who was in the fifth year of her analysis, called me, at the suggestion of her analyst, for a couples therapy consultation. She began the consultation by describing herself as a critical bitch but added that she was very dissatisfied with the sexual life she and her husband had and was seeking help for them because she didn't want to have an affair. Mr. F presented himself as quite satisfied with their sexual life, which consisted of monthly ten-to-fifteen minute encounters. Questioning revealed that Mr. F was inhibited and suffered from premature ejaculation. In addition he had had three brief experiences with

individual therapy in response to life crises. In the first session of the couples therapy consultation, I suggested to Mr. and Ms. F that they were not candidates for couples therapy. Instead, I proposed that Ms. F continue her analysis and Mr. F see me for further consultation. I shared with Mr. F my tentative impression that analysis was the optimal treatment for his life-long difficulties. Mr. F stated that he had no interest in analysis but proceeded tentatively to become engaged in a treatment relationship with me.

In spite of Mr. F's objections to my recommendation he was able to work on these in individual sessions and to begin a formal analysis some nine months later. I have had a similar experience with one other couple.

### *Case No. 3*

Mr. X, a successful engineer, had been in psychotherapy for painful obsessional preoccupations and associated inhibitions. He sought couples therapy at the suggestion of his analyst who felt the treatment was interminably stalemated. During the initial phone conversation Mr. X told me that he hoped that I would be able to help his wife, a busy and successful pediatrician, accept a recommendation for individual treatment for herself.

In Mr. and Dr. X's first session Mr. X was very deferential toward his wife. Dr. X expressed rage at her husband and at her husband's analyst. She shouted, "Why hasn't he cured you already?" She added, "If I got results like that, I wouldn't have a practice." In a distraught manner Dr. X described how Mr. X's fear of dirt and his preoccupation with fears of becoming infected had intruded on their life together. She shared her concerns about the effect of her husband's fears on their three sons. In addition, she expressed rage at her husband for his penurious nature. He refused to spend some of their considerable assets on a variety of expenditures that Dr. X felt were essential

to her existence. Dr. X expressed both her sense of deprivation and feelings of entitlement. Finally, they both complained about the dissatisfactions of their sexual lives.

Over the next ten weeks their weekly sessions were characterized by the expression of Dr. X's sense of entitlement and sadistic criticisms and Mr. X's masochistic, depressed, and sometimes angry requests that she be more tolerant and reasonable.

During the second half of this brief couples treatment I was able to identify for Dr. X the nature of her angry complaints. She behaved as if she were entitled to have what she wanted, as if "it were written or ordained," and she seemed to believe that if she persisted in her complaints, somehow both her husband and his analyst would hear them, with the result that Mr. X would be magically cured. In response to this work Dr. X was able to accept a recommendation for individual treatment.

During the couples consultation I became aware that Mr. X had never had a trial of analysis. I shared my impression with Mr. X's analyst that a trial of analysis, preferably at a frequency of five times a week, seemed indicated as a treatment of choice for Mr. X's severe life-long neurotic symptoms, inhibitions, and character traits. Mr. X and his analyst agreed with the recommendation.

#### *Case No. 4*

Mr. and Ms. M were referred by her therapist for couples therapy in order to help Mr. M accept the recommendation of individual treatment. Ms. M's therapist felt that the progress of her psychoanalytically oriented psychotherapy was limited by Mr. M's intransigent resistance to referral for treatment. Ms. M, a highly successful professional, had been in a satisfying and productive psychotherapy for four years. Mr. M had avoided engagement in psychotherapy or psychoanalysis by rationalizing that the exigencies of his work made it impossible for him to maintain a consistent presence in treatment.

Mr. and Ms. M's main complaints centered around their sexual life, or more specifically the lack of it. In discussing these difficulties, they revealed clear sadomasochistic and sadonarcissistic patterns of interaction. Ms. M was the more overt torturer, berating Mr. M for his failings. She would list her frustrations, which she held him responsible for. In addition Ms. M would authoritatively tell Mr. M what he thought and what was good for him. Mr. M was the covert torturer. He would sit quietly and silently accept his wife's criticisms and complaints. Withholding was his main weapon. In addition both Mr. and Ms. M felt deeply hurt and disappointed in each other and in themselves. Ms. M, the more overt complainer, tearfully explained how painful it was to approach her husband and to be rebuffed. Mr. M was helped to express his fear of failure in sex. He was preoccupied with his sense that no matter what he did, he would not be able to give his wife an orgasm. This was his only experience of failure in his life.

After nine sessions, in which these patterns were identified, Mr. and Ms. M were able to discuss their differences and express themselves clearly and effectively. However, Mr. M's retarded ejaculations and Ms. M's frigidity persisted. We discussed these persisting difficulties and the therapeutic options available. Mr. and Ms. M raised, discussed, and rejected sex therapy as an option. I reiterated my suggestion that Mr. M try analysis.

He expressed his wish to have a trial of analysis with me. After I had repeated and explained that I was *their* therapist, Mr. M said, "Darling, we're being dismissed." I identified his anger and disappointment and added somewhat imploringly, "Look, I'm trying to give you something!" Mr. M accepted a referral and has begun a five-times-per-week analysis. The fact that I resisted his efforts to persuade me to be his analyst made my recommendation of analysis more powerfully felt and believable.

I subsequently made the suggestion to the referring therapist that she convert Ms. M's therapy into an analysis. After successfully referring Mr. M for analysis, I felt the desire to end the couples therapy. I believed it would interfere with their individual work. Both Mr. and Ms. M and their analysts felt that it

would be helpful if they continued their work with me, for a while, as a complement to their individual treatments. Mr. M and his analyst had told me of Mr. M's difficulty "getting into" his analysis. In my work with Mr. and Ms. M, I was able to make interpretations from the couples therapy process that were intended to help Mr. M understand some of his resistances to analysis.

In response to Mr. M expressing apprehension about his ability to continue to speak to his analyst in a manner that would hold his analyst's interest, I interpreted, "You're creating a relationship with Dr. Y [his analyst] like you have with your wife. You feel you have to perform and be interesting or he will be bored and abandon you. [Ms. M had had an affair in response to the frustrations she was experiencing in her marriage.] It's sort of like you feel you have to give him an orgasm."

Mr. M was finding it difficult to consider lying on the couch. Although he had been working with Dr. Y five times a week for two months, he insisted on sitting up. At a moment in our work together Mr. M noticed that I was distracted. He jokingly said, "You see I have to keep an eye on you fellows to make sure you're awake." I commented, "It's hard to relax and trust us, to believe we're really interested." Mr. M laughed and resumed talking to Ms. M about their wish for sexual pleasure. Ms. M raised the question of massages. She asked Mr. M if he'd like a massage. He associated to his sexual experiences with prostitutes in Vietnam. He had been afraid to lie down and have a massage. He remembered that he had this absurd fantasy that a Vietcong would come in and shove a grenade up his ass. I interpreted, "Perhaps that's what you're afraid will happen if you take your eyes off Dr. Y and lie on his couch."

#### *Case No. 5*

Mr. C called for a couples consultation for himself and his friend Ms. Z. Both were famous performers. He was working on a once-a-week psychotherapy which had been ongoing for

twelve years with the analyst who referred them to me. She had worked in a once-a-week psychotherapy for fifteen years, following a brief hospitalization twenty years earlier at the Menninger Clinic when she was a late adolescent. She had recently weaned herself from her lifelong addiction to a variety of drugs and alcohol and was attending Alcoholics Anonymous sessions regularly.

During their couples sessions both their devotion toward each other and their mutual dissatisfaction with each other became clear. They loved and cared for each other but were constantly wanting more from each other than they received. Although I felt both would profit from either analysis or intensive psychoanalytically oriented psychotherapy, the fact that they were away from the city for more than half of each year made such a recommendation seem impractical to them. Although I shared my thoughts with them in this regard, I accepted their objections as a reality to be respected.

I worked with this couple weekly, when they were in New York, for two years. During this time, at my recommendation, Ms. Z began a twice weekly psychotherapy, and they were married. I continued to see them in couples therapy, conceived of in this case as an adjunct to their other individual and group therapies, because they felt they could only "really talk to each other" in my presence. The therapeutic process focused on the description of the nature of their verbal communications and on their interactions. During that time they became more able to tolerate and communicate their desires and their responses to the frustration of their wishes.

## DISCUSSION

An analyst's conception of couples therapy is influenced by his or her personality, values, clinical experiences, and training. Training and experience in child psychiatry and work with deaf infants, children, adolescents, and their families exposed me to the value of work with families. Family therapy with hearing

families in which one child is deaf is often indicated and helpful in identifying maladaptive interactions reflecting parents' and siblings' responses to their hearing-impaired relative. Simultaneous and subsequent analytic experience has influenced my view of the value and nature of couples therapy, as a variety of family therapy, in relationship to the practice of psychoanalysis with adults.

It is worth noting these personal factors because training in couples therapy is less formal than training in analysis. Where available, training in couples therapy is often taught from the highly personalized perspective developed by one of its pioneers. In addition the biases that exist among analysts toward couples therapy and its practitioners are noteworthy. It is not unusual to hear colleagues express the view that consideration of a complementary treatment such as a brief couples therapy is a resistance to analysis which probably reflects an acting out in the transference. In a similar vein the view is expressed that any analyst interested in doing things other than analysis must be a less competent analyst than one interested in limiting his or her practice solely to analysis. I state these considerations because couples therapy is usually used by its practitioners and thought of by most analysts as an alternative to analysis when, as the clinical data presented in this paper demonstrate, it can in fact be employed as a preparation for analysis. My work in couples therapy continues to strengthen my conviction that psychoanalysis is actually the treatment of choice for the majority of patients.

Sophisticated potential analysands are aware of a variety of potential treatment modalities competing for their attention. All these methods seem to promise quicker relief than that offered by analysts. The reasonable, conscious desire for relief from suffering is easily employed in the service of resistance to the introspection and personal self-scrutiny required by analysis. In this paper I am emphasizing the value of sometimes beginning a treatment in the manner requested by the patient with a view toward preparing the patient for an analysis.

Work with couples confronts analysts with the challenge of



scrutinizing countertransference trends which, while the same as those experienced in doing analysis, may be intensified when working with a couple. I am employing the term countertransference, as Jacobs (1983), quoting Racker, has, as "a concept embracing the totality of the analyst's psychological response" (p. 622) to the patient. I will describe three countertransference proclivities that may be exaggerated in therapeutic work with couples: 1) "the temptation for the analyst to play the part of . . . saviour" (Freud, 1923, p. 50, n.); 2) the tendency to take sides with one or another member of the couple; and 3) the temptation to be seduced in one or another way by a member of the couple.

In a footnote to his discussion of unconscious guilt as a resistance to recovery, Freud (1923) noted the analyst's temptation to allow "the patient's putting him in the place of his ego ideal" (p. 50, n.). Freud suggested that "this involves a temptation for the analyst to play the part of prophet, saviour and redeemer to the patient" (*ibid.*). Freud continued and cautioned: ". . . the rules of analysis are diametrically opposed to the physician's making use of his personality in such a manner." These temptations may be exaggerated in the sometimes tumultuous atmosphere that not infrequently characterizes therapeutic work with couples.

Jacobs (1983) has written about the analyst's response to his analytic patient's "object world" (p. 619). He states:

The way . . . in which the analyst responds to material about his patient's objects depends not only on his understanding of the patient and the transference developments at any given time, but also on the impulses, affects, fantasies and defenses evoked in him in response to the mental representations he has formed of those objects. These representations exist apart from, although they may at times supplement and augment, countertransference reactions that develop in response to the patient's transferences (pp. 624-625).

Jacobs's comments are particularly relevant in work with cou-

ples because it is common for the analyst to feel like favoring or supporting a particular member of the couple.

Similarly, the temptations to be seduced, in one or another manner, may be intensified by the exigencies of the parameters of couples therapy. In "The Seduction of Money" (Rothstein, 1986) I noted that "the fantasied gratifications associated with money may be as much of a problem as those associated with sex" (p. 299). At this time it is not unusual for analysts to have open hours and fewer patients in analysis than they would like. Given these exigencies, the temptation to treat an individual member of a couple may be considerable, particularly when that individual promises to become an analytic patient who pays the analyst's full fee. Such was the situation with Dr. T of Case No. 1. An attitude in couples therapy that emphasizes the analyst's therapeutic responsibility to the couple, rather than to either individual, provides a perspective that facilitates the analyst's work with these temptations.

A case could be made for this analyst's taking Dr. T into analysis. Given the structure of his personality, it could be argued that his attempt at seduction of the analyst to make him an exception was an expression of his character and a sign of the developing transference neurosis to the analyst. In addition, it could be argued that it was important for Dr. T to use the analyst in this way in order to distance himself from his entanglement with his mother. While there is validity to these arguments, I am suggesting that analysts' therapeutic responsibility to the couple is of greater importance.

In contrast I was able to successfully recommend analysis with me to Mr. F, of Case No. 2, because I had not conducted a couples therapy with Mr. and Ms. F. It is usually considered unwise for an analyst to meet with the spouse of his analysand. However, it is noteworthy in the two cases in which I was able to recommend analysis to a member of the couple during the consultation, my brief initial contact with the spouse of my prospective analysand was not a hindrance to the subsequent analysis.

In conclusion I will reiterate a number of points. First is that

an analyst's own unconscious bias against psychoanalysis may be a significant obstacle to developing an analytic practice. Second, a patient's reluctance to accept one's recommendation that psychoanalysis is the treatment of choice is often determined by unconscious motives that function as resistance. They should be understood and dealt with analytically whenever possible. This is as true of a patient's desire to enter into analysis with oneself contrary to recommendation, as was the case with Dr. T (Case No. 1) and Mr. M (Case No. 4), as of a patient's reluctance to enter analysis at all. Third, and relatedly, my experience with couples therapy is used to illustrate the value and efficacy of recognizing the existence and importance of unconscious motives in both analyst and patient that affect the success or lack of success one has in persuading suitable patients to undertake analysis. In that regard couples therapy, rather than being an alternative form of treatment, can be productively employed as a means of preparing patients for analysis. Finally, I reiterate my view that to create analysands and to develop and sustain an analytic practice, the analyst must see the possibilities in individuals.

#### REFERENCES

- ABEND, S. M., PORDER, M. S., & WILLOCK, M. S. (1983). *Borderline Patients: Psychoanalytic Perspectives*. New York: Int. Univ. Press.
- BACHRACH, H. M. (1990). The analyst's thinking and attitude at the beginning of an analysis: the influence of research data at the beginning of analysis. In *On Beginning an Analysis*, ed. T. J. Jacobs & A. Rothstein. New York: Int. Univ. Press, pp. 3-26.
- BRAUER, L. (1991). Preliminary report on the 1990 survey of psychoanalytic practice. Presented to the Task Force on Psychoanalytic Practice of the American Psychoanalytic Association, May 9, New Orleans, LA.
- BRENNER, C. (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
- EISSLER, K. R. (1953). The effect of the structure of the ego on psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, 1:104-143.
- ERIKSON, E. H. (1950). *Childhood and Society*. New York: Norton.
- FREUD, S. (1919). Lines of advance in psycho-analytic therapy. *S.E.*, 17.
- (1923). The ego and the id. *S.E.*, 19.
- (1937). Analysis terminable and interminable. *S.E.*, 23.

- GEDO, J. E. (1981). *Advances in Clinical Psychoanalysis*. New York: Int. Univ. Press.
- JACOBS, T. J. (1983). The analyst and the patient's object world: notes on an aspect of countertransference. *J. Amer. Psychoanal. Assn.*, 31:619-642.
- KERNBERG, O. F. (1970). Factors in the psychoanalytic treatment of narcissistic personalities. *J. Amer. Psychoanal. Assn.*, 18:51-85.
- (1975). *Borderline Conditions and Pathologic Narcissism*. New York: Aronson.
- KOHUT, H. (1966). Forms and transformations of narcissism. *J. Amer. Psychoanal. Assn.*, 14:243-272.
- PANEL (1978). Survey of psychoanalytic practice 1976; some trends and implications. S. E. Pulver, reporter. *J. Amer. Psychoanal. Assn.*, 26:615-631.
- ROTHSTEIN, A. (1986). The seduction of money: a brief note on an expression of transference love. *Psychoanal. Q.*, 55:296-300.
- (1990). Preface. In *On Beginning an Analysis*, ed. T. J. Jacobs & A. Rothstein. New York: Int. Univ. Press, pp. xi-xii.
- SANDER, F. M. (1988). Shared unconscious conflicts, marital disharmony and psychoanalytic disharmony. Presented to the New York Psychoanalytic Society, May 25.
- SILBER, A. (1991). Review of *Theaters of the Body* by Joyce McDougall. *Int. J. Psychoanal.*, 72:367-370.
- STONE, L. (1954). The widening scope of indications for psychoanalysis. *J. Amer. Psychoanal. Assn.*, 2:567-594.
- TICHO, E. (1966). Selection of patients for psychoanalysis or psychotherapy. Presented at the 20th Anniversary Meeting of the Menninger School of Psychiatry Alumni Assn., Topeka, Kansas.

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## Use of the Analyst as a Fetish

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## USE OF THE ANALYST AS A FETISH

BY OWEN RENIK, M.D.

*In some cases a gratifying transference fantasy is the subject of progressive analytic work, while in other cases the same type of fantasy eludes investigation, and its enactment causes treatment to become an unproductive endless task. One cause for the latter difficulty can be that the patient uses his or her analyst as a fetish, permitting the distinction between reality and fantasy to remain inconclusive, so that relinquishment of magical expectations does not take place. The particular form of thinking involved in use of the analyst as a fetish is described. The role of illusion, its various clinical manifestations, the countertransference reactions they can evoke, and the technical problems posed are discussed. Special attention is given to the crucial issue of termination. By considering extreme instances in which use of the analyst as a fetish predominates, the author hopes to call attention to a phenomenon that appears to some degree in many, if not all, analyses.*

Certain clinical psychoanalyses are prolonged because the treatment situation becomes an arena in which the patient is able to sustain the illusion that he or she has fulfilled, or will fulfill, a cherished fantasy. Maintenance of this illusion, rather than increased self-awareness, is the patient's goal during the sessions, so that the analytic collaboration, instead of progressing toward termination, becomes an endless task (Calef, 1980). Of course, every patient brings magical expectations to analysis; but sometimes they predominate very powerfully over the agreed-upon work agenda and prove extremely difficult to bring under scrutiny in any useful way.

It is my impression that the *content* of the fantasy enacted within the treatment relationship is not, in itself, what distinguishes these obdurate cases from more easily analyzable ones. We know, for example, that it is very common for a patient to

idealize the analyst and endow him or her with all sorts of wonderful powers that the patient then tries to gain for him/herself through some form of imagined submission or merger. In some cases, fantasies with this content serve as the main subject of very successful analytic work; yet in others, they continuously elude investigation—every attempt on the analyst's part to address the fantasies gets woven into the fantasies by the patient, is taken as confirmation of them, and there seems no way out of the dilemma. What makes for the difference?

Whenever an analysis seems stalled, we are obliged to wonder how much of the difficulty may be due to the analyst's emotional response to the patient and the treatment situation—countertransference, in the broadest sense of that term. Indeed, I think we are safe in assuming that countertransference is involved in every impasse; but at the same time, I think it is also true that there are some patients who are especially likely to invoke an unproductive countertransference reaction in any analyst, whatever his or her individual psychology. While it makes sense to regard the work of clinical psychoanalysis as an intersubjective collaboration, for purposes of study we can try to distinguish the contributions of each participant. A bit later I will consider the analyst's activity in certain extended, difficult treatments; I would like to begin by looking at the patient's.

One way to understand the problem of persistent unrealistic expectations in analysis is to conceptualize the crucial issue in terms of *the kind of thinking* the patient applies to a fantasy he or she enacts at length within the treatment relationship, regardless of the particular content of that fantasy. A number of investigators have pointed, in various ways, to the importance of the manner in which a patient deals with fantasies about analysis and the analyst. For example, Abend, Porder, and Willick (1983) describe how "borderline" patients insist on obtaining "real" gratifications from their therapists, and Boesky (1982) discusses the "actualization" of fantasy in analytic treatment.

My own focus in this presentation will be on a specific cognitive mode: how some people are able to blur the distinction between fantasy and reality in a way that permits them to main-

tain profound and tenacious wishful convictions about their relationships with their analysts. Freud (1927, 1940) spoke about blurring of fantasy and reality in his articles on fetishism, and I have found it useful to think of the phenomenon that underlies certain analytic stalemates as the patient's *use of the analyst as a fetish*.

Freud's formulations concerning fetishism are well known. I will review them only briefly in order to emphasize several points. Freud considered one instance of fetishism. He described what happens to a young boy who is exposed to the female genital at a time when, for whatever reasons, he is in the grip of intense castration anxiety. The sight of a human being without a penis is intolerable for the boy, because it vividly calls to his mind the image of himself having lost his own penis, a possibility of which he lives in dread. If the idea of a person without a penis remains intolerable to the boy as he grows up, it poses a formidable problem to his eventual sexual adaptation. One outcome is that he will assiduously avoid the female genital through exclusively homosexual object choice. If, however, he is strongly motivated to pursue heterosexuality, another solution must be found.

He may become a fetishist. The fetishist puts a wishful phallic woman fantasy in place of his threatening perception of a penisless female genital. His fetish—whether shoe, foot, garter belt, or ponytail—stands for the female penis in which he needs to believe. With his fetish present, the fetishist feels sufficiently reassured to have genital sex with a woman.

Freud concentrated on fetishism as a frank perversion, but common usage indicates that wider application can be made of the paradigm he offers. The totemic icons in which primitive peoples believe their gods to reside are called fetishes, and are used by both men and women to relieve all sorts of troublesome concerns—not just castration anxiety. Fetishes are employed in agriculture, in the conduct of war, to facilitate childbirth, to control the weather, etc.

The practice of constructing a wishful fantasy to reassure



against a threatening perception of reality is ubiquitous. The special feature of fetishism is that *an unusual degree of conviction about the reality of a reassuring idea is achieved when a particular material object (the fetish) is actually present*. Ordinarily we think of fetishes as inanimate objects, but a person can be used as a fetish too. Consider the following commonplace observations.

### FETISHISM IN THE TREATMENT RELATIONSHIP

Some time ago, I saw a woman, Ms. A, in analysis because of her inability to establish a lasting romantic relationship with a man. This extremely bright, self-reflective, hardworking patient had been in several prior analytic treatments, none of which, ultimately, seemed to have had an impact on her problem. I began to see why, as our work together proceeded. Over time it became clear to me that Ms. A really had no faith at all in the possibility of altering her unhappy condition through self-investigation, insight, and change on that basis. It was our *relationship* that she believed would cure her. Through contact with me she would be transformed. I would somehow find her a man, a gift for which she was willing to wait; or I would be the man in her life myself, providing her with romance in the guise of a perpetual psychotherapy.

With this fantasy Ms. A reassured herself against what she perceived to be her utterly hopeless unattractiveness and unlovability. It was her idea, deep down, that her parents had never loved her, and had never given her the unconditional acceptance she needed and deserved when she was very young, so that she had never developed as a woman. All this she believed I would magically remedy by loving her as her parents had not done.

I was a fetish for Ms. A—an actual, material object that allowed her to credit her redemption fantasy as real. My physical presence was a *sine qua non* for her wishful conviction. Fantasy alone was not sufficient to protect her against despair, but being

with me permitted her to feel that her fantasy was real. She looked forward eagerly to our meeting and imagined talking to me often between times. Weekend interruptions upset her greatly, my vacations even more so.

Of course, a patient's use of an analyst as a fetish is facilitated when the analyst's conduct corresponds closely to the patient's wishful fantasy about him or her. Ms. A, for example, who needed to believe in my unconditional love, managed to draw abundant confirmation of her belief from the fact that I committed my attention to her, subordinated many of my own emotional needs to hers, was reliable, and from various other aspects of my analytic stance.

Similarly, another patient, a man who had grown up feeling intimidated and emasculated, needed to build me up into a powerful male figure whom he could vanquish as proof of his own power. In his hours he attacked me brutally. He knew he could depend on me not to fight back with equal ferocity. Professional decorum dictated that the most I would do was make a forceful interpretation. At work, and with women, he became confident as he had never been before. Eventually, he dreamed of being an Indian warrior, slaying a wolf, and wearing its pelt into battle, where he was invincible. The dream graphically depicted his fetishistic experience of our analytic relationship.

One can conceptualize these clinical interchanges in any number of ways—e.g., as the patient's need for the analyst to be a selfobject (Kohut, 1976), as transference-countertransference enactments (Jacobs, 1986), or in terms of pathological dependency (Coen, 1992). By speaking of the use of the analyst as a fetish, I mean to emphasize the kind of thinking the patient employs in the experience of the treatment relationship, and to underline the importance of the physical presence of the therapist.

### CONSTRUCTION OF REALITY IN FETISHISM

A fantasy by itself is not the same as a fantasy connected to a physical stimulus. Freud remained interested throughout his

career in the question of how we distinguish fantasy from reality. How is the process by which a psychotic person hallucinates different from the one by which a non-psychotic person decides that what he or she pictures is only imaginary? It is commonplace now to admit that every individual constructs his or her own reality. The distinction between reality and fantasy that each of us draws for him/herself is never completely sharp and secure.

Freud emphasized the important role played by sensory information in the decision to designate something real. The relation of physical stimuli to reality testing is crucial. While we sleep, relative sensory deprivation permits our imaginings to seem real to us. One of the most psychologically consequential aspects of masturbation is that when sexual sensations and the physical experience of orgasm are added to a fantasy, the fantasy becomes much more real.

Use of a fetish, a physical object, permits fantasy to be joined to sensory experience. Fetishism involves a kind of thinking that is different from the loss of reality testing that occurs in psychosis, and different also from preservation of reality testing in neurosis. In fetishism, an intermediate form of thinking occurs that has its own particular consequences and implications for technique. (I intend *psychosis*, *neurosis*, and *fetishism* here not to be diagnostic terms denoting categories of overall psychopathology, but rather descriptively to refer to particular qualities of mental function that can be found among individuals with widely varying psychologies.)

In psychosis, a threatening perception of reality can be completely replaced by a wishful fantasy that is deemed real and remains conscious. This psychological maneuver obviates analysis. An individual must first be able to question the objectivity of a conscious perception before looking within to discover what might be his or her motivations for seeing things as he or she does at the moment. If a patient is certain that what he or she perceives is real, there is nothing to analyze. Then technique must be directed either toward getting the patient to question

his or her judgment (alleviation of the psychotic state) or toward helping the patient manage attitudes and behaviors within the context of his or her view of reality as it is (counseling).

For example, a very disturbed young woman was twenty minutes late for her session. She spoke confusedly for a bit, and when I commented mildly that she seemed very upset about being late, she demanded to know why I was yelling at her. Neither interpretations designed to address projection and externalization of her own discomfort with her lateness nor attempts to reassure her that I had not yelled and was not angry had any effect. She could not explore her ideas about why I might be angry—she had none, she said. Indeed, she was hurt and puzzled precisely because she could not imagine why I was behaving so unreasonably, and that was what she wanted *me* to explain. Technically, all I could do was be respectful of her experience, remain friendly and patient, and not insist that she perform analytic work of which she was incapable in her current state. Eventually my evident continuing goodwill reassured her, and she settled down; but she learned nothing about what caused her to perceive me as she had.

By contrast, in neurosis, reality testing is preserved and wishful fantasy is unconscious. An unconscious fantasy can influence conscious perception of reality; and the influence can be identified and investigated, which is the familiar business of analysis. For example, a young man, whose pathology was much less severe than that of the woman I just mentioned, began an hour by commenting that I seemed quite angry with him when I came to fetch him in the waiting room. He saw that I was frowning. Perhaps I was not looking forward to seeing him. He was aware that he had been critical of me lately, and he thought about my possible reactions. After a bit, I remarked that he had assumed my frown meant anger, and further assumed the anger must be directed at him. To this, the patient responded that it was true, there could be any number of reasons for my facial expression. As he pursued his associations, it occurred to him that in the

waiting room he had been thinking with a certain amount of satisfaction about a very advantageous business deal he had just concluded. Perhaps he expected me to disapprove. He had been quite ruthless when closing the deal, besides which he expected to realize for a few weeks' work more than I probably made in a few years!

By contrast with neurosis or psychosis, in fetishism, wishful fantasy is neither kept unconscious, nor does it entirely replace conscious objective perception. Rather, wishful fantasy is maintained alongside reality with equal conviction. There is a perpetual avoidance of clear thinking, so that the distinction between reality and fantasy is blurred and rendered inconclusive. A final judgment between two contradictory ideas is never made: at times one holds sway, and at times the other, with equal power. A man with a frank fetishistic perversion avoids thinking about the female genitalia (Bak, 1968; Greenacre, 1953). There are moments when he seems convinced that women have penises, and moments when he seems convinced they do not. If forced to attend to it, he has a great deal of difficulty being clear about what it is he actually does perceive. Do women have penises? "Well, not really," or "Not exactly," but never definitively, "Yes" or "No." Similarly, in the clinical situation there are patients who contrive to avoid deciding whether certain significant observations they make are realistic perceptions or wishful fantasies.

A patient's blurring of the distinction between reality and fantasy in therapy can take many forms. Some people are constant jokesters (see Arlow, 1971); they never know when they are serious and when they are only kidding. Others habitually use "probably" or "I guess" or some similar qualification to leave in doubt the judgment of whether an association describes a perception of reality. Whatever method is used to keep open the question of reality versus fantasy, the important consequence, from a therapeutic point of view, is that effective work is impeded.

For example, Ms. A was late to her hour one day, and got the

impression that I was angry at her for it. "I know it's my fantasy," she said, "but . . .," and went on to elaborate her ideas about how I required her to make her analysis the most important thing in her life, and how unreasonable this was. It seemed to her that jealousy and possessiveness, rationalized as dedication to my work, were inappropriately influencing my conduct. Her implicit assumption was obviously that she was very important to me, and that my predominant personal investment in our relationship was other than a professional, psychoanalytic one. I pointed this out to her. She agreed—and continued to elaborate her ideas on the subject without wondering at all what might have motivated her to form them.

"I know it's my fantasy, but . . ." was a characteristic device for Ms. A, permitting her to blur the distinction between fantasy and reality, and permitting her to avoid the consequences of a more definitive judgment. Had she decided that her perception of me as jealous and possessive was realistic, it would have had important implications for our future together. After all, it is not in a patient's best interests to continue in analysis with someone who exploits the treatment relationship for his own emotional needs. Of course, there was little evidence for this image of me, and she was not so disturbed as to conclusively deem it realistic. Therefore, she did not even consider leaving treatment. On the other hand, neither did she conclude that the image of me she had been describing must be regarded as her fantasy, a product of her psychology, and investigated as such. Therefore, she did not look into her motivations for thinking of me as jealous and possessive. In the absence of a decision about whether her image of me was realistic, she talked about her thoughts, but to no effect. It amounted to a kind of going through the motions—sham analysis.

Ms. A's need to blur the distinction between fantasy and reality extended beyond her thinking about our relationship. She arranged her life so as to maintain a similar ambiguity in her thinking about all sorts of things. It was evident in her sexuality, for example. She had a driven need to derogate any man with

whom she had intercourse. Whatever her outward behavior, in her own mind she always regarded the man as an inept fool who had to be instructed or manipulated to perform properly, and she could only reach orgasm when she felt totally in charge of what was taking place. Careful examination of her state of mind during sex revealed a sense of uncertainty about the man's penis, who controlled it, and therefore to whom it really belonged.

### CLINICAL VARIATIONS AND THE ANALYST'S RESPONSES TO THEM

The capacity to hold two contradictory views of reality with equal conviction is not in itself unusual. Everyone does it occasionally. It probably occurs as a resistance at some time or another in every analysis. However, for some people it is a preponderant way of thinking that pervades all aspects of mental life, causing great difficulty.

When a patient in analysis persistently blurs the distinction between reality and fantasy, it eventually becomes clear, sometimes very gradually, that the patient inhabits a domain of illusion, and has no perspective on it. The patient's *modus operandi* is deeply embedded in character and ego-syntonic, even valued as imaginative. An attentive analyst will sooner or later come to the feeling that the work, no matter how compelling it may seem from time to time, is like writing on water.

What the analyst notices is an overall deficit in the patient's conscience functioning, the lack of a particular kind of discipline necessary to psychoanalytic self-investigation: the patient does not persevere in the pursuit of truth in the face of unpleasurable affect. Such patients take the path of least resistance—and do the same again if confronted with the unpleasant fact that they have just taken the path of least resistance. To themselves as well as to the analyst, these patients can lie, then lie about having lied, then lie about having lied about having lied. It is important to be clear that any lack of congruence between the patient's

morality or reality and the analyst's is not the issue: the problem is that the patient has not established *for him/herself* consistent moral standards that allow for the construction of *his/her own* reliable and adaptive world-view.

Occasionally, a patient's extra-analytic behavior draws the analyst's attention to the unexpected capacity for irresponsibility that is at the core of the patient's symptomatic distress and that undermines analytic progress as well. Ms. A, for example, once permitted herself to eavesdrop for several minutes at the door to my office while I was with another patient. Also, as a teenager she had initiated mutual oral sex with her younger sister on several occasions. For a person who cared deeply about others—which she did in many ways—these were striking lapses of conscience. More than one might have anticipated from her general functioning, she allowed herself to succumb to impulses that might only tempt a neurotic, more easily analyzable individual.

Such lapses in conscience reflect deeply entrenched, characteristic modes of superego function, psychodynamic compromises that require investigation. The purpose of identifying and clarifying the details of these deficits is, of course, to prepare the way for bringing the motivations that determine them into view. However, precisely because superego function is a central issue with a fetishistic patient, the analyst is especially susceptible to countertransference reactions that can impede the work.

We are always tempted to condemn self-indulgences in others that we struggle not to permit ourselves. Also, it is hard for an analyst not to feel taken in, once a patient's sham analytic activity becomes apparent for what it is. An analyst's purposes are thwarted when a patient does not adhere to the analytic task. Therefore, it can be difficult for the analyst to keep in mind that the patient's unwillingness to persevere when the going gets unpleasant is a crucial aspect of his or her psychopathology, rather than simply a disappointing moral failure. It was one of Kohut's major contributions that he emphasized how dishonesty, entitlement, demandingness, and other similar narcissistically based superego deficits are matters for psychoanalytic



study—resistances to be addressed technically, not sins for the analyst to covertly moralize against.

## THE TECHNICAL PROBLEM OF ILLUSION

While Kohut's (1976) concepts of the "idealizing" and the "twinning" transferences are addressed to the content of certain patients' fantasies, Winnicott's (1953) concept of "transitional phenomena" and his emphasis on illusion call our attention to the form of thinking such patients apply to their fantasies. According to the conventions of descriptive psychiatry, illusion combines sensory perception of an actual object with wishful thinking. If we see someone from afar and believe that person to be an absent friend, that is an illusion. Illusion is midway between hallucination, in which reality is constructed without reference to physical stimuli at all, and objectivity, in which every attempt is made to separate sensory stimuli of external origin from wishes of internal origin, and to consider each as rationally as possible.

Winnicott recognized the relation between illusion and fetishism. He considered adult fetishism one outcome, a pathological resolution, of conflicts temporarily solved via creation of a transitional object—a virtually universal illusion of childhood. Similarly, Freud (1927) referred to the general consequences of a persistent need for illusion when he described what happens when a divided attitude toward a physical stimulus (i.e., the sight of the female genital) has to be maintained, beginning at an early age. Subsequent development proceeds along two parallel, contradictory tracks at the same time, each based on one of the two views between which the individual cannot decide. A "split in the ego," affecting many functions, ensues.

An important feature of the analyst's task in addressing a split in the ego is to acquaint the patient with all the various means by which he or she avoids drawing a clear distinction between fantasy and reality. I have already mentioned that this painstaking

work can be interfered with by a moralistic countertransference-based reaction. There is also the danger of an analyst's being too constrained by his or her effort to avoid moral criticism. "Dishonesty" and "cowardice" are pejorative terms; we hesitate to use them in therapy. Yet they describe specific failures in conscience function, failures which can be central to the problems from which a patient suffers. When that is the case, some tactful way of addressing the problem has to be found if analysis is to take place.

There is an educational element to the interpretive work necessary to deal with the superego aspects of fetishism that may make an analyst uncomfortable because it requires him/her to contribute ideas that obviously express his/her own values and his/her own view of reality. Of course, an analyst's personal values and understanding of reality always form the basis for his or her activity, no matter how "neutral" the stance or respectful the mode of listening, but this fact is more inescapably explicit at some junctures than at others. For example, there are individuals who always flee when they feel anxious. They have never considered that it is possible to do something even if one is very scared while doing it, and this alternative has to be brought up by the analyst because the patient cannot think of it on his/her own. Another example concerns patients who have to be told that they are lying because any more euphemistic form of intervention permits them to continue to deceive themselves. In order to make the necessary confrontation, an analyst may have to tolerate the fact that his or her own implicit construction of reality and definition of honesty will become clearly visible—available for scrutiny and discussion.

A problem with such interventions is that at the same time as they address crucial obstacles to self-investigation, they can also facilitate a patient's fetishistic use of the therapeutic relationship. Beneath it all such a patient sees him/herself as defective, believes he/she is unable to function adequately, and experiences him/herself as supplied with vital missing capacities by the

analyst. Within the analysis, this manifests itself in the patient's covert conviction that he/she cannot cure him/herself through analytic work, cannot think properly and needs the analyst to think for him/her. The analyst is experienced as a missing vital part—a conscience (sometimes a phallic conscience, if male potency is idealized and female potency devalued). This conviction is especially confirmed when the analyst explicitly contributes for consideration personal attitudes that are very different from the patient's. Thus, at a moment when the patient seems to be most engaged in examining central resistances that have been brought to light, the patient can be most in the grip of his/her fetishism, imagining him/herself merged with the analyst. The analyst's physical presence and actual conduct are used to make the merger seem real.

Often a patient's affect gives the clearest indication of the true state of affairs. Ms. A began a Monday hour by reporting how she had waited all weekend to analyze her Friday night date. When I pointed out that she had apparently not considered doing analytic work on Saturday or Sunday, she explained that she was unable to think clearly without me. She went on to recount how she had been very critical of the man with whom she had gone out. There were obvious indications that her criticisms of her date had served a defensive function, helping her avoid her own anxiety about being judged inadequate by him. A few comments on my part sufficed for her to recognize how intimidated she had been, how resentful of feeling intimidated, and with what hostility she had responded.

At this point, Ms. A having discovered that she had been unnecessarily unpleasant and had put off an eligible man, one might have expected her to express anxiety, shame, or remorse. Instead, she became almost gleeful. Enthusiastically, she elaborated on the subject of how she could be defensively contemptuous at her own expense, and she cataloged other instances in which she had behaved similarly. After a time, I called her attention to her apparent pleasure as she spoke. She did not care

for my intervention. "I like being with you like this," she said, "I just want to have the feeling. It will go away if I look into it." What her reluctant associations revealed was that her pleasure during the hour came from a self-confidence she experienced from being able to trust me to know what she was thinking and whether it was distorted. She could just talk, and I would direct things. Thus, her affect revealed her fantasy of merger with a missing part—an idealized, omnipotent conscience, personified by her analyst. I supplied capacities to think and to judge reality that she believed she did not have and could not develop herself. No surprise, then, that she hoped analysis would last forever.

Inasmuch as use of the analyst as a fetish involves idealization of him or her, there is significant temptation for the analyst to be seduced into collusion. Furthermore, our theory leads us to expect that we will become very important to our patients, and this can sometimes obscure the necessity to analyze as symptomatic a patient's preoccupation with his or her analyst.

An analyst can observe a patient in ways that the patient is unable to observe him/herself. However, if an analyst merely models what he or she believes to be rational and realistic thinking, hoping that it will be internalized by a patient through limitation, the analyst is easily experienced as providing a function the patient is convinced he or she is incapable of performing him/herself. The obvious way to avoid this danger is to direct interpretive work toward the obstacles a patient places in his or her own way, to wonder why the patient believes he or she cannot function conscientiously and must rely on the analyst in that regard. (See, for example, Gray [1987] on analysis of the superego.) If we think of the situation in terms of the prototype Freud discussed, the analyst avoids acting as a penis for a castrated woman and tries to understand instead why the woman sees herself as castrated when in fact there is nothing wrong with the female genital and it is fully intact and functional without a penis. Above all, it must be clear that the analyst is not a privileged interpreter of reality, and that any ideas to the contrary idealize the analyst and correspondingly derogate the patient.

## THE REALITY OF TERMINATION

When an analyst, wittingly or unwittingly, allows himself or herself to be used as a fetish, the treatment becomes interminable. The patient remains forever dependent, a “lifer” of one kind or another. These clinical situations can always be explained on the basis of the severity of the patient’s psychopathology and his or her limited capacity for analytic work, but there is the question of how adequately fetishism within the treatment relationship has been addressed.

My own experience is that the circumstances of the analytic situation itself tend to place limits upon effective investigation of the core of a patient’s use of the analyst as a fetish. Efforts to analyze the fantasies involved, no matter how persistent, are likely to be to some degree co-opted into the fetishism itself. Whether the analyst is vigorously assertive or only minimally active (often one finds oneself alternatively experimenting with each, on a trial-and-error basis), it is taken as confirmation of the merger fantasy being enacted.

The fundamental investment of a fetishistic patient is in the experience of having the analyst replace a fantasy missing part, not in the process of self-investigation; ultimately, the patient does not want to become autonomous and discontinue the meetings. Since the patient lacks any true conviction about being able to function self-sufficiently, the idea of being on his or her own and assuming the functions that he or she has been abdicating can only be understood as a loss. Therefore, the patient does not really hold termination as a goal and work toward it. His or her attitude toward it, as toward many other things, remains in an inconclusive, in-between state—on one hand, the patient claims to want to finish analysis, perhaps even be impatient to finish; on the other hand, despite his or her complaints, the patient seems perfectly willing to go on forever.

If the analyst points out that no productive work seems to be taking place, or wonders what the patient expects to gain from continuing to meet, the analyst is seen as threatening, rather

than as bringing up matters it would be worthwhile to explore. Ultimately, what counts to the patient is whether the analyst intends to continue to be available for use. The patient is not interested in looking at how he or she uses the analyst.

Confronted with this sort of clinical “catch-22,” an analyst is likely to feel by turns confused, persecuted, disappointed, furious, frightened, and guilty—to mention just a few of the uncomfortable possibilities. Inevitably, a great part of the task under the circumstances will be self-analytic. One way to think of a patient’s fetishism in the treatment relationship is as a particular variant of “acting in.” Insofar as enactment of restitutive fantasies is apt to defend against depressive affect (Renik, 1990), a fetishistic patient’s underlying despair and the desperate measures taken against it can engender corresponding reactions in the analyst.

Any experienced clinician will have encountered cases of the kind I am describing in which patience, perseverance, and the capacity to be satisfied with slowly accruing incremental gains were primary virtues demanded of the analyst in order for a successful outcome eventually to be reached. On the other hand, there are also cases in which our ordinary way of proceeding—including, of course, obtaining consultation—does not suffice. This brings us to a potentially controversial topic: one departs from usual analytic procedures and undertakes “heroic” methods at one’s peril; however, I want to discuss an atypical technical measure that may not be as contrary to established analytic principles as it first appears.

Upon occasion, after assiduous efforts to find a way to analyze a patient’s fetishistic experience of the treatment relationship have not been entirely fruitful, I have found it helpful to suggest that we consider setting a definite termination date some time in advance. I raise this possibility for discussion neither as a threat, nor to introduce a device to be discarded once it succeeds in getting analytic work moving. I propose setting a termination date as a deliberate technical maneuver designed to give us a

chance to analyze the experience of our relationship to which the patient clings so tenaciously, and I explain it that way to the patient. I point out that we have seen that as long as termination remains an indistinct prospect for the future, the patient remains devoted to perpetuating the particular way he or she uses me rather than to understanding it. Being faced with the certain loss of our meetings may make it necessary, and therefore possible, for the patient to become aware of what I really mean to him or her.

It may seem to go against the principles of the psychoanalytic method for an analyst to bring up termination as a way of dealing with a difficult resistance. One cannot help but think, for example, of Freud's setting a time limit on the Wolf Man's analysis, or threatening Dora in an ill-conceived attempt to coerce her into giving up the negative transference attitudes he felt were impeding her progress. However, when occasionally I have initiated consideration of setting a termination date as a deliberate technical choice, it has been in a spirit quite different from Freud's with Dora, and with a different understanding of the psychoanalytic process in mind than he had at that time.

My intention is to facilitate analysis of a transference fantasy by avoiding enactment of it with the patient, which is, in principle, rather standard operating procedure. If one has reached the conclusion that the analytic sessions have come to function predominantly as fantasy enactments, suggesting that it may be useful to set a termination date is not all that different from many other, more familiar ways that we try to substitute reflection for action. After all, our commitment is to continuation of the analytic work, not to continuation of meetings with the patient; and it is not so strange to think that there may be situations in which discontinuation of meetings can further the work. Each of an analyst's acts confirms some fantasies of the patient's at the same time that it avoids confirmation of others. This applies either to the choice to suggest consideration of termination or to the choice not to do so. Every technical decision is a judgment call.

Of course, a patient's initial reaction to a suggestion that termination be considered, whether outrage or a too-ready compliance, can reflect the patient's feeling that he or she has failed and is being rejected, or a belief that I feel I have failed and am giving up; but these, in themselves, are views that can be productively analyzed. Since I have been explicit in my proposal that my aim is to facilitate our collaboration, I can try to help the patient see that the sense of failure is a function of the very misunderstanding of our relationship that we are seeking to investigate. It is because the patient regards me as a vital missing part that he or she experiences my setting a termination date as a signal of my withdrawal. As far as I am concerned, I am looking for a way to work together more closely in hopes of success.

In some cases, just raising the question of termination as a serious consideration is enough to bring home to the patient the reality that the analyst is not colluding in the patient's merger fantasy and that analytic meetings will actually stop some day; in other cases, however, in order for that realization to take place a specific end point has to be established. For example, after a very great deal of analytic work, to which I cannot possibly do justice here, it was at my initiative that Ms. A and I considered and eventually agreed to set a date for termination of our sessions. Our explicit purpose was to establish conditions under which we might look into Ms. A's core attitude of wishful passivity that continued to obstruct progress, despite the many gains she had achieved.

As it began to really sink in that soon she would not be meeting with me regularly, for the first time in her analysis it was difficult for Ms. A to associate. This was because her reason for reporting what came to mind was very often to establish a connection to me, rather than to investigate her own mental life, and the connection to me now seemed broken. Her timeless sense of our relationship had been interrupted and her experience of merger with me interfered with. It became necessary for her to do, in a concentrated way, what much of the time she had



only been going through the motions of doing—to analyze herself. She now thought a lot about what she believed she needed from me versus what she could do independently. Things that she had discussed with facility began to make her very uncomfortable. Previously, she had often talked with amusement of her curiosity concerning my personal life and teased me about what she had been able to find out, but during the termination phase she had a dream of being in my house with my family, and exploring it led her to sob with longing and despair. When I had to cancel an hour, she trembled and stuttered, unable to express her anger, despite having raged freely at me many times in the past.

The last months of our work together were very difficult for Ms. A, but extremely rich. Issues that had been examined in the past we encountered again, often with what seemed a deeper and more genuine affective connection than before. In her last hour, Ms. A gave a moving description of her state of mind. She was certain that she had accomplished a significant amount, but was equally certain that crucial self-analytic work lay ahead of her. She had the sense that I had contributed all I could for the time being, and that it was up to her to continue on her own. The prospect excited her, though she did not know if she would be successful.

My impression is that having a definite date for termination in view facilitates analytic investigation of a patient's use of the therapist as a fetish because awareness of the end instigates a mourning process. Knowledge of the imminent loss of actual meetings with the analyst disrupts the patient's realistic experience of his or her merger fantasy, leaving the patient feeling defective, helpless, and alone. In order to make analytic use of this condition, the patient has to tolerate powerful feelings of abandonment and despair.

This is an ordeal that no compassionate analyst is eager to visit upon a patient. Moreover, one knows that if one suggests setting a termination date, it is likely that one will be seen as giving up on and rejecting the patient, an experience none of

us cherishes. Even if the work of the termination phase seems progressive, the analyst may have to remain uncertain about the ultimate outcome, since the patient may have to carry out the final stages on his or her own, as was true in the case I described. How can the analyst be sure that such a drastic step is warranted? There is always the possibility that persevering a bit further in an open-ended way may produce results.

Thus, there are many very good reasons why an analyst will be reluctant to suggest unilaterally that termination be considered as a deliberate maneuver intended to facilitate analytic investigation. One can suggest instead that the patient try analysis with someone else, or a different mode of therapy; and yet, these alternatives can be tantamount to asking the patient to find another fetish, rather than confronting the patient's fetishistic use of the treatment relationship.

A patient's use of an analyst as a fetish can evoke countertransference reactions that will dispose the analyst to want to end the treatment prematurely; or use of an analyst as a fetish can evoke countertransference reactions that will dispose the analyst to perpetuate an endless, unanalytic treatment relationship. Both dangers are worth noting, certainly. Vigilance concerning the latter is particularly important when patients are scarce, and an analyst's schedule less than full.

In any event, my interest is not to advocate an unusual technical maneuver that I have only occasionally found it useful to employ. Rather I want to emphasize that the termination phase, whether it arises naturally out of progressive analytic work, or is introduced more at the analyst's initiative, is sure to be crucial to the analysis of a patient's fetishistic experience of the analytic relationship.

#### REFERENCES

- ABEND, S. M., PORDER, M. S. & WILLOCK, M. S. (1983). *Borderline Patients: Psychoanalytic Perspectives*. New York: Int. Univ. Press.
- ARLOW, J. A. (1971). Character perversion. In *Currents in Psychoanalysis*, ed. I. M. Marcus. New York: Int. Univ. Press, pp. 317-336.

- BAK, R. C. (1968). The phallic woman. The ubiquitous fantasy in perversions. *Psychoanal. Study Child*, 23:15-36.
- BOESKY, D. (1982). Acting out: a reconsideration of the concept. *Int. J. Psychoanal.*, 63:39-55.
- CALEF, V. (1980). Personal communication.
- COEN, S. J. (1992). *The Misuse of Persons. Analyzing Pathological Dependency*. Hillsdale, NJ/London: Analytic Press.
- FREUD, S. (1927). Fetishism. *S.E.*, 21.
- (1940). Splitting of the ego in the process of defence. *S.E.*, 23.
- GRAY, P. (1987). On the technique of analysis of the superego—an introduction. *Psychoanal. Q.*, 56:130-154.
- GREENACRE, P. (1953). Certain relationships between fetishism and the faulty development of the body image. *Psychoanal. Study Child*, 8:79-98.
- JACOBS, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.
- KOHUT, H. (1976). Creativeness, charisma, group psychology: reflections on the self-analysis of Freud. In *Freud: The Fusion of Science and Humanism*, ed. J. E. Gedo & G. H. Pollock. New York: Int. Univ. Press, pp. 379-425.
- RENIK, O. (1990). Comments on the clinical analysis of anxiety and depressive affect. *Psychoanal. Q.*, 59:226-248.
- WINNICOTT, D. W. (1953). Transitional objects and transitional phenomena. A study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.

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## Slips of the Analyst

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## SLIPS OF THE ANALYST

BY SHERWOOD WALDRON, JR., M.D.

*Understanding the analyst's work and its vicissitudes has been a major focus of recent psychoanalytic writing. This study on slips of the analyst represents an attempt to advance our understanding of analytic work. The slips described support the view that slips reflect not simply contributions from instinctual life, but active work-related goals of the analyst in carrying out the analytic tasks. Countertransference is discussed as reflected in the disturbance of intentionality betrayed by the occurrence of a slip. The essential role of the analyst's understanding his or her own reactions is emphasized.*

Over the years a number of writers have contributed to our appreciation of the role of non-conscious aspects of the analyst's functioning. Freud (1912) originally described how the analyst "must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (p. 115). Isakower (1963), expanding upon Freud's early comments, coined the phrase "the analyzing instrument" to draw special attention to a crucial aspect of the way analysts carry out their work. Beres and Arlow (1974) gave form to this concept when they described fantasies of the analyst that arise in response to a patient's material; they demonstrated how these fantasies provide the analyst with information, through his or her own unconscious mental life, about what the patient is communicating. McLaughlin (1975) discussed the sleepy analyst, in whom the contributions from the unconscious, via visual or auditory imagery in hypnagogic or hypnopompic moments, or even brief dreams, can serve as important bridges to understanding the patient, which can then be conveyed through interpretation. Jacobs (1973)

documented how the nonverbal behavior of the analyst, such as motor restlessness, can serve similarly to provide indications of hidden dimensions of the patient's communications. Jacobs (1986) also described other facets of the analyst's countertransferential response that reflected important aspects of the patient's conflicts and experiences, of which the analyst was initially unaware. Abend (1979) illustrated the importance of understanding the contribution from the analyst's unconscious in regard to theories of cure. Gardner (1983) gave a particularly rich illustration of the interplay of conscious and unconscious mind between analysand and analyst. The authors cited have all discovered beneficial consequences of attending to such information from their own unconscious.

The occurrence of a slip by the analyst during a session is an event that can reveal the relationship between the various forces at work in the analyst's mind, thus providing an opportunity to study the role of conflict and compromise formation in carrying out psychoanalytic work (Brenner, 1982, Chapter 7). The analyst's slip would appear to reflect a disturbance in the smooth functioning of the analyst's work ego, indicating the activation or the intensification of some conflict (Freud, 1901). Such slips as I have found in my own work are consistent with this understanding. In addition, however, I have noticed on a few occasions that the slips provided useful additions to the interpretations I was in the process of making when they occurred. In other words, there was evidence that the slips themselves represented one aspect of the compromise formation of psychoanalytic work, and were not simply a disruption.<sup>1</sup> This observation stimulated me to make a further study of such slips.

I collected data both by a traditional and by a modern means. First I described in my ongoing process notes four different slips with three patients. Then I studied some recorded hours. Transcripts of these were available because of my undertaking the tape recording of some psychoanalyses, and transcribing some

<sup>1</sup> Poland (1992) has recently reported a similar observation.

of these hours for use in a study group on interventions.<sup>2</sup> These recordings are now part of a nationwide effort to collect tape-recorded analyses for research and teaching purposes.<sup>3</sup> Since I had available some transcripts of recorded hours with three different patients, I could search for additional slips which I had not noted or recalled at the time of the session. This procedure led to discovering three more slips. These slips were studied as soon as discovered—either at the time or within several weeks when the relevant transcripts were examined. I wrote down my own associations to them, which revealed some interesting aspects, reported below.

In view of the limited evidential value of the examples I can adduce, I have attempted in the following vignettes simply to provide illustrations of a few clinical situations and the slips which occurred, avowing from the outset that each situation might well seem to different readers to merit different emphases than I have given them. Furthermore, I will not even attempt an actual description of id, ego, and superego aspects of the analyst in these work situations. It would be both impossible to adequately convey such in a paper of reasonable length and undesirable to reveal so much about oneself in a public forum. Nevertheless, I believe the following examples speak for themselves in illustrating the aspects of the slips which pertain to the accomplishment of the work of the analyst in analyzing. Hence they may merit the reader's reflective attention.

### THE CASE OF MR. A

I will briefly describe first the analysis of a patient whose hours were most extensively transcribed for the study group. Four of

<sup>2</sup> The Kris Study Group on Interventions, the New York Psychoanalytic Institute; Charles Brenner, Chairman.

<sup>3</sup> This effort is under the auspices of the Psychoanalytic Research Consortium, an independent not-for-profit organization that originated out of discussions by members of the Committee of Scientific Activities of the American Psychoanalytic Association. The purpose of the organization is to make available to qualified English language researchers recorded psychoanalytic treatments, with suitable safeguards for confidentiality.

the seven slips I have documented in detail occurred in work with this patient.

Mr. A had been in analysis for five years for depression and difficulty in asserting himself at work. He chronically characterized himself as unable to relate to people, although in his work and as a family man he did not appear to be isolated, and many regarded him as their friend. In the analysis there had been considerable focus upon his tendency to avoid intimacy, and in the course of a previous analysis, homosexual concerns and fears had been somewhat in focus. But his capacity to isolate and intellectualize, as well as a tendency toward pat answers, had to a considerable degree kept this work from having a full effect.

My first two slips had passed essentially unnoticed by me until I read the transcript as part of my preparation for the study group.<sup>4</sup> Mr. A, in the course of his business, happened to be passing the office of a company, and saw some materials outside the office which stimulated in him a surge of warm feeling and memories from childhood which he then minimized. Despite the minimizing, he entered the company office, inspired to seek a job with them. Mr. A mentioned his awareness of a fantasy: he would be interviewed by a man who would end with "Yeah, A. I love you, come on aboard." The wish for love which he was lightheartedly confessing became the subject of exploration for a while in this hour. Commenting on this, I spoke of the warm feelings "which *drove*<sup>5</sup> you, or rather drew you, into the company office."

Later in the same session, Mr. A was discussing a conversation with a man he was friendly with (whom I shall call Jim), who had an important position in a firm with which my patient had some hopes of doing business. He noted and was puzzled by his disinclination to develop the business opportunity this man could make possible for him. He had also been speaking of having to

<sup>4</sup> Many details which would elucidate the particular reactions have been omitted for reasons of confidentiality.

<sup>5</sup> Slips of the analyst are italicized throughout.



*force* himself to call this man. He then made a slip in which he substituted this man's brother's first name (which I will call Jack) for Jim. He knew Jack only slightly. I asked him, "Well, let's see, why would Jack sort of . . . why would you introduce him *unwilling* . . . unwittingly?" He thought of things about Jack that make him feel critical of and distant from him. Then he analyzed his own slip as reflecting a way of distancing himself from Jim because Jim frightens him: Jim is one of the guys he has to deal with now, whereas Jack he never sees. The substitution of critical memories and remarks about Jack for warm ones about Jim was characteristic of Mr. A. In similar fashion, he had initially emphasized in this hour his critical reactions to the materials of the company which had evoked the warm memories from childhood.

When I studied my two slips, what struck me was that the patient was probably struggling against a homosexual fantasy of being *driven* to submit *unwillingly* to an indignity at the hands of someone he admired. This aspect of his conflicts had not previously come into full view in the present, although he had recounted an incident that occurred when he was a latency child: an older relative had urged him to submit to anal penetration. There was also indirect material regarding transference reactions along these lines. Another aspect of Mr. A's story which was consistent with the idea that closeness with men was something which aroused strong conflict in him was the following: Mr. A had had warm feelings toward his father and fear and discomfort in his relationship with a reportedly critical and cold mother. Yet, during this analysis the death of his father many years before had not been discussed with any conscious feeling of loss. Mr. A had also warded off a sense of missing the analyst over periods of interruption in the work, while regularly being depressed and negative in the session immediately following such interruptions. We could surmise, then, that I was already responding, without full awareness, to Mr. A's conflicted wish to be driven into a close relationship with a man who expresses love for him, and to be obliged to be intimate with a man

(Jim, the company interviewer, the analyst) even if he were (consciously) unwilling. This corresponded in the transference to his frequent, somewhat teasing complaints about how expensive the analysis was. Mr. A's avoidance of the opportunity for Jim to do him a favor, and the comparison made between the two brothers, also points to another important theme of the analysis which had not been recently in focus: his ambivalent relationship with an older brother who had died a couple of years before this analysis had begun. There had been clear indications previously that at certain times in his life he had felt a special warmth in the relationship with this brother, and that the feeling of missing his brother had contributed to the dysphoria which had led him back into analysis. It was with his brother that he had often shared a bed as a small child. He did not directly recall sexual experiences, but the aura surrounding these times involved a sense of being included, of feeling warm and protected from the scary and lonely dark.

Another slip occurred several weeks later. In this session, Mr. A hoped I would give him a prescription for a skin ailment he had, because it would save him having to find and pay for a dermatologist, and he knew what medication always helped this condition. Then he related a dream about books being stuffed up his behind. Later in the session he discussed how he tortured himself and berated himself in business situations. I said that he also damaged himself by delaying pursuing a number of business opportunities. He interjected that there was some kind of gratification. I then continued my remark, intending to add, in respect to his interjection, "which is totally useless," but I said "*useful*" instead. Startled by my own slip, I wondered out loud at it. Mr. A was ahead of me, however. He went on to outline the gratification in obtaining sympathy or a pat on the back when he messes up. In this sense his failure to assert himself at work and his recounting of his failure to me were quite useful in providing the gratifications he sought from the world and in the analysis. He finished the hour by describing a friend whose wife had married him, thinking he was rich. Not only had this friend lost

most of his money; he was impotent throughout the marriage as well. It would seem reasonable to surmise that this material came to mind as an indirect expression of Mr. A's wish to be defiant, to disappoint women by failing them, and to remain in an unconsciously gratifying subordinate relationship with his analyst, gaining satisfaction by avoiding actions which would promote his functioning both within and outside of the analysis. A helpless and sick person could make an appeal for special indulgence from the analyst (the wish for the prescription).

In this instance I was, I believe, warding off a full awareness of anal and homosexual elements in the transference, which tended to be expressed by Mr. A via well-aimed self-defeating behavior. The warding off was evident in my starting to interject a hortatory remark—"useless"—as if to remind him that his behavior would get him into trouble, instead of taking a more productively analytic approach to the meaning of his activity. It seems reasonable in this instance to maintain that my slip actually was helpful in overcoming an impediment to the analytic work, and getting me back on the track with the patient when I was straying from good work due to my own conflicts, aroused by the transference of the patient.

An apparent preference for appeals to men for love, concern, or sympathy by self-abasement or injury, rather than pursuit of more phallic goals, continued to play an important role in his analysis. My being led to a greater awareness of some of these themes in my patient by my own slips caused me to be more aware of ways in which my patient's conflicts had stirred feelings connected with these same themes as they have played a part in my own life and in the lives of those close to me.

The transference-countertransference situation, in respect to this patient, was suffused with elements of these conflicts, in ways which threatened to vitiate the analytic goals. The patient expressed, in his way of working and *not* working with the analyst, his passivity, fearfulness, and wish to be taken over or forced by a more powerful male, with a consequent yielding to the analyst while frustrating the goals of the analyst at the same

time. My interventions with him had become more numerous, pointed, and forceful in response to his ways of stalemating. This represented a compromise of my own, partly as a way of not being like the patient and of not accepting the patient's goals. Furthermore, there was a degree of role differentiation which reflected my being the active and positive one and his being the passive, sick, and defeated one, which served defensive purposes for us both, and which is reminiscent of the ways siblings will sometimes differentiate roles. Here there was a specific connection in which I represented his older brother, to whom he yielded the active and forceful role, and he represented my younger brother, with a reciprocal reverberation. In consequence of my slip and my reflection about it, I came to see more clearly the aspects of enactment on my own part (Jacobs, 1986).

### THE CASE OF MS. B

A woman in four-times-a-week modified analysis for four years had been exploring, with great pain and difficulty, the ramifications of some erotic fantasies based upon traumatic overexcitation at the hands of a very disturbed mother, and upon other circumstances as well. A short while after she had been discussing the frightening arousal she experienced in latency when her mother engaged her in helping to skin a mouse, I had occasion to remind her of this event. In doing so, I spoke of her mother's engaging her participation in skinning the *rabbit*. Realizing my error, I immediately associated to a recent story she had written about a hound pursuing a rabbit, a story which was actually a kind of romantic tale. There was a strong parallel with her experience of the treatment. She had originally feared me and had imagined my being aroused to overpower her in some way. Only as the treatment had proceeded had wishes of a less manifestly hurtful contact with me become evident. But these wishes always held a considerable feeling of hazard for her. My

slip and my thoughts about it helped me realize more completely than before my own fear of responding to the hidden erotic transference—that is, becoming the hound who would pursue the rabbit with too much excitement, causing too much hurt. And I became more aware of the connection between her feelings about me and about her mother. I was not fully aware of the connection until I made the slip. Subsequently, I could show her her own fear of sexual intimacy. And the patient herself provided the full confirmation of these erotic elements in the transference by making several connections between the hound of the story and the analyst, as well as between the rabbit and herself.

### THE CASE OF MR. C

Two slips occurred in my working with Mr. C, who had great difficulty forming an enduring relationship with a woman. He was subject to periods of depression, and had considerable difficulty asserting himself in situations in which he might give offense or become the rival of powerful men. His analysis had lasted many years because of certain characteristic attitudes of intolerance toward his own feelings and wishes. This appeared to be a result of an identification with an often critical and intolerant mother who had a serious drinking problem and problems in controlling her temper. During one session, we were discussing this identification, and his fear of being abandoned was being understood in relation to his experience of his mother as capable of attacking or abandoning phallic and independent men. I described to him the way he had been affected by his mother's severing ties with all the male members of his family with whom he might have otherwise felt a sense of kinship. In this connection I mentioned his having lost the opportunity to be close to his uncle because his mother had severed relations with him. She had done the same with her own mother, who had lived in the family in Mr. C's early years and

with whom he had been very close. I said that, so far in the analysis, Mr. C had not connected his mother's rejecting these people to any sense of its impact on him, who was in many ways so much like a *lone* . . . only child. I told him I had meant to say only child, but his feeling of loneliness was so strong that my slip was to the point: he felt so lonely that he dared not separate from his mother or from any critic. He had to accept and absorb his mother's critical and rejecting attitude toward him. He responded by revealing the self-condemnation he feels for being lonely: he shouldn't need other people to feel good. And yet going "head to head" with others would cause him to lose what liking they had for him—a price he can't afford to pay.

About two weeks later, he was increasingly expressing an active interest in leaving his company for an independent hook-up with an admired man in a business venture. As soon as he described this wish, he imagined being torn apart by this man, and I interpreted his guilt feelings about getting rid of the fathers in the corporate hierarchy and teaming up with a man whom he had described as having balls. I showed him how his bad feelings about this kind of wish, with its rivalrous and what he called brutal aspects, led him to imagine himself the target of such brutal attacks and condemnation. He told me then that the same is true of his interest in a sexual relationship with a woman. He became quite interested in tracing out this inhibition and the way he checked himself by focusing on negative possibilities. He reported having tried to reach a certain woman he is attracted to, who is always responsive to him when he encounters her. He then became persistently self-critical in a way that has repeatedly represented his expectation of my criticism. I pointed out how he was focusing on the empty half of the *bottle*—or glass—as a way of obscuring the positive action he had just told me about. In making this statement, I had intended to refer only to his tendency to see a glass only as half-empty, not as half-full.

My associations to my substituting bottle for glass were to his mother's temper when drinking (he had seen her once strike her own mother in the face), as well as to the same characteristic

capacity for anger which he had seen occasionally in his father, especially when under the influence of alcohol (the bottle). Other associations led to his fear of (orally tinged) rage when frustrated by a woman, and the destructive consequences which might follow. Mr. C had sucked his thumb in secret beyond puberty, and would sometimes bring his handkerchief to his mouth to chew when frustrated on the couch.

Returning to a description of the hour, my patient then had recourse to a quick retreat from his interest in this woman, mentioning something physical about her which reminded him, upon reflection, of his mother. Still later in the hour his attacking himself in front of me could be seen as his way of dealing with the wish to get rid of me by redirecting the attack upon himself: it turned out he had thoughts of being able to afford to build a special house which by implication would be his special love nest, but affordable only if he were no longer in treatment. If he were to show he wanted to dump me, I would turn out to be capable of the same damaging attack upon him as his parents were capable of. This particularly made sense to him, because he realized increasingly his own potential for attacking those who disappoint him. From self-observation he could vouch for the intensity of the potential attack. My slip in this particular hour enhanced my awareness of the genetic factors involved in the case as well as drawing my attention to some connections in my own life which I had not been thinking about before I made the slip.

The juxtaposition of feelings of loneliness and a dread of his own enraged response to a frustrating, unavailable mother, self-absorbed in her alcohol-induced state, led him to need to protect the relationship with his mother from his aggression. He responded to this need regularly by turning his anger upon himself. Some of his ways of coping with loneliness and hostility, as well as some of the early formative experiences, reverberated with aspects of my own life. However, at the time that I made the slips, these similarities and my emotional responses to them were not in the center of my awareness. The slips heightened

my awareness of the contributions from his early experiences to his self-injuring tendencies, by first alerting me to what I could easily wish to minimize in my own past.

In summary, each of these slips appears to form a bridge between one aspect of a patient's problems and another which was not at the forefront of the analyst's conscious mind. Additional instances since these data were collected several years ago have been consistent with this conceptualization. A colleague has shared with me an experience of a similar nature: after a long period of stepping gingerly around a male patient's homosexual transference to him, he made a slip in which he intended to comment on the patient's concern about a change of generations, and he said gender instead. The patient reacted with an active inquiry into what the analyst might be thinking about him, and the analysis took off in analyzing the patient's fantasies of not really having masculine interests or wishes. This turned out to be an important turning point in the analysis.

## DISCUSSION

We are all familiar with the difficulty in verbalizing just what guides us in the interventions we make: we appear to have an idea, which is often not fully conscious, of a possible intervention to promote the emergence of some important but hitherto insufficiently examined aspect of the patient's mind or experience. The evidence cited above is consistent with there being a task orientation on the part of the working analyst which leads to a mobilization of aspects of our memories, attention, choice of words or metaphors, in ways which promote the psychoanalytic process. Olinick and co-authors (1973) expressed these ideas with a number of vivid examples in which they described their concept of the psychoanalytic work ego. Their view, as I understand it, and as illustrated by the examples above, is that analysts use various personal resources for the task of understanding their patients as well as communicating that understanding. Poland (1984, 1986) expressed a similar view in his explorations of



the analyst's choice of words. Similes chosen by the analyst and cultural references would also be expected to reflect this task orientation. Isakower (1963) gave an example of an analyst referring to the Mona Lisa, and the patient responding by amplifying upon a different painting of a woman's face hanging in his room, which brought into the analysis some important wishes and experiences. The choice of metaphor in conveying meaning to a patient, with its cultural connotations, is a further aspect of the analyst's creative use of his or her resources. Often through the choice of metaphor, access to shared elements of unconscious fantasy can be gained.

In the psychoanalytic situation the interaction of analyst and analysand is an enterprise of mutual metaphoric stimulation in which the analyst, in a series of approximate objectifications of the patient's unconscious thought processes, supplies the appropriate metaphors upon which the essential reconstructions and insights may be built (Arlow, 1979, pp. 381-382).

When a slip occurs, we could say there is an increased discrepancy between the conscious intention of the analyst at that moment and the actual communication made. The presumed increased conflict in the analyst may be described as heightened countertransference. As Abend (1989) has stated, our view of countertransference has changed over the years. We expect to understand any relationship between two individuals as being influenced by their compromise formations as they are activated in an actual relationship, including the psychoanalytic relationship. In analytic interventions a continuum exists between choice of words, metaphor, and a slip, in that there is a decreasing degree of conscious intention on the analyst's part. But the process of the analyst's tapping into parts of her or his own mental functioning that are not fully conscious in order to accomplish the work can be discerned throughout this continuum.

The continuum is illustrated in my first example. I used the expression "*drove* you" to the patient in what is actually a metaphorical way, although at the same time I obviously felt the

word was not what I originally had in mind; hence I corrected myself in mid-sentence. In this instance it is the relatively slight imbalance between the patient's own description of the event and my choice of metaphor, "drove," which caused me to make the correction. The metaphorical aspects of the word "drove" had the potential of conveying to the patient my sense of his ambivalent attraction to a powerful man who would insist upon his loving him (compare Reider, 1972). Wurmser (1977) convincingly argued that it is through metaphor that we can find means to consider new ideas and discoveries. Similarly, a slip provides opportunity for bringing to conscious attention a connection between two or more ideas which are not connected consciously in the analyst's mind until then.

The heightened countertransference reflected in the occurrence of a slip by the analyst *may* represent a joining, as it were, of the analyst and analysand in a process which has reached a certain degree of intensity necessary for analytic accomplishment (Boesky, 1990). Skolnikoff (1989) reported that periods of analysis when the most change was occurring, as judged by retrospective assessment, were also those in which there was the most disturbance in the smooth operation of the analyst's memory. Using a methodology developed with Windholz, Skolnikoff (1985) wrote process notes immediately after sessions, and then reported to Windholz on the week's work at a later time without referring to his notes. The reporting was recorded and transcribed. The two sets of data (process notes and transcribed report) provided a special opportunity to observe alterations in memory functioning in the short term, as well as many other aspects of the functioning of the analyst. If Skolnikoff's findings prove to reflect a widespread phenomenon, the knowledge that the analyst's emotional struggle holds the potential for progress on the part of the patient could help to ease analysts' tendency toward excessive self-criticism upon observing signs of countertransference.<sup>6</sup>

<sup>6</sup> I do not mean to imply that the signs of a struggle *necessarily* indicate that progress is taking place. We all know this is not by any means automatically the case.

In addition to participation of conscious and unconscious aspects of the analyst's ego in carrying out analytic work, there is evidence for the role of the superego. Bernfeld (1941), as cited by Weinshel (1984), found it useful to liken the analysis to a conversation whose flow is interrupted by something being held back by the analysand. The correct approach to the resistance then leads to a confession by the analysand, so that there is a continual interplay between the urge to misrepresent something felt or known and the contrary inclination to set the record straight. We can readily apply these same ideas to the activity of the analyst as well. In other words, the slips of the analyst serve as a confession of something that is true, against a resistance manifested by the failure of the thought to be expressed more intentionally.

Abend (1989) discussed how our theory of the functioning of the analyst in the analytic situation has changed, so that we can no longer speak of the analyst's contribution as being conflict-free. He said, "Since each of us remains to a considerable degree vulnerable to the reappearance of less favorable compromise formations because of the impact on us of the unique and variable quality of each analysand's material, as well as of the circumstances of our personal lives, disadvantageous countertransferences are unavoidable. They are as omnipresent as the advantageous ones that comprise our effective working armamentarium" (pp. 386-387). In my view (and his), what is essential to analytic work is the transformation of such reactions into self-understanding *and* communications to the patient reflecting that understanding.

There may remain a joint ego ideal in which one hopes to be smart enough about patients to be able to be *consciously aware* of most or all of the important threads of clinical material and conflict in the patient. At least for younger analysts, this ideal may interfere with the expectation that one may count on oneself as well as on the patient to be a source of important inspiration, both in finding a way to understand the patient and in finding a way to convey that understanding. McLaughlin

(1988) recommended "an acceptance of the instability of our best analytic competence, and an openness, however rueful, to look for and work with the falterings that must be . . ." (p. 387). An accurate model of psychoanalyzing activity of the analyst may involve an oscillating expectation. First will come the raw material, so to say, from within oneself as well as from what the patient conveys; only then can one hope to be able to shed the light of awareness upon the events and sequences of the hours, and in turn, upon the working of the patient's mind and heart.

## REFERENCES

- ABEND, S. M. (1979). Unconscious fantasy and theories of cure. *J. Amer. Psychoanal. Assn.*, 27:579-596.
- (1989). Countertransference and psychoanalytic technique. *Psychoanal. Q.*, 58:374-395.
- ARLOW, J. A. (1979). Metaphor and the psychoanalytic situation. *Psychoanal. Q.*, 48:363-385.
- BERES, D. & ARLOW, J. A. (1974). Fantasy and identification in empathy. *Psychoanal. Q.*, 43:26-50.
- BERNFELD, S. (1941). The facts of observation in psychoanalysis. *J. Psychol.*, 12:289-305.
- BOESKY, D. (1990). The psychoanalytic process and its components. *Psychoanal. Q.*, 59:550-584.
- BRENNER, C. (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
- FREUD, S. (1901). The psychopathology of everyday life. *S.E.*, 6.
- (1912). Recommendations to physicians practising psycho-analysis. *S.E.*, 12.
- GARDNER, R. M. (1983). *Self Inquiry*. Boston: Little Brown.
- ISAKOWER, O. (1963). Presentations to the Faculty of the New York Psychoanalytic Institute. Minutes of the Faculty Meetings, October 14, November 20. A. Z. Pfeffer, Reporter. Unpublished.
- JACOBS, T. J. (1973). Posture, gesture, and movement in the analyst: cues to interpretation and countertransference. *J. Amer. Psychoanal. Assn.*, 21:77-92.
- (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.
- MCLAUGHLIN, J. T. (1975). The sleepy analyst: some observations on states of consciousness in the analyst at work. *J. Amer. Psychoanal. Assn.*, 23:363-382.
- (1988). The analyst's insights. *Psychoanal. Q.*, 57:370-389.
- OLINICK, S. L., POLAND, W. S., GRIGG, K. A. & GRANATIR, W. L. (1973). The psychoanalytic work ego: process and interpretation. *Int. J. Psychoanal.*, 54:143-151.
- POLAND, W. S. (1984). The analyst's words: empathy and countertransference. *Psychoanal. Q.*, 53:421-424.

- (1986). The analyst's words. *Psychoanal. Q.*, 55:244-272.
- (1992). An analyst's slip of the tongue. *Psychoanal. Q.*, 61:85-87.
- REIDER, N. (1972). Metaphor as interpretation. *Int. J. Psychoanal.*, 53:463-469.
- SKOLNIKOFF, A. Z. (1985). Consensual analysis: a case study. In *New Ideas in Psychoanalysis: The Process of Change in a Humanistic Science*, ed. C. F. Settlage & R. Brockbank. Hillsdale, NJ: Analytic Press, pp. 235-243.
- (1989). Personal communication.
- WEINSHEL, E. M. (1984). Some observations on the psychoanalytic process. *Psychoanal. Q.*, 53:63-92.
- WURMSER, L. (1977). A defense of the use of metaphor in analytic theory formation. *Psychoanal. Q.*, 46:466-498.

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## An Example of “Character Perversion” In A Woman

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## AN EXAMPLE OF "CHARACTER PERVERSION" IN A WOMAN

BY LEE GROSSMAN, M.D.

*A case is presented to illustrate the suggestion that the character traits described by Arlow as "character perversion" occur in women as well as in men, and may be motivated by depressive affect as well as by castration anxiety.*

The term "character perversion" was coined by Arlow (1971) to describe a group of male patients who reproduced the defenses characteristic of specific perverse activities as character traits, without recourse to frank and compulsory perverse practices. An intolerable perception of the female genital was denied in fantasy, without obligatory perverse activity.

Arlow made clear that he was limiting his observations to certain *male* patients who suffered from intense castration *anxiety*. I hope to show in the following example that character traits may support the denial in fantasy of intolerable perceptions in women as well; and that depressive affect can motivate the formation of such traits.

A young woman came to me for analysis, complaining of difficulty concentrating on her work as a nurse, and feeling overwhelmed by her job's demands. She noted that she tended to put things off, ignoring them until they piled up and she could no longer escape them. She mentioned that her notes at work had been criticized repeatedly for never getting to the point, despite a richness of detail. Also, despite obvious talents, she was not progressing at work because she kept changing departments; she often found she was fascinated by a field peripheral to her own, and would pursue it for a time, only to drop it for something else. The patient's sex life was very active, gen-

erally satisfying, and apparently uninhibited. She mentioned that when she masturbated she preferred to use an object, so there would be "something down there"; but the object was not obligatory. She mentioned a variety of idiosyncrasies about herself that she found interesting, though not particularly troubling; one was that she had trouble using a microscope because she could never settle on which object in the field to focus on.

She was the older of two children; her brother was born when she was four. The patient's mother was profoundly hypochondriacal; her life seemed to revolve around bodily worries that apparently had little substance to them. Her father was a salesman who would brag about fooling his customers. The parents made merely cosmetic attempts to hide their sexual activity from the children, while at the same time acting as if it were invisible. The patient was confused about whether she had witnessed intercourse, although it seemed apparent that she had.

It was often difficult to follow her narrative, as she would "dance" (her word) from topic to topic, intrigued, but without seeing anything as more important than anything else. She reported dreams, memories, current events, transference fantasies, and theories as if all were equivalent. She often did not distinguish between what she dreamed and what she experienced. It was not that she was unable to tell the difference; rather, she tended to treat the distinction as irrelevant.

She was typically detached from her material despite a "fascination" with it, as with a movie in which she did not identify herself as a character. She sometimes described herself as an "automaton," reporting events impersonally. Alternately, she was sometimes overwhelmed with tears and emotion, at times to the point of seeming disorganization, but never with any specific content. In fact, the point of the emotion seemed to be that "it's all too much to think about." Typically, she would report a seemingly loaded event as a joke, or a story; if I then pointed that out, she would sob uncontrollably, losing sight of the event. The tears would disappear abruptly, as some other thought caught her attention.



Early in her analysis, she repeated a joke she had heard about an actress who had been in an accident and was now suing for damages; she said she "didn't have a leg to stand on." She named the actress without actually referring to the accident. She said of the joke, "I guess it helps me to master some fear." I commented on the bland way she said it, and her preference for the vague formulation, "some fear," over noticing what she experienced.

Suddenly she was seized by the need to remember how she first heard the joke; she had some difficulty doing so, but would not let it go. I noted how desperately she wanted to remember, and she then said aloud what we both "knew" about the actress: that her legs had been cut off. She became aware of feeling uneasy. She recalled a movie about a murder. She identified it as *Rear Window*; when she began to describe it, she once again became lost in the task of remembering, and she lost sight of the point. From what little she said about the movie, I was able to tell it was not *Rear Window*, and I asked her about the title. She realized immediately that it was not the movie she had in mind, recalling *Rear Window* to be about a "girl who sees a murder, or maybe she doesn't." It then became imperative to her that she remember the title of the other movie (the content of which had been touched on only briefly). She was unable to do so.

I wondered aloud if her intense concentration on remembering might also distract her from other disturbing thoughts. She acknowledged having been aware for some time of a "picture in the corner of my mind . . . of the first time I saw pubic hair," at age four or younger: she was in the locker room of a public pool with her mother. She looked in a mirror and saw a seated naked woman. Typically, she could not say if it was her mother or not. She found herself looking at something "terrifying, so big and red."

She persisted in referring to it as a perception of pubic hair; once again, she became obsessed with remembering the peripheral details. She noted that pubic hair was "something grownups had, and I didn't." When I alluded to her trying to stay on the

margin of the scene with details, she fleetingly recalled the terror she felt on confronting the center of the “big and red” perception, which was the “big, red, gaping vagina” (her words). She had felt that there was something wrong with it; grown-up women should have “something else.” She then recalled an event from the day before the hour, in which she watched uneasily as another nurse prepped a woman for surgery by shaving her pubic hair. She involved herself once again in remembering the event, detail by peripheral detail, quickly calming as she lost sight of what made her anxious.

At the start of the next hour, she recalled the correct title of the movie, which was *Family Plot*. She knew the movie involved murder by cutting, but could not recall what the weapon was. She tried to recall what it was that cut off the legs of the actress. Once again it became paramount to remember, which I pointed out.

She suddenly started to cry, saying she did not know why, but she felt sad. She complained of always having trouble with her memory, especially compared to her younger brother. She felt there was something wrong with her. She felt she was missing something when she could not remember, and added that “remembering fills up a gap.”

This emergence of depressive affect was short-lived. Abruptly, her crying stopped, and she returned to a way of talking that conveyed the feeling that she was fascinated by what she was saying, as with a puzzle. Midway through the hour, it occurred to me that, though she had ostensibly continued where the previous hour had left off, she seemed to have no awareness of the disturbing perceptions, present and past, that had been the focus of the previous hour. When I commented on how she kept herself from putting the pieces together and seeing the big picture, she interrupted me by singing a United Airlines commercial. She realized that her interruption broke up her own (and my) synthesis, and thought maybe she “needed to have gaps.”

She then recalled the "big red vagina" memory, and the patient being shaved. She had the feeling she was "keeping out of focus something about my parents' sex life and genitals." Her brother recently reminded her of something that she "knew [she] knew": her mother had had a stillborn daughter since her brother's birth. She recalled a dream and then wondered idly if the conversation with her brother had been a dream.

She began to talk about another dream, and I interrupted her, calling her attention to the confusion about what she had heard and what she had dreamed. She was not particularly troubled by her confusion; she thought it "fascinating." She started to say she had somehow "disremembered" the stillbirth—but she inadvertently substituted the word "dismembered." She shuddered at the word, recalling the actress. She had a "flash" of a memory of overhearing parental intercourse. She immediately shifted to a complaint about her father's irritating habit of scratching his nose. She realized she had "dismembered" the memory.

In the hours described, my patient recalled one of several disturbing perceptions of adult female genitalia which, in childhood, she had misunderstood as damaged and missing something. It is beyond my purpose here to explore *why* she perceived the female genital as damaged; suffice it to say that, besides identifying with her mother's sense of herself as damaged, the projection of her sadistic, castrating impulses toward her father seemed to play a large part—hence the "dismember" slip. When she found herself confronted with her inability to remember, depressive affect associated with her conviction of being defective and missing something became accessible. The wishful fantasy that she could "re-member" was one of the ways she had warded it off.

As a child, she tolerated her own sense of being "dismembered" by telling herself she would grow something as an adult; her fantasied penis was displaced onto pubic hair. In the remembered instance, she used pubic hair as a fetish, to distract

her attention<sup>1</sup> from the frightening lack she perceived, and to provide an object to stand for the penis and support the denial in fantasy of the intolerable perception.

When the patient became an adult, the “fetishistic” defenses, as well as the defenses used in other perverse attempts to cope with intolerable perceptions, persisted in her character structure. In the above hours, she copes with a disturbing current perception by a variety of maneuvers, which discredit or ignore the evidence of her senses. First, she attends to a peripheral detail, a “presence,” which enables her both to turn away from and to undo the distressing sight of a “lack.” When events (or interpretations) call her back to the threatening perception, she combats the immediate uneasiness by trying to *remember* something from the past—i.e., to regain something she fears lost: “Remembering fills up a gap.” She takes her difficulty to do so—her poor memory—as evidence that she is damaged. In addition, she “chops up” her recollections, her associations, and our attempts at synthesis in the hours in a kind of isolation which prevents seeing things in context—she “can’t see the forest for the trees”—but which also enacts a fantasy that turns passive into active, i.e., she is the dismemberer and not the dismembered. She “dances” from one thought to another, looking but not seeing, never staying with one thought long enough to see it clearly or take it seriously. She treats a disturbing reality as if it were a dream. All of these ways of dealing with reality are used to support a denial in fantasy of the disturbing fact that adult women do not have penises. In the example described, she used memory as a “fetish equivalent”; a non-threatening peripheral detail in the past distracted her from a disturbing cur-

<sup>1</sup> I am following the usage suggested by Renik (1984), which distinguished denial, disavowal, and distraction of attention. Denial implies the absolute turning away from a perception; disavowal refers to the discounting of meaning assigned to a perception; distraction refers to the fixing of attention on a neutral percept. “Denial in fantasy” is a shorthand for a complex process that involves the enactment of a fantasy which undoes the intolerable perception.

rent perception, and enacted the reassuring fantasy that she can "re-member" and undo or deny her feared "dismemberment."

In his discussion of the "unrealistic character," Arlow (1971) noted a number of features shared by my patient: the response to problems by seizing on a peripheral detail, beating around the bush, ignoring the demands of reality. One of his patients "prefers to treat reality as if it were a bad dream" (p. 318). In treatment, such patients seem unwilling to draw obvious conclusions; "when an interpretation is offered, the patient 'looks away,' that is, he acts as if he had not heard what had been said or he focuses his attention on some insignificant detail, or he turns to a new subject without acknowledging the transition" (p. 318-319). Arlow drew the connection between the traits described and their origins in "the typical male perversions of voyeurism and fetishism" (p. 322), in which the perception of the penisless female genital stirs up such intense castration anxiety that the reality of the perception has to be disavowed, or attention has to be focused intensely on a peripheral detail, away from the disturbing aspect of the perception. The detail, the fetish, serves as a representation of the female penis, and negates the disturbing perception. As Arlow put it, "The voyeur is compelled to look but not to see" (1971, p. 322); the fetishist finds something to look at, in order not to see the disturbing "nothing" (Lewin, 1948).

By virtue of a variety of maneuvers—looking away, looking without seeing, looking without experiencing as real, looking only at parts, looking without focusing, or focusing elsewhere—my patient keeps herself from fully registering the central disturbing perception at any given moment; by focusing on a peripheral detail, a "fetish equivalent," she is able to replace a distressing perception of absence with a reassuring perception of presence. In the recovered memory, the hypercathected pubic hair (the "bush" that Arlow's patient "beat around") kept her from the terrifying perception of the "red, gaping" vagina and provided her with a fantasy vehicle for reassurance: she was able

to tell herself that there was a genital “something” that she would yet grow. As in the male cases Arlow described, my patient disavowed a threatening perception by enacting a fantasy, through the “character equivalent” of a fetish. As an adult, the act of remembering itself became the enactment of a wishful fantasy of having what she lacked. She had established a *way of perceiving* and a *way of interpreting reality* as part of her character structure.

In the example from my patient, the unpleasurable affect against which the reassuring fantasy defended was associated with an idea of a catastrophe that she believed had already come to pass, rather than one she anticipated in the future: she was convinced that her genital *had been* damaged. In other words, it was a form of depressive affect, rather than castration *anxiety* (Brenner, 1979). Her maneuvers were efforts to discredit the reality of her lack of a penis. She did experience castration anxiety with respect to the *fantasied* penis (Rado, 1933), as well; but this seemed to be a *consequence* of the denial in fantasy, rather than its *motivation*.<sup>2</sup>

This distinction has not yet been fully incorporated into our clinical thinking. For example, Zavitzianos (1982) presented the case of a woman who used a vibrator to obscure from herself her absence of a penis. He referred to castration *anxiety* being warded off; but his descriptions consistently referred to the patient's use of the instrument to “disavow the *feeling of being* [already] *castrated*” (p. 424, italics added). As in my example, castration anxiety is also discernible in his case, but (as in my case) it depends on the fantasy of possession of a penis for which his patient used the vibrator. Thus it seems to be a consequence of the fantasy, rather than its original motivation in his case as well.

<sup>2</sup> In another context, this patient also experienced “castration anxiety” in the form of fear of damage to her (female) genital. For discussions of the interrelationship of both forms of castration anxiety and depressive affect connected with ideas of genital damage in women, see Mayer (Panel, 1992) and Renik (1992).

## CONCLUSION

Arlow coined the term "character perversion" to emphasize the relationship between certain character traits and the defenses used in certain typical male perversions. It appears that these same traits occur in women as well as in men; in fact, it is my impression that they are not uncommon in women. These patients seem to share an attitude toward reality, a willingness to alter its status in order to avoid anxiety or depressive affect. While this attitude is prominent in frank male perversions, it is not limited to them, as Arlow demonstrated. I have tried to show that it is also not limited to men, nor is it specific to castration anxiety.

## REFERENCES

- ARLOW, J. A. (1971). Character perversion. In *Currents in Psychoanalysis*, ed. I. W. Marcus. New York: Int. Univ. Press, pp. 317-336.
- BRENNER, C. (1979). Depressive affect, anxiety, and psychic conflict in the phallic-oedipal phase. *Psychoanal. Q.*, 48:177-197.
- LEWIN, B. D. (1948). The nature of reality, the meaning of nothing, with an addendum on concentration. *Psychoanal. Q.*, 17:524-526.
- PANEL (1992). Contemporary theories of female sexuality: clinical applications. L. Grossman, reporter. *J. Amer. Psychoanal. Assn.* In press.
- RADO, S. (1933). Fear of castration in women. *Psychoanal. Q.*, 2:425-475.
- RENIK, O. (1984). An example of disavowal involving the menstrual cycle. *Psychoanal. Q.*, 53:523-532.
- (1992). A case of premenstrual distress: bisexual determinants of a woman's fantasy of damage to her genital. *J. Amer. Psychoanal. Assn.*, 40:195-210.
- ZAVITZIANOS, G. (1982). The perversion of fetishism in women. *Psychoanal. Q.*, 51:405-425.

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## The Moral Journey of the First Viennese Psychoanalysts

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## THE MORAL JOURNEY OF THE FIRST VIENNESE PSYCHOANALYSTS

BY LOUIS ROSE

*By exploring the cultural concerns of Freud's first Viennese disciples, this article explains how these concerns helped inspire both intellectual conviction in Freudianism and inner commitment to the psychoanalytic movement. In this way, it illuminates an important underlying identity between medical practitioners and laypersons within Freud's circle. At the same time, it brings to light the tension between values and science in Viennese psychoanalysis.*

### I

The first organization for the study of psychoanalysis and the diffusion of Sigmund Freud's ideas emerged from a small group of followers who in 1902 began to meet with Freud once a week at his home. In 1908 this group adopted the name, Vienna Psychoanalytic Society. The Society met continuously until the *Anschluss*, even during the years of the First World War, refusing to relinquish its commitment to what by 1914 was an international movement. Its members always remained conscious of themselves as a vanguard, not only within the psychoanalytic world, but within European intellectual life.

Viennese psychoanalysts frequently looked back to thinkers who they believed had helped prepare their way. Of particular interest was Friedrich Nietzsche. Members of the Vienna Society found remarkable similarities between Nietzsche's psychological theories and those of Freud. On April 1, 1908, during the society's first meeting devoted to Nietzsche's life and thought, Paul Federn commented "that Nietzsche has come so close to our views that we can ask only, 'Where has he not come close?'"

Federn pointed out that the philosopher had grasped "the significance of abreaction, of repression, of flight into illness, of the instincts—the normal sexual ones as well as the sadistic instincts" (Nunberg and Federn, 1962, p. 359). At the second meeting on Nietzsche, however, Freud drew attention to a distinction between his own work and that of the philosopher. "And thus he begins with great perspicacity—in endopsychic perception, as it were—to recognize the strata of his self. He makes a number of brilliant discoveries in himself. But now illness takes hold. Nietzsche is not satisfied with correctly fathoming these connections, but projects the insight gained about himself outward as a general imperative [*Lebensanforderung*]. To his psychological insight is added the teaching, the pastoral element that derives from his Christ ideal. . . . The degree of introspection achieved by Nietzsche had never been achieved by anyone, nor is it likely ever to be reached again. What disturbs us is that Nietzsche transformed 'is' into 'ought,' which is alien to science. In this he has remained, after all, the moralist; he could not free himself of the theologian" (Nunberg and Federn, 1967, pp. 31-32).

To free oneself of the moralist—the step which Nietzsche could not achieve—Freud demanded of his own followers. He chose his words carefully. He knew that the core of his recruits had joined the movement out of a sense of moral outrage with the world. He expected, even counted on, this alienation, righteous anger, and earnest sense of calling. Freud set himself the task of molding his moralists into psychoanalysts. In accomplishing this task, he opened a new phase in the history of Viennese psychoanalysis. Moralists-turned-psychologists would play an indispensable role in organizing and defending Vienna's Freudian movement.

This essay will identify the coordinates of the moral journey completed by these disciples. Like their spiritual ally, the critic Karl Kraus, the moral *enragés* in Freud's early circle had perceived within Viennese society a crisis of responsibility, what the writer Hermann Broch (1975) would describe in his study of Vienna on the eve of the Great War as a "value vacuum." In

response, they, like Kraus, had sought to destroy intellectual illusions which masked the extent and depth of the crisis. Authentic heirs of the Enlightenment, they firmly believed that ethical responsibility must follow from intellectual clarity. The demand for clarity, however, also fostered the search for scientific truths. Thus, the origins of the Freudian movement in Vienna lay in the contribution of moral estrangement and anger to the demand for scientific understanding.

The anger of future psychoanalysts can be traced to the impact on them of political and social changes in late nineteenth-century Austria. The Austrian Constitution of 1867 had provided support and protection to the middle class, especially the Jewish middle class, and had furthered the Liberal agenda for political and cultural reform. Constitutional guarantees of individual rights, together with steps toward greater secularization of education and the appointment of a Liberal ministry, held the promise of conditions for complete freedom of conscience, an opportunity of unusual significance in clerical and aristocratic Austria. Forces of reaction, however, suppressed that promise, and in the aftermath members of the middle class quietly abandoned faith in it. Instead, they pursued cultural assimilation with the Catholic aristocracy.

Toward the turn of the century, there came into being a group of university students and young Viennese writers for whom the preservation of moral responsibility in a hostile world now seemed especially urgent. Victims not only of political reaction, but of moral betrayal, these righteous individuals found themselves not only under siege, but spiritually alone. This sense of urgency and alienation led the young philosopher Otto Weininger inward to a stringent analysis of the nature of individual ethical obligation. Others pressed outward, along the path followed by Karl Kraus. In Kraus's journal, *Die Fackel*, bourgeois *enragés* attacked corruption throughout society. The core of Freud's recruits belonged to this Viennese intellectual cohort. Moral outrage at the world provided them with a dis-senting consciousness and sense of mission. It did not, however,

give them a critical method or positive commitment. The psychoanalytic movement channeled their personal sense of calling into a professional vocation, and their moral rage into intellectual radicalism. At the furthest reaches of moral criticism, their explorations and questioning led to Freud's circle, and the science of psychoanalysis.

Who formed the psychoanalytic vanguard in Vienna? In the years before the First World War the Vienna Society had a fluid structure and a shifting base of membership. It drew on lay and medical professions, and incorporated diverse cultural and clinical interests. Furthermore, a greater number of members occupied the fringes of the organization than toiled at its center.<sup>1</sup> The society did not represent an official school with a consistent number of instructors and students until after the Great War. Yet, a small number of active members emerged as an intellectual and professional vanguard of Viennese psychoanalysis. These members fulfilled essential functions as advocates of a new intellectual movement, either by their attendance at meetings from the days of the informal gatherings at Freud's home, by the publication of psychoanalytic articles, or by applying Freudian theory and method in their own occupations as doctors or writers.

Sixteen members will come under consideration in this essay. Freud and four physicians—Wilhelm Stekel, Alfred Adler, Max Kahane, and Rudolf Reitler—founded the Psychological Wednesday Evenings in 1902. Paul Federn, also a general practitioner, joined the group a year later. Music critic David Bach came to the society during the first three years of its existence.

<sup>1</sup> The official membership in 1906/1907, when minutes, attendance, and yearly enrollment were first recorded, numbered seventeen; it grew to thirty-seven in 1910/1911, the year of the schism between Freud and Alfred Adler, reached thirty-two in 1912/1913, and fell to twenty-two by the beginning of the First World War. The attendance at meetings was far lower, averaging ten in 1906/1907, nineteen in 1910/1911, and finally fourteen from 1912 to 1914. These figures were compiled from the attendance and enrollment lists in the *Minutes*, and exclude individuals who were guests of the society or visiting members of psychoanalytic societies from other cities.

By the end of 1905, Eduard Hitschmann, a physician, and Max Graf, a music critic, had also become members. Graf became well known to later psychoanalysts as the father who compiled the case history of the animal phobia of his son, "little Hans." In 1906, Otto Rank, an aspiring writer, entered the circle and took on the task of recording the minutes of its meetings. Two of the first practicing analysts, Maxim Steiner and Isador Sadger, began to attend the meetings in 1907. A few months after Sadger joined the society, he proposed for membership his nephew, the journalist Fritz Wittels. In 1908, Victor Tausk, a former lawyer and writer, introduced himself to Freud, and in the following year entered his circle. In 1910, Hanns Sachs, a lawyer with literary ambitions, became a member. Finally, Alfred von Winterstein, president of the Vienna Society after the Second World War, joined the group in 1910, and Theodor Reik, a student of psychology and literature, entered in 1911. Not only were these members' occupations equally divided between the medical and the non-medical, but several physicians pursued second careers as writers and cultural critics.

From the pre-psychoanalytic writings of this vanguard the world-view of the moral critics emerged strongly. It could be found in a physician, such as Eduard Hitschmann, or a layman, such as Theodor Reik, in a critic, such as Max Graf, or a publicist, such as Fritz Wittels. Most importantly, it could be seen in Otto Rank and Hanns Sachs, who in 1913 founded *Imago: Journal for the Application of Psychoanalysis to the Cultural Sciences*.

To understand the origins of the Viennese psychoanalytic movement, it will be necessary to begin with the social and intellectual context in which Freud's inner circle formed their notion of Viennese history. The essay will then explore the vanguard's moral reaction to the world of late nineteenth-century Vienna, concentrating on the attitudes of those members who continued to defend the cause after the schism with Alfred Adler. (Adler's opposition to psychoanalysis began at least as early as 1909, although he did not withdraw from the Vienna Society until 1911.) Special attention will go to the close connec-

tion between their views and those of Karl Kraus in the years before they joined the movement. Gradually, as we shall see, those who would become Freud's recruits turned from the examination of conscience to the scientific exploration of the psyche, and so finally to the meetings of the Vienna Psychoanalytic Society.

## II

With the insurrections of 1848, Austrian Liberals launched a battle for political change within both the Habsburg monarchy and the city of Vienna. After nearly twenty years of political bargaining and disastrous Habsburg military adventures, the Constitution of 1867 finally created a Liberal ministry, expanded the powers of parliament, and formally recognized equality before the law and freedom of conscience. The Liberal Party, however, retained its share of power through a narrow franchise and debilitating concessions to the aristocracy and imperial officials. The year 1879 saw its permanent defeat in national politics and, with the conservative ministry of Count Taaffe, a successful reaction against its reforms. In the city of Vienna, the party managed to hang on to the reins of power until 1897, when Karl Lueger, at the head of the populist and anti-Semitic Christian Social movement, ousted it from office.

Throughout this period, elites of the liberal middle classes and intelligentsia sought political and cultural partnership with the aristocracy. They hoped that humanist instruction and self-cultivation—*Bildung*—would create a unified educated class both to lead a reformed state and to nourish cultural life. As Carl Schorske (1980) has explained, with the defeat of political reform, the middle class fostered with ever greater energy the pursuit of cultural integration. Consequently, appropriation of the traditional aesthetic culture of the Catholic aristocracy became the most vital component of assimilation. To cement their alliance with the lower nobility and the imperial administrators,

Viennese industrialists, bankers, lawyers, and professors promoted this aesthetic culture through instruction and patronage in the fine arts, theater, and music. An "amoral *Gefühlskultur*" united these social strata within Vienna's "Second Society." As Schorske wrote, "Elsewhere in Europe, art for art's sake implied the withdrawal of its devotees from a social class; in Vienna alone it claimed the allegiance of virtually a whole class, of which the artists were a part" (p. 8). Throughout the middle classes and intelligentsia the ideology of "art for art's sake" served as an ideology of assimilation.

In their background and education, the Viennese psychoanalysts received fully the liberal inheritance and its dilemmas. The occupations of their fathers offered a cross section of the economic and professional groups providing the chief support of Austrian liberalism.<sup>2</sup> More than half of these occupations belonged to the liberal professions or civil service. Friedrich von Winterstein fit the model of Vienna's "Second Society" in wealth and prestige. A privy councilor and vice-governor of the Austro-Hungarian Bank, he handed down the title of *Freiherr* to his son Alfred. Hanns Sachs's father and uncles became successful lawyers, and expected Sachs to continue in their vocation (Sachs, 1944, p. 158). The physician Salomon Federn counted patients among the "Second Society," but found his friends and associates among reformist, middle-class supporters of Social Democracy. The elder Federn provided a link with the revolutionary tradition of 1848, for he fought at the side of fellow medical students in the streets of Vienna (Federn, et al., 1972, p. 13). Eduard Hitschmann's grandfather was a physician, his father an

<sup>2</sup> The psychoanalysts' registration and graduation forms at the University of Vienna recorded the professions of fourteen fathers: three businessmen, two civil servants, two journalists, a bank executive, a railroad executive, a lawyer, a physician, a railroad inspector, a produce merchant, and an accountant for a wholesale firm (*Matrikel* and *Rigorosenprotokollen*). Another source reveals that David Bach's father, who died the year Bach entered the university, first worked as a bookkeeper and later owned a small hat business (Kotlan-Werner, 1978, pp. 9-10). Isador Sadger's father died before Sadger enrolled at the university. His profession is unknown. For further information see Rose (1986, Appendix One).

accountant, one of his brothers a bank director, and another brother a lawyer (Becker, 1966, p. 160). Of the six fathers in business professions, we know the occupation not only of Matthias Hitschmann, but also of Leopold Adler, a produce merchant, and of Eduard Bach, owner of a hat business. In contrast, David Bach's mother labored for a "textile business" after her husband's death (Kotlan-Werner, 1978, p. 10).

The victory of the liberal Constitution of 1867 encouraged Marcellin Reitler, deputy director of the *Nordwestbahn*, to give practical meaning to new intellectual freedoms. In 1868, his name appeared as editor of the bulletin of the Society for Utilization of Intellectual Work, a short-lived association intent on organizing cultural activities and finding work for writers, artists, and linguists.<sup>3</sup> In his book on the administration of the rail system, Reitler demanded that the railroad bureaucracy be handed over to legal, medical, and technical specialists, with entrance and promotion for all positions founded on *Recht*.<sup>4</sup> Hermann Tausk, a firm believer in the Habsburg monarchy as the guardian of a liberal empire, accepted a post in the government press office in Sarajevo after working both as a school-teacher and an editor of his own literary journal (Roazen, 1969, pp. 8-9). Otto Rank recorded the occupation of his father, Simon Rosenfeld, as civil servant (see *Matrikel, Phil.*, Summer 1909). (In Rank's early youth, his father had worked as a jeweler [Klein, 1981, p. 108; Lieberman, 1985, p. 1].) Whereas Marcellin Reitler held a directorship in the *Nordwestbahn*, Max Reik, Theodor Reik's father, supported a large household as a railway inspector (Reik, 1949, p. 230). Thus, the largest group of the psychoanalysts' fathers covered the spectrum of the liberal vocations and state service.

<sup>3</sup> The *Central-Organ des Vereines für Verwertung geistiger Arbeit* (1868) can be found in the Österreichische Nationalbibliothek, Vienna.

<sup>4</sup> See Reitler (1879, pp. 33-34, and Section IV). Reitler also composed operettas under the pseudonym "Emil Arter." They can be found in the Österreichische Nationalbibliothek and in the Firestone Library, Princeton University.



With the exception of Rank's household, each family provided its son with the education of a classical *Gymnasium*. Wilhelm Stekel and Victor Tausk attended German *Gymnasien* in non-German possessions of the Habsburg Empire, Stekel in Bukovina and Tausk in Croatia. Rebelling against her orthodox Jewish upbringing, Stekel's mother enrolled her son in a Protestant, co-educational middle school. After graduating, Stekel moved on to the German *Gymnasium* in Czernowitz (see Stekel, 1950, pp. 36-48). At his *Gymnasium*, Victor Tausk helped lead a student protest against the teaching of religion (Roazen, 1969, p. 10). Four Viennese psychoanalysts graduated from the *Akademisches Gymnasium* located in the Ringstrasse district of the capital. During the Revolution of 1848, Viennese liberals had placed the *Akademisches Gymnasium* on their political agenda. In that year, reformers won the elimination of clerical control of the school, and four years later, the government declared it a state *Gymnasium*. Throughout the late nineteenth century, "successful manufacturers and business people, noted physicians and lawyers or high administrative officials" sent their sons—including Rudolf Reitler, Paul Federn, Eduard Hitschmann, and Max Graf—to the *Akademisches Gymnasium*.<sup>5</sup> The liberal middle class turned the institution into a stronghold of secular education in conscious opposition to the aristocratic *Theresianum* and the religious *Schottengymnasium*.<sup>6</sup>

<sup>5</sup> See Mayer (1953, p. 14). Max Graf remembered Karl Kraus as a fellow student at the *Akademisches Gymnasium*. See *Minutes* (Nunberg and Federn, 1967, p. 390). Translations are my own unless indicated otherwise.

<sup>6</sup> Five members—Max Kahane, Isador Sadger, Maxim Steiner, David Bach, and Theodor Reik—lived and attended school in Leopoldstadt, the home of the majority of Eastern European Jewish families who settled in Vienna after 1850. Kahane, Sadger, and Steiner attended the *Sperlgymnasium*, Freud's secondary school. Alfred Adler, born in Funfhaus, a lower-middle-class and working-class district on the outskirts of Vienna, attended *Gymnasium* in the suburb of Hernals. Hanns Sachs and Fritz Wittels received their education at the *Maximiliansgymnasium*, located in the university district. The only titled member of the Vienna Psychoanalytic Society rejected the prestigious education of the *Theresianum*. According to the *Curriculum*

The parents of the psychoanalysts ensured that their sons received educations in practical professions, but also provided them with opportunities to acquire the aesthetic culture so highly prized by the Austrian bourgeoisie. They expected that art would give way to law or science at the university, but their sons refused to relinquish their creative aspirations. During *Gymnasium*, Wilhelm Stekel spent as much time as possible reading and writing poetry, but decided that the study of medicine offered the best path out of Czernowitz to the University of Vienna. At the time he started his career in general practice, however, he also began work on a novel (see Stekel, 1950, pp. 43-57, 99-100). Max Graf devoted himself to music. Before entering the university, he recalled, "without benefit of a great deal of training I had been composing day and night—songs, violin pieces, chamber music—and like many young people I was obsessed with the one thought of giving utterance to my musical feeling" (Graf, 1945, p. 106). When he graduated the University of Vienna's School of Law in 1895, Graf sought employment as a music critic (Graf, 1946, pp. 15, 23-24). Hanns Sachs dutifully enrolled in the School of Jurisprudence, "a young man who was supposedly studying law, but not living up to the supposition" (Sachs, 1944, p. 3). His interests were "centered in literature, almost to the exclusion of everything else" (p. 39). Sachs did not take his final examination for a doctorate in law until July 1907, four years after completion of his coursework (*Rigorosenprotokolle, Jur.*). In 1905, Victor Tausk abandoned his legal career, and his wife and children, to try a career as a writer, publishing his first efforts in his father's journal. After months of poverty in Berlin, he gave up the literary calling (Roazen, 1969, pp. 13-18). Having passed his final law examination in 1909, Alfred von Winterstein turned immediately to

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*Vitae* in his graduation forms, Alfred von Winterstein left the school after one year in order to attend the somewhat less exclusive *Franz Josefgynasium (Rigorosenprotokolle, Phil., May 11, 1911, 3191)*.

publishing his poetry.<sup>7</sup> These psychoanalysts knew well the world of literary ambition and devotion gripping the younger generation of Viennese liberals.

All but two of the psychoanalysts under discussion were Jewish.<sup>8</sup> In nineteenth-century Vienna, the German-speaking, Western Jews of the Habsburg lands trusted that constitutional reform would secure equality before the law, careers open to talent, and freedom of conscience and education. The political program of the Liberal Party conformed to their intellectual and social aims: in Hanns Sachs's (1944) words, "full assimilation without apostasy" (p. 22). Some of the psychoanalysts' families could point to significant successes. During the first round of liberalization following suppression of the rebellion of 1848, Salomon Federn became one of the first Jewish general practitioners in Vienna (Federn, et al., 1972, p. 13). In the final decades before the First World War, however, the triumphs of Lueger and the Christian Social Party exerted ever greater pressure on middle-class Jews to seek cultural assimilation and religious conversion. The Jewish bourgeoisie experienced viscerally the historical conflict in Viennese liberalism between the ideology of gradual progress through political and educational reform, and the drive toward cultural and religious integration with the aristocracy.

Although themselves apostates against tradition, the future psychoanalysts stood against full religious assimilation.<sup>9</sup> Nor did

<sup>7</sup> For the record of Winterstein's examinations, see his *Curriculum Vitae (Rigorenprotokolle, Phil., May 11, 1911, 3191)*. Winterstein published a poem, "Der Stundenzeiger," in *Die Fackel*, on July 27, 1909 (Winterstein, 1909, pp. 17-19). In 1910 he returned to the University of Vienna to obtain a degree in philosophy (*Matrikel, Phil., Summer 1909-Summer 1911*). In *Die Fackel*, XIII, 338, December 1911, there appeared an advertisement for a collection of his poetry, *Gedichte*. I have been unable to locate this volume.

<sup>8</sup> In their registration forms, Reitler and Winterstein recorded their religion as Catholic. According to Ernst Federn, Reitler's family had converted from Judaism (interview with Ernst Federn, 1979).

<sup>9</sup> One of Alfred Adler's biographers states that Adler officially converted to Prot-

they share in much of the striving after cultural integration with the upper orders. Their families had preserved a commitment to liberalism's reformist tradition and a faith in Jewish upward mobility through education and professional advancement. As the turn of the century approached, however, the sons nurtured few hopes for the realization of these expectations. Amidst middle-class desertion and defeat, personal moral commitment seemed to them essential as a last defense against the assimilationist options. Without an institutional mooring for the liberal cause and faced with the expanding tendency toward assimilation, they hammered out a highly individualistic and moralistic response. The disappointment of a young, liberal intelligentsia grew finally into a profound sense of moral alienation.

### III

In their social position, professional and cultural education, and religious training, Freud's future disciples maintained the legacy of Austrian liberalism. Radical moral dissent, however, drove a deep wedge between them and that tradition. This break with the past initiated the journey which would bring them to the psychoanalytic movement. The moral discontent of their youth

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estantism (Bottome, 1939, p. 4). Adler's university registration forms, however, show that at least throughout his education he recorded his religion as Jewish. Although her father was Jewish, Victor Tausk's wife adhered to Christianity. Tausk chose to be baptized a Protestant before their wedding. He never ceased, however, to identify himself as Jewish, and few were aware of his official conversion (Roazen, 1969, p. 11; Freud, 1901, pp. 92-93). Although born Jewish, Otto Rank described himself on the university registration form in 1908 as "non-confessional" (*Konfessionslos*). In the same year, he formally converted to Catholicism so as to justify to the government changing his name from Rosenfeld to Rank, thereby dissociating himself from his father. In 1922, he returned to Judaism (see Klein, 1981, p. 110, n. 28). Max Graf (1942) recalled, "When my son was born, I wondered whether I should not remove him from the prevailing antisemitic hatred, which at that time was preached in Vienna by a very popular man, Doctor Lueger. I was not certain whether it would not be better to have my son brought up in the Christian faith. Freud advised me not to do this" (p. 473).

not only expressed itself in their writing at the time, but left its imprint in their later memoirs. In both types of writing, psychoanalysts concerned themselves chiefly with the values of the Viennese bourgeoisie in a time of reaction, sharply emphasizing that the drive to integrate with the aristocracy corrupted their social class.

The origins of the striving toward assimilation, Max Graf (1900) wrote, could be traced to the rise of a "new society of finance nobility, industrial and business *arrivés*, and their allies, the old aristocracy: a society with riches, cosmopolitan attitude, love of pleasure, and like every upwardly mobile caste, energy for making newly gained ground its property" (p. 148). It masked its humble origins in the "monstrosity of the Roman, Greek, Gothic and Renaissance building decoration" along the Ring (p. 150). Bourgeois elites adopted the behavior of the aristocracy and aspired to its privileges and honors: "The new industrial and Stock Exchange men, streaming with wealth, crowded themselves into the court society to receive orders and titles from the Emperor. When they gave parties in their new houses, they invited aristocrats as window dressing. The young sons of Viennese manufacturers dressed themselves like aristocrats and aped their accent and manner" (Graf, 1945, pp. 79-80). To solidify their inward identification with the aristocracy, "new plutocrats" joined with the old nobility in building and patronizing the Viennese palaces of art (pp. 174, 181).

In his memoirs, Hanns Sachs (1944) recalled with bitterness how the nobility, like a silent, corrosive force, emptied parliamentary process and the rule of law of meaning: "Austria was a constitutional monarchy with all the usual trappings: a charter of liberties, two houses of parliament, responsible ministers, independent law courts, the usual machinery of government. Yet, it was an open secret that none of all these institutions possessed a scrap of real power, not even the bureaucracy. This power was in the hands of the Austrian 'eighty families'. . . . Closely knit together as they were, yet without any trace of organization or leadership, this amorphous, anonymous, irresponsible power

could only work in one way: to inhibit any innovation, to exclude all new forces from cooperation" (pp. 25-27). Those in power, and those who wanted power, kept constitutional forms and the ideal of law as covers for favoritism, patronage, and political extortion: "Political parties and elections, heated parliamentary debates, the voting of laws and the creation of public offices to execute them, all this went on just as in a grade A democracy. But all this was a false front made for outsiders and those afflicted with congenital blindness. To get anywhere it was necessary to have backing from 'above' either directly or, if that was not possible, through one of the henchmen to whom the ruling class had delegated the execution of power. Without that no move, however strictly within the bounds of the constitution, could prosper; with it any law could be infringed or somehow circumvented" (pp. 27-28). In the process of carrying out its strategy of assimilation, the middle class sacrificed its cultural identity and ethical responsibility: "The style of life of the privileged class became, as a matter of course, the pattern after which the middle class tried to model its conduct, imitating it down to the slightest mannerisms. (The rich Jews, after they had surmounted the religious barrier, were easily in the forefront.) The result oscillated between simple and downright snobbism, and high, exalted aestheticism; one variant of this attitude, called *fin de siècle*, boasted that it preferred 'beauty'—but beauty in inverted commas—to morals, and proudly called itself 'decadent' " (p. 28).

No psychoanalyst had felt a greater sense of rage against this moral defeatism than Fritz Wittels. In 1904, the year of his graduation from Vienna's School of Medicine, Wittels published his first polemic, *The Baptized Jew*. For the young pamphleteer, religious conversion embodied the crisis consuming liberalism. Virtually every baptism, Wittels wrote, had at bottom the overriding motive of "social ambition" (*Strebertum*) (Wittels, 1904, p. 12). The docent desired to become a professor, the lawyer set his sights on a judgeship or ministerial post, and the parvenu ached to attend the hunts and feasts of the high nobility. The Consti-

tution of 1867, Wittels reminded the reader, guaranteed equality before the law, established freedom of religion, and declared public offices open to every citizen. Yet Jews had often been excluded from positions in the ministry, the bureaucracy, the judiciary, the officer corps, and the university, had regularly found their promotions blocked in these institutions, and faced continuing exclusion from local administrations and private enterprises (p. 29). Too many Jews made peace with the new politics and society. In parliament, in local assemblies and in the press, they relinquished the "battle for *Recht*" (pp. 23, 30).

In Wittels's world-view, the most severe consequence of the drive toward assimilation consisted in the crime against oneself. Official baptism marked the last victory over conscience: "Just as one can commit an injustice because he tolerates it, so the state has become far less of a guilty party than those Jews who allowed it all to take place, and so sacrifice their personality" (p. 30). To the young Wittels, the most disturbing aspect of assimilation within the Jewish middle class lay in the act of self-betrayal. This breach of faith governed Wittels's view of society. Social life depended on a moral covenant: "Each individual citizen has the right to demand that his trust, his belief in honesty, not be injured, at least not through a falsely *solemn* assertion, and therefore the perjury through which an individual man is deceived is as culpable as the one through which generations are overthrown" (p. 19). Disappointment, mistrust, and "disharmony with society" now dominated the consciousness of Western Jewish youth. Within their spiritual life, absolute negation continuously undermined the impulse toward moral affirmation: "It [Western Jewish consciousness], is, on one side, the method of analytical reason, the spirit of relentless criticism, undermining everything, a Mephistophelian orgy of the destruction of all that which has become obsolete, worn out, traditional: 'for all things from the void called forth deserve to be destroyed.' On the other side, it throws itself with blind passion on everything new, seizes it, works it through, spreads it over the globe, for since he [the young Western Jew] has destroyed the

old, he must seek happiness and satisfaction in what is still unexplored, what is hardly understood, until such time that, furiously disappointed, with his harlequin's sword he plays catch with the stars that a short while ago he himself fastened onto the heavens" (p. 35).<sup>10</sup> In Wittels, blank rage and the longing for virtue combined to produce a sense of desperation and estrangement. Feeling betrayed by his class and his co-religionists, he committed his judgments to print as a warning to individual conscience and a public indictment for the day of reckoning.

Wittels expressed most ardently and darkly the disillusionment and embitterment shared by the moral *enragés* among Freud's eventual recruits. Their trust betrayed, these future disciples viewed Viennese society and politics as an elaborate game of mirrors. Glittering words and polished moral surfaces endlessly reflected and distorted each other. Disoriented and perplexed, they searched for a core of integrity and authenticity in the world around them. Although aware of the social purposes and political strategies of the ruling class and their assimilationist, middle-class allies, they initially identified individual ethical obligation as the antidote to the system of corruption. Their moral disappointment and anger marked the first important turn from the path laid down for them by the liberal tradition.

#### IV

Psychoanalysts did not find themselves alone in their puritanical intensity. In equal measure and for similar reasons, the writers Otto Weininger and Karl Kraus were fired with righteous indignation. Yet, despite their common anger at the political destruction of their moral hopes and their fury at the turpitude of the middle class, moral *enragés* did not steer in the same direction. Weininger turned inward for solace and reflection, while Kraus and allies on his journal, *Die Fackel*, pushed outward for

<sup>10</sup> I have used the Bayard Taylor translation for Wittels's quotation from Goethe's *Faust*, Part I.



the activity of the public arena. The reactions of future psychoanalysts also divided between inwardness and engagement. Freudians, however, later differentiated themselves from both Weininger and Kraus by leaving the moral forum for the fields of science.

Throughout his university education, the philosopher Otto Weininger lived in intellectual self-exile. Emerging at the age of twenty-one from extremes of withdrawal and estrangement, he claimed to have found the key to the ego's salvation from moral corruption. At the same time, Weininger also claimed to have discovered the path from moral philosophy to scientific psychology, and thus became for future psychoanalysts a figure with whom to reckon.

Within Viennese intellectual circles, Otto Weininger incarnated the penitent who, in isolation from society and its corrupting influences, hoped to guarantee his own salvation. In the young philosopher's Manichaean vision, the forces of morality and antimorality warred continually for mastery of the soul. His book, *Sex and Character*, published in 1903, defined these contending forces in sexual terms. Men embodied the principles of character, self-knowledge, and moral independence. The principle of sexuality governed women, rendering them incapable of intellectual consciousness and moral pride. Weininger arrived at this conclusion, having first established his "psychology of individual differences," founded on an analysis of the balance between male and female psychic forces within the individual (Weininger, 1903, p. 54). In the chapter "Talent and Memory," he explained that this new science of characterology, or "theoretical biography," would "deal with the investigation of the permanent laws that rule the mental development of an individual. . . . The new knowledge will seek general points of view and the establishment of types" (pp. 130-131).

The central concern of characterology, however, became not the "psychology of individual differences," or developmental laws, which Weininger thought solved in any case, but the study of character as "the ruling force of the Ego" (p. 83). The ego,

Weininger wrote in "Talent and Memory," had to be understood as the "will to value." To express this will, the artist or philosopher chose to live apart from the world, lay aside anger, and "acquiesce in his loneliness" (p. 162). The chapter, "Talent and Genius," explained that the genius could endure such isolation because his personality contained the complete range of human psychological types.

Weininger's own thought showed no such complexity, but degenerated into Manichaeism and misogyny. His moral independence became a denial of life, and his intellectual iconoclasm yielded to pious introspection. In woman, who, dominated by the principle of sexuality, lived without moral consciousness, he found a destructive force against which to do battle. According to Weininger, the Jews, his former co-religionists, also lacked moral enlightenment, with the exception that they retained the possibility of self-renunciation and a return to the ascetic ideal. "The birth of the Kantian ethics, the noblest event in the history of the world," he exalted, "was the moment when for the first time the dazzling awful conception came to him, 'I am responsible only to myself; I must follow none other; I must not forget myself even in my work; I am alone; I am free; I am lord of myself'" (p. 161). Weininger held in contempt those for whom "the earth can only mean the turmoil and press of those on it" (p. 346). The torment barely concealed in his ideal ended in suicide.

On February 24, 1904, two years before joining Freud's Wednesday meetings, Otto Rank wrote in his diary, "I am now reading Otto Weininger, *Sex and Character*. What happened to me while reading the sections 'Talent and Genius' and 'Talent and Memory' stands forth uniquely as an event in my reading of literature. Everything which is expressed as special in these two chapters, I myself had already experienced earlier in me, and at many points I thought Weininger could have added there still one thing or another that belongs within the domain of this complex of thoughts. And hardly had I thought that and formulated the supplement, when indeed I came upon it also in the

book; it stood there almost in my own words" (Rank, 1904). What most appealed to Rank in Weininger's philosophy was the modern conception of an invisible moral elect and the possibility of confirming one's membership in this new moral vanguard through introspection.

Rank grew up within a struggling, lower-middle-class Jewish family in Leopoldstadt. His father, suffering from alcoholism, frequently became violent toward his wife and two sons. Rank's older brother attended *Gymnasium* and eventually studied law. When Rank finished his early schooling, however, his father started him on a program of technical instruction, which concluded with three years in the machine section of an advanced technical school.<sup>11</sup>

Rank's journals, kept after 1903 while he worked as an apprentice and finally a clerk in a machine factory, expressed despondency and confusion. He began several literary endeavors in 1903 and 1904: a notebook of poems, one act of a play, and a short story. Echoing Weininger, Rank described the artist as the embodiment of the ideal of intellectual and moral self-reliance: "Highly gifted spirits are always fine observers of mankind, deep psychologists, because they concentrate in themselves the whole concept of humanity; they have the tendencies of all possibilities of mankind in themselves and can develop them in ideas" (Rank, 1904, May 3). In the realm of philosophy, Weininger's "will to value" had succeeded Schopenhauer's "will to life" and Nietzsche's "will to power" (April 3). It provided a sense of consolation, as well as independence: "Kant's ethic: There are only duties toward oneself. I have only to answer for me to myself. I stand *alone*, am *free*, am my own *master*. Weininger" (February 22).<sup>12</sup> Like Weininger, Rank welcomed isolation from society as the condition of moral freedom.

Gradually, Rank drifted from Weininger's program. Under

<sup>11</sup> See Klein (1981, pp. 116-129, and Appendix B) for information on Rank's father, family life, schooling, and employment.

<sup>12</sup> For Rank's early ideas on cultural renewal, see Klein (1981, pp. 116-121).

the influence of Freud's work, he slowly relinquished his goal of spiritual transcendence, endeavoring instead to fathom the inner world of psychic conflict. After his family physician, Alfred Adler, introduced him to *The Interpretation of Dreams*, Rank abandoned his moral investigations of genius. His journals turned into drafts of a book on the libidinal sources of creativity, published finally as *The Artist* in 1907. According to Rank, the human conflict between unsatisfied libido and the forces of resistance raged most intensely within artists, who, in the creative process, never ceased renewing their efforts to allay in themselves the feeling of want.

Wilhelm Stekel employed a similar conception of psychic struggle to explain Otto Weininger's life and work. Weininger's inner battles, however, led not to temporary repose, but frenzied disequilibrium. His rage against sexuality and women, Stekel (1904) wrote, finally resulted in a "pathological illusion of grandeur" (p. 1031). Meanwhile, another physician, Eduard Hitschmann, sought to separate the psychological wheat from the moral chaff in Weininger's philosophy. In Hitschmann's view, Weininger's psychological method needed to be preserved from the philosopher's all-consuming redemptive mission. In his review of P. J. Möbius's pathography of Arthur Schopenhauer, Hitschmann (1905) stated that Otto Weininger's characterology, in contrast to psychopathography, constituted "a genuine and practical psychology," doing justice both to the personality of the individual and the demands of science: "psychology set out to become theoretical biography, whose task consisted in the research of constant laws of the mental development of the individual [*Individuum*], in the determination of types" (p. 317). What caused the collapse of this scientific project? Schopenhauer's division of the world into will and idea provided the key: "Hypersexuality with idealistic struggle, powerful instinctual drive at war with asceticism, longing for mental peace, clarity and intensive, undisturbed capacity for work, gradually led to the accumulation in him of hatred and contempt for—the essential female" (p. 317). Schopenhauer's own

life and work became dominated by the same striving after redemption and struggle to transform sensual urges into spiritual powers, the psychological phenomenon "characteristic in this 'Schopenhauer type'" (p. 318).

Viennese psychoanalysts differentiated their work from the endeavors of thinkers, past and present, who searched the psyche for a road to salvation. Psychologists, such as Weininger, who presumed to offer a route to personal redemption, opened dangerous moral paths. For Freud's disciples, to explore and make intelligible, not to transcend, inner conflict defined the true vocation of psychology.

## V

Although notoriety came quickly and overwhelmingly to Weininger, he never purposefully sought access to the public stage. Led by Karl Kraus, however, others from the camp of moral critics sought assiduously to expose to scrutiny the veins of corruption buried throughout society. If psychoanalysts defined themselves in opposition to seekers after redemption, such as Weininger, many of them saw in Kraus a potential brother-in-arms. Among Freud's most loyal adherents were those who had taken their moral criticism and intensity into a campaign against the corruption of culture. Like Kraus, they extended their offensive to an attack on the prevailing sexual ethic, and its social and psychological consequences. In this fight, one of their number, Fritz Wittels, formally joined forces with *Die Fackel*. Not only Wittels, but Sachs, Reik, and Graf started on the road to psychoanalysis, to use Wittels's description of his mentor Kraus, as "anticorruptionists." Although they soon parted ways with Kraus, they traveled furthest with him in the years before they joined the movement.

As a satirist and polemicist, Karl Kraus concentrated and channeled the moral fury of Viennese youth, giving it method and identifying its targets. His satire did not rely on exaggera-

tion or invention to expose its objects. Rather, he used his opponents' own words against them. In the cold light of Kraus's essays, the true intentions behind distended and contorted expressions of venal writers, politicians, and propagandists stood revealed. Throughout his lifetime Kraus tirelessly purged Viennese prose so as to restore words to their authentic meanings. As on the printed page, so too in drama and the arts. Kraus became the leader of what have been called the "last puritans," those critics "who rejected the use of art as a cultural cosmetic to screen the nature of reality" (Schorske, 1980, p. 363). A zealous muckraker and austere guardian of the word, Kraus sought above all else to preserve the sanctity and immediacy of language.

Like the anger of the psychoanalysts, Kraus's ire, especially his fury against the liberals, fed on a sense of betrayal. His rage and disenchantment toward both the careless journalism and political compromises of the liberal *Neue Freie Presse* produced some of the most deeply searing polemics of his early career. Kraus's bitterness, however, reflected disappointment and estrangement far less than it expressed complete absorption in the fight. Walter Benjamin (1931) summarized in but a few words the origins of Kraus's method: "Here we find confirmation that all the martial energies of this man are innate civic virtues; only in the *mêlée* did they take on their combative aspect. But already no one recognizes them any more; no one can grasp the necessity that compelled this great bourgeois character to become a comedian, this guardian of Goethian linguistic values a polemicist, or why this irreproachably honorable man went berserk. This, however, was bound to happen, since he thought fit to begin changing the world with his own class, in his own home, Vienna. And when, recognizing the futility of his enterprise, he abruptly broke it off, he placed the matter back in the hands of nature—this time destructive, not creative nature" (p. 271).

Kraus began his own moral odyssey with a condemnation of the withdrawal and introversion of the new bourgeois aesthetic

culture. His first pamphlet, *Literature Demolished*, attacked the Viennese literary representatives of "art for art's sake"—Hugo von Hofmannsthal, the young Arthur Schnitzler, and the artists, critics, and hangers-on of *Jung Wien*—for their moral detachment and psychological resignation. Their work, Kraus maintained, exalted the virtue of personality without understanding its ethical significance. Nor did it comprehend the individual's confrontation with the world. Naturalism had no influence among them: "'Secret nerves' the phrase now went; one set about observing 'mental states,' and wanted to flee the ordinary clarity of things" (Kraus, 1897, p. 278). Kraus's wrath focused on the "shallow impressionism" of their spokesman, Hermann Bahr, whose critical judgments contained "vague potshots" without "purposeful aggression" (p. 281).

With an aim not unlike Kraus's, Hanns Sachs (1910) published a translation of Rudyard Kipling's *Barrack-Room Ballads* to make available poetry which "refused to bow to the principle of 'art for art's sake'" (p. 1). From Kipling's work one learned that the foundation of the British empire came from criminals, youths dissatisfied with "cramped bourgeois life," and the poor, all outcasts who served the government, but were in turn abused by it. In *The Barrack-Room Ballads*, according to Sachs, "artistic form is only the expression of a striving for the factual" (p. 1).

Similarly, Theodor Reik's first publication, a study of his Viennese contemporary, the writer Richard Beer-Hofmann, warned against the introversion and amorality of Vienna's "culture of aesthetes." In subject matter, Beer-Hofmann's first stories centered on reflections and memories of the "favorite of the salon," "men of the world" without commitments or attachments. Like Arthur Schnitzler's Anatol, Beer-Hofmann's hero remained the "cool observer of his own ego" and "refined dissector of his own moods" (Reik, 1911, p. 3). In that early stage of his literary career, Beer-Hofmann "ran the risk that his fertile, but chaste inwardness would evaporate into the elegant, tasteful, 'merely beautiful'; that he would see art as a refuge for

persons unsuited for the confusing rush of life, as a place of asylum for psychological drifters" (pp. 18-19).<sup>13</sup>

From a similar moral starting-point the paths of Kraus and the psychoanalysts ultimately diverged sharply. Thus, Theodor Reik (1911) concluded that Beer-Hofmann had rescued himself by turning to psychology. Works such as *Miriams Schlaflied* depicted the survival through the generations of Jewish spiritual identity. In this way, Beer-Hofmann's introspection finally led to recognition of the silent bonds between individuals and generations. His inwardness thus produced "insight into the lawfulness [*Gesetzlichkeit*] of our life, the physical and spiritual" (p. 39).

Hanns Sachs's own "striving for the factual," his endeavor to see the psyche as one would, in Kraus's words, see the "ordinary clarity of things," ultimately led him away from the work of moral criticism. Literature guided Sachs in an unforeseen direction, ending at Freud's evening lectures at the University of Vienna. "The connecting link," wrote Sachs (1944), "was formed by my boundless admiration for Dostoevsky. I wanted to find, led by the hand of science, the secrets of the soul in their nakedness; I hoped to tread in broad daylight the obscure and labyrinthine paths of passion he had traced" (pp. 39-40).

To strip reality of all artifice, Karl Kraus, however, delved even further into the corruption of society. Although fighting his own battles, Kraus again found common ground with psychoanalysts. In his eyes, society revealed the depth of its cor-

<sup>13</sup> In the Social Democratic *Arbeiter Zeitung*, which he served as music editor, David Bach had expressed similar moral and aesthetic concerns with the ideology of "art for art's sake." In March 1909, he wrote that "the cry of those who already denounce the mere word 'morality' as reactionary Philistine attachment, as endangering free art, changes nothing. In truth, there is nothing that is more reactionary, also for that reason more dangerous to art, than this nothing-but aestheticism. Certainly, art has its own laws which only the artist, no one else, has the right to change or create anew. After all, the fundamental conditions of all art should not be set aside. Autonomy of art is the condition of its existence. Self-legislation (*Selbstgesetzlichkeit*) admits in the very word the compulsion of a law, and in that lies, as a simultaneous given, morality in the higher sense, through which autonomy, conversely, is originally guaranteed" (Bach, 1909, p. 1).



ruption and the insatiability of its appetite by simultaneously attacking moral freedom and natural drives. Thus, the moralist preached sexual freedom, for in the domain of sexuality, intervention by the authorities "always produced the most wicked antimorality" (Kraus, 1905, p. 19).

Crimes perpetrated in the courtroom, the arena in which society sought to complete its victory over individual freedom, became the targets of Kraus's anger and despair. In 1906, prosecution of the madam of a brothel, Regine Riehl, drew Kraus's fire, in part as an example of the diversion of moral scrutiny from issues of genuine public importance: "society despises [the prostitute] more deeply than the corrupt public functionary, than the most venal bureaucrat, and the journalist most easily bribed, rages against the prostitution of women as if it endangered the most important social interests, and considers the corruption of men a matter of individual ethics" (Kraus, 1906, p. 9). The Riehl case, however, demonstrated to Kraus more than the existence of a persistent confusion between civic concerns and matters of private morality. Interference by the state in sexual life opened sexual desire to criminal exploitation.

Although Riehl had been accused and finally convicted of the economic exploitation and physical mistreatment of her employees, her establishment, Kraus pointed out, had existed for years with the protection and patronage of the authorities. Riehl's trial unmasked a system of social control. Wardens existed for exploited segments of the population, in this case, prostitutes: "The usurious landlady of the bordello is an assistant to the authorities, an executive organ of morality." To keep watch, the state also appointed "guardians of morality," and a "moral police": judges, prosecutors, and magistrates (p. 10). The procuress occupied the anomalous and dangerous position of go-between for members of society and the state. At any time, the state could choose to make an example of her. The abused and alienated had no recourse to justice. In reality, social mores were the rules with which society kept a banished population confined: "The invaluable possession of humanity in graciousness

and elementary naturalness is outlawed. Around it, a barbed wire fence; behind this begins the order of society. From the latter, when it becomes dark, hordes of scornful men scurry into the unholy district. For those, however, who live within, no path leads into the order of society. Often the blood of those who cannot feel pride in being ostracized sticks to the barbed wire. But always those from the order of society spring across; they have contempt for those expelled by day, because these must submit to their love at night. So those on the other side have for centuries preserved a heroic passivity toward the order of society, which daily devises new, malicious sport against them" (p. 25). Morality and sexuality fell prey to the same corrupt forces.

*Die Fackel's* cause won over young Viennese writers who shared Kraus's fire and indignation. Victor Tausk explained to his fellow psychoanalysts that Kraus's "greatest merit" lay in his struggle against the "vulgarization of thinking and feeling" (Nunberg and Federn, 1967, p. 388). From 1907 to 1909 Fritz Wittels contributed to *Die Fackel* a series of articles arguing for the legalization of abortion, open treatment of venereal disease, enlightened sexual education, and unrestricted sexual freedom for married and unmarried alike. Through association with *Die Fackel* and his membership in the Vienna Psychoanalytic Society, Wittels intended to be the first to unite the work of Kraus and Freud. In the introduction to the publication of his essays in book form, Wittels (1909) explained that sexual misery created by the "artificial quieting of passion" constituted the invisible suffering of "bourgeois society." Psychoanalysis confronted sexual suppression with "individual struggle." Nevertheless, Freud's teaching confirmed Kraus's indictment of society and had to be brought before the public: Freud "must put up with others carrying into life the truths he discovered. Men must live out their sexuality, otherwise they become cripples. One will surely not suppress this blessed truth out of the consideration that it is unpopular. Freud has pointed out new paths to psychology. Perhaps it belongs to the better part of virtue to travel early these newly opened paths" (pp. ix-xiii).

Kraus's recent biographer, Edward Timms (1986), has shown that Wittels departed from the views of both Kraus and Freud on this point (pp. 99-100). For Kraus, the naturalness of sexuality stood in stark contrast to the public's—and Wittels's—unholy hunger for sensationalism. Kraus (1908) wrote, "Whoever places on the title page of a book this motto: 'Men must live out their sexuality, otherwise they become cripples' is an honest fellow who is serious about sexual enlightenment and for whom nothing is more important than sexuality, with the possible exception of success" (p. 20). Similarly, as Wittels expected, Freud took exception to his follower's advocacy of unlimited sexual license. At a meeting of the Vienna Society devoted to Wittels's proposals, Freud explained that the book "stems from two different sources—from, so to say, a paternal and a maternal source. The first one, represented by the *Fackel*, goes part of the way with us in its assertion that suppression of sexuality is the root of all evil. But we go further, and say: we liberate sexuality through our treatment, but not in order that man may from now on be dominated by sexuality, but in order to make a suppression possible—a rejection of the instincts under the guidance of a higher agency. The *Fackel* stands for 'living out' one's instinctual desires to the point of satiating them [*ausleben*]; we distinguish, however, between a pathological process of repression and one that is to be regarded as normal" (Nunberg and Federn, 1967, p. 89).

Freud later informed Wittels and the society that his own "personal relation to Kraus was such that, even before Wittels became one of our collaborators, he had the idea that the cause [of psychoanalysis] could obtain an effective helper in Kraus" (p. 391). In October 1904, at the time when Freud actively began to seek recruits from outside the medical profession, he initiated communication with Kraus. After an occasional exchange of letters and information stretching over two years, Kraus sent Freud a copy of "The Riehl Trial." Freud took the opportunity to raise the possibility of the two joining forces. In a letter dated November 11, 1906, he wrote, "My heartfelt thanks for the

reprint. I have, of course, read the 'Riehl' case in the *Fackel*. Some of it is indescribably beautiful. Once again, people will praise you for your style and admire you for your wit; but they will not be ashamed of themselves which is what you really try to achieve. For this, they are too numerous and too secure in their solidarity. The few of us should therefore stick together" (letter translated by Szasz, 1976, pp. 21-22). The project for an alliance, however, came into the world of Viennese cultural life stillborn. In ethics and science, unity between Freud and Kraus had been temporarily forced upon them by their common antagonists.<sup>14</sup>

## VI

The process of education within the Vienna Psychoanalytic Society can be interpreted in part as an endeavor to transform awareness gained from moral indignation into scientific consciousness. As Freud wrote to Carl Jung, with reference to prospective allies in Switzerland, he hoped "to be able to draw the moralists to  $\Psi A$  rather than let the  $\Psi$ -analysts be turned into moralists" (McGuire, 1974, p. 295). Although the alliance between Freud and Kraus never transpired, Freud continued in these first years of the Vienna Society's existence to search for recruits among cultural critics. When Max Graf joined the society in 1905 Freud pressed him to bring to the cause his associates from the literary professions (Graf, 1942, p. 470). Graf himself embodied the critic-turned-psychologist that Freud valued so greatly among his followers. His personal odyssey epitomized the moral journey of the early disciples of Viennese psychoanalysis.

Psychology completed Graf's journey through the Wagnerian subculture of his Viennese youth. Renouncing the quest for

<sup>14</sup> For an excellent exploration of the Freud-Kraus correspondence in its context, of the personal break between Kraus and Freud, and of the later conflicts between *Die Fackel* and Freud's followers, see Timms (1986, pp. 64-67, 94-114).

prophetic powers or personal salvation so ardently pursued by Viennese Wagnerians, Graf turned to psychological investigation. Wagner no longer appeared to him as a visionary or private messiah, but rather as a historical and psychological problem. The historical problem consisted in the composer's attempt to assume the role of prophet and restore the supposedly lost connection between art and society. The psychological problem lay in the internal conflicts which produced Wagner's need for personal redemption.

In the 1870's, Wagner's aim to regenerate German cultural life with a new art found enthusiastic followers among university students in Vienna. Disappointed with the inadequacy of liberalism's political reforms and dissatisfied with its rationalist view of man, they looked forward to a society in which the populace would enjoy full political participation, economic equality, and social unity. Bonds of community would draw sustenance from the emotions, which art would bring to the center of social life. Their movement was short-lived. After leaving the university, those students genuinely committed to the rights of humanity helped found Austrian Social Democracy. Malcontents descended with Wagner into right-wing German nationalism and anti-Semitism.<sup>15</sup>

Graf (1900) described this first generation's "idealism" as the source of a distorted picture of the composer: "According to their own images, the fighters of German battles sketched the image of Wagner: the image of the German epic poet, the herald of heroic emotions, the master of every strong and triumphant art" (p. 7). The culturally regenerative force within Wagner's art proved artificial: "[His] artwork did not, like Greek tragedy, stand at the beginning of an age, a civilization, a people, but at the end, as a grandiose *résumé*. . . . [It] rests on the fragments of an old culture and attempts to resolve its highest conscious forces once more into unconscious ones" (pp. 21-22).

<sup>15</sup> McGrath (1974) has pointed out the influence of Wagnerianism on David Bach's desire to create a bridge between high culture and the working class (pp. 217-218).

The university generation of the 1890's, Graf's cohort, lost interest in the composer's vision of cultural transformation. Instead, they adopted the message of personal salvation proclaimed in *Parsifal*: "No music in the world spoke so to our passions, our longing, our torments. . . . Thus we saw in Wagner not, like that old generation, the bard of heroic emotions, but the great musical sorcerer of all wounds and mental suffering" (p. 8). The new Romantics, like the first Wagnerians, clung to a belief in the power of art to transcend conflict, whether that conflict be societal or psychic.

According to Graf, psychology finally dissolved Wagnerian illusions. The science of the mind uncovered the meaning of art in the inner foundations of creativity (p. 5).<sup>16</sup> Subjected to psychological analysis, artworks revealed their creator's "psychic type." In the case of Wagner, musical creation expressed longing for release from inner struggle. The source of his creativity from the conception of *The Flying Dutchman* to the completion of *Parsifal* came from his ceaseless effort to escape the psychological conflict between forces of sensuality, power, and health, and those of denial, disgust, and sickness. In *Parsifal*, Wagner finally embraced the Schopenhauerian prescription for inner freedom: extinguishing desire.

Behind Graf's analysis of Wagner, art, and psychology stood the figure of Friedrich Nietzsche. In *The Birth of Tragedy*, the young Nietzsche (1872) exalted Wagner's aim to regenerate society through art and to revive the force of instinct within music. Wagner's Viennese followers, however, observed the philosopher's estrangement from the composer and his renunciation of Wagnerian idealism. Graf, together with other Viennese of his generation, incorporated Nietzsche's new teachings: "A great guide, our instructor in the battles of spiritual life plunged with

<sup>16</sup> While a student at the University of Vienna, Graf had supported the rebellion of *Jung Wien*. He now rejected it: "The old criticism was rigid, dogmatic, narrow-minded; the new flexible, without convictions, indulgent. . . . It made no value judgments, that was its chief weapon" (1900, p. 10).

violent force into the chasm of eternal night. Honor to the memory of Friedrich Nietzsche!" (Graf, 1900, p. 6).

Nietzsche, according to Graf, had suffered internal struggles similar to those of Wagner. *The Birth of Tragedy* presented Greek tragic drama as the constructive interplay of forces furiously battling each other within the philosopher: "Dionysus is the moving principle—the struggle, the tumult of instincts, the swirl of passion; Apollo gives order and binds. . . . A passionate, Dionysian underworld, over which the eyes of Apollo look out with blessed clarity: so the image of the Greek world appeared to him, a grand likeness of his inner being" (p. 78). Aeschylus, the "Dionysian dramatist," gave voice to the philosopher's suffering. To the young Nietzsche, Wagner seemed to be the tragic poet's modern incarnation. As his inner conflict became more severe, however, Nietzsche's view of the world, and of the composer, became more trenchant. Bayreuth did not sublimate unconscious desire, but served up stimulants and dangerous illusions. In the end, Nietzsche renounced completely the goal of cultural transformation: "He had seen the world as a Dionysian Romantic: now it appeared disenchanted to him, the fantastic cloud appeared to tear and with hard, clear vision he saw the forces which moved the world at work" (pp. 83-84).

"The degree of introspection achieved by Nietzsche had never been achieved by anyone, nor is it likely ever to be reached again. What disturbs us is that Nietzsche transformed 'is' into 'ought,' which is alien to science. In this he has remained, after all, the moralist." With this comment, Freud not only distinguished the ideas of Nietzsche from those of psychoanalysis. He also reminded his followers of the radical step they had taken by joining the Vienna Society, and the inner vigilance required to protect the intellectual independence of the movement. Those who stayed the course permanently left their earlier, sacred vocation for a scientific one. Moral righteousness and protest marked these psychoanalysts' initial break with their society and their past, while their commitment to the movement marked the second, and decisive one.

The first Viennese recruits to psychoanalysis undertook a journey of a great distance, during which they discarded their moral absolutism for a framework with which to interpret scientifically the dualism of the psyche. Yet, awareness of the dynamics between repression and desire, and of the duality of ego and id, never constituted a matter of science alone. With the unique exception of Karl Kraus, Viennese moralists sought desperately to discount this psychic dualism, either by exalting the dictates of conscience or by glorifying the demands of instinct. Nietzsche became for them a cipher in which they read either message as the spirit moved them. Within the psychoanalytic movement, however, Freud slowly brought his recruits not only to intellectual understanding, but inward acceptance of the ineradicable dualism of the human soul. In the process, their moral perception and scientific awareness became imbued ever more deeply with tragic consciousness. Thus, those psychoanalysts who finally completed their journey followed a path leading not only to the discoveries of *The Interpretation of Dreams*, but to the final conceptualization, in *Civilization and Its Discontents*, of the eternal struggle between Eros and death.

It was, perhaps, ironic that conscience originally led these individuals to the movement. Yet, righteous anger certainly provided impetus and confidence to support Freud's intellectual revolution. Nor can one overlook the importance of their fervent sense of commitment. Even the schisms which consistently plagued the movement in Vienna reflected the uncompromising character of its members. More significantly, however, the movement in its turn utilized and affirmed their sense of calling, giving it new content and direction. Among the members of the Vienna Society, moral intensity preserved itself in the dedication of their lives to the movement. For the Viennese, psychoanalysis meant "the cause," an odyssey which became a life's work.

A Viennese journey: dissatisfied youths became moralists, moralists became psychoanalysts. Thus, the movement in Vienna came into being as a transformation of its opposite.



## REFERENCES

- BACH, D. (1909). Review of *Elektra* by Richard Strauss. *Arbeiter Zeitung*, March 26.
- BECKER, P. L. (1966). Eduard Hitschmann, 1871-1957. Psychoanalysis of great men. In *Psychoanalytic Pioneers*, ed. F. Alexander, S. Eisenstein & M. Grotjahn. New York: Basic Books, 1966, pp. 160-168.
- BENJAMIN, W. (1931). Karl Kraus. In *Reflections*, ed. P. Demetz. Translated by E. Jephcott. New York: Harcourt, Brace, Jovanovich, 1978, pp. 239-273.
- BOTTOME, P. (1939). *Alfred Adler: A Biography*. New York: Putnam's.
- BROCH, H. (1975). *Hugo von Hofmannsthal and His Time: The European Imagination, 1860-1920*, ed. & tr. M. P. Steinberg. Chicago: Univ. of Chicago, 1984.
- Central-Organ des Vereines für Verwertung Geistiger Arbeit*. (1868). Vienna.
- FEDERN, E., URBACH, A., MENG, H. & WEISS, E. (1972). Thirty-five years with Freud: In honour of the hundredth anniversary of Paul Federn, M.D. *J. Hist. Behav. Sci.*, 8:3-55.
- FREUD, S. (1901). The psychopathology of everyday life. *S.E.*, 6.
- GRAF, M. (1900). *Wagner-Probleme und andere Studien*. Vienna: Wiener Verlag.
- (1942). Reminiscences of Professor Sigmund Freud. *Psychoanal. Q.*, 11:465-476.
- (1945). *Legend of a Musical City*. New York: Philosophical Library.
- (1946). *Composer and Critic*. New York: Norton.
- HITSCHMANN, E. (1905). Review of *Schopenhauer* by P. J. Möbius. *Wiener klinische Rundschau*, XIX, 18, pp. 317-318.
- KLEIN, D. (1981). *Jewish Origins of the Psychoanalytic Movement*. New York: Praeger.
- KOTLAN-WERNER, H. (1978). *Kunst und Volk: David Josef Bach, 1874-1947*. Vienna: Materialien zur Arbeiter Bewegung.
- KRAUS, K. (1897). Die demolirte Literatur. In *Frühe Schriften, 1892-1900, Vol. II*, ed. J. Braakenburg. Munich: Kosel Verlag, 1979, pp. 277-297.
- (1905). Die Kinderfreunde. *Die Fackel*, VII, 187, November 8.
- (1906). Der Prozess Riehl. *Die Fackel*, VIII, 211, November 13.
- (1908). Aphorism which appeared in *Die Fackel*, X, 266, November 30.
- LIEBERMAN, E. J. (1985). *Acts of Will. The Life and Work of Otto Rank*. New York: Free Press.
- Matrikel*, Universitätsarchiv, Universität Wien.
- MAYER, E. (1953). 400 Jahre Akademisches Gymnasium. In *Festschrift: 400 Jahre Akademisches Gymnasium*. Vienna: Bondi & Sohn.
- MC GRATH, W. (1974). *Dionysian Art and Populist Politics in Austria*. New Haven: Yale Univ. Press.
- MC GUIRE, W., Editor (1974). *The Freud/Jung Letters. The Correspondence between Sigmund Freud and C. G. Jung*. Translated by R. Manheim & R. F. C. Hull. Princeton: Princeton Univ. Press.
- NIETZSCHE, F. (1872). *The Birth of Tragedy*. Translated by W. Kaufmann. New York: Vintage Books, 1967.
- NUNBERG, H. & FEDERN, E., Editors (1962). *Minutes of the Vienna Psychoanalytic Society, Vol. 1: 1906-1908*. New York: Int. Univ. Press.

- (1967). *Minutes of the Vienna Psychoanalytic Society, Vol. 2: 1908-1910*. New York: Int. Univ. Press.
- RANK, O. (1904). *Tagebücher II*, Box 1a, Otto Rank Collection, Rare Book and Manuscript Library, Columbia University.
- (1907). *Der Künstler. Ansätze zu einer Sexualpsychologie*. Vienna: Heller.
- REIK, T. (1911). *Richard Beer-Hofmann*. Leipzig: Sphinx Verlag.
- (1949). *Fragment of a Great Confession. A Psychoanalytic Autobiography*. New York: Farrar, Straus.
- REITLER, M. A. (1879). *Die Personaleinrichtungen der Eisenbahn vom Standpunkte des Denkers und Menschenfreundes. Studien u. Vorschläge*. Vienna: Waldheim.
- Rigorosenprotokollen*, Universitätsarchiv, Universitäts Wien.
- ROAZEN, P. (1969). *Brother Animal: The Story of Freud and Tausk*. New York: Knopf.
- ROSE, L. (1986). *The Psychoanalytic Movement in Vienna: Toward a Science of Culture*. Ph.D. Dissertation, Princeton Univ. Unpublished.
- SACHS, H., Editor and Translator (1910). *Soldaten-Lieder und andere Gedichte, von Rudyard Kipling*. Leipzig: Zeitler.
- (1944). *Freud: Master and Friend*. Cambridge: Harvard Univ. Press.
- SCHORSKE, C. (1980). *Fin-de-Siècle Vienna: Politics and Culture*. New York: Knopf.
- STEKEL, W. (1904). Der Fall Otto Weininger. *Die Wage*, 44, October 29, pp. 1004-1009; and 45, November 5, pp. 1031-1034.
- (1950). *The Autobiography of Wilhelm Stekel*, ed. E. A. Gutheil. New York: Liveright.
- SZASZ, T. (1976). *Karl Kraus and the Soul-Doctors*. Baton Rouge: Louisiana State Univ.
- TIMMS, E. (1986). *Karl Kraus, Apocalyptic Satirist. Culture and Catastrophe in Habsburg Vienna*. New Haven, Yale Univ. Press.
- WEININGER, O. (1903). *Sex and Character*. London: Heinemann, 1906.
- WINTERSTEIN, A. VON (1909). Der Stundenzeiger. *Die Fackel*, XI, 285-286, July 27.
- WITTELS, F. (1904). *Der Tauffjude*. Vienna: Breitenstein.
- (1909). *Die Sexuelle Not*. Vienna: Stern.

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## Other Times, Other Realities. Toward a Theory of Psychoanalytic Treatment. By Arnold H. Modell. Cambridge, MA/London: Harvard University Press, 1990. 180 pp.

James Morris

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## BOOK REVIEWS

OTHER TIMES, OTHER REALITIES. TOWARD A THEORY OF PSYCHOANALYTIC TREATMENT. By Arnold H. Modell. Cambridge, MA/London: Harvard University Press, 1990. 180 pp.

Modell has now assembled the most comprehensive view yet of his way of conceptualizing psychopathology, psychoanalytic technique, and the goals of psychoanalysis from an object relations perspective. His writings over the past thirty years have ranged from the theoretical examination of metapsychological concepts to the clinical theory derived from the practice of psychoanalysis. Well known for his conceptualization of "the holding environment" of the psychoanalytic situation and his description of "pseudo self-sufficiency" as a narcissistic defense against affects, he has tended in his works to focus more on the primitive end of the spectrum of patients seeking analysis than on the more "classically neurotic" end.

Modell has attempted to differentiate his views from those of other theorists and clinicians. He has made it clear, in previous works as well as in this one, that he is not in the camp of "classical" theory (and its primary emphasis on internalized structural conflict to the neglect of object relationships and the two-person nature of the psychoanalytic situation). He has also made it clear that he is not in the camp of self psychology with its primary emphasis on developmental "deficit" and the need for corrective emotional experience in the two-person psychoanalytic situation (to the neglect of internalized conflict and the role of transference interpretation). Rather, Modell wishes to encompass the strengths and to avoid the deficiencies of both of these competing theories by focusing on internalized object relations and their conflicts as re-experienced in the psychoanalytic situation, where both the relationship to the analyst and the use of transference interpretations regarding conflict have complementary and/or synergistic roles.

Modell begins this work with a historical review of Freud's limited consideration of the theory of treatment and of the role of the analyst as object in the psychoanalytic situation. He cites Freud's overemphasis on the mutative effects of "correct" interpretation of content and underemphasis on the meaning of the therapeutic

relationship as process: "We now view the analytic setting and the analytic relationship as a major element in the curative process, yet Freud believed that the psychoanalytic relationship was not part of psychoanalytic technique" (p. 1).

Modell goes on to consider the preoedipal and narcissistic disorders and the transference phenomena in such cases, which are radically different from the transference configurations seen in more "classical" neurotic cases. He questions the utility of the term "transference neurosis" in such situations, and raises questions about how to conceptualize the mechanism of the action of psychoanalysis with such patients, who manifest such significant difficulty in their object ties. With his view of the analytic situation as a "holding environment" in Winnicott's sense of the term, he concludes, "It is the psychoanalytic setting itself that is the foundation upon which everything else rests" (p. 2).

In his consideration of the mode of therapeutic action of psychoanalysis, Modell focuses on the psychoanalytic situation as the "frame" within which the patient relives "affect categories" of repressed traumatic experiences and conflicted object relationships, repeatedly attempting, through "symbolic actualization" in the relationship, to find confirmation of previous experience and conclusions. In an effort to clarify this phenomenon previously described by Freud as the "repetition compulsion," Modell rejects the concept of a death instinct as the motive for repetition, and instead focuses on contemporary research in the neurobiology of memory and perception.

Beginning with a reconsideration of Freud's use of the term *Nachträglichkeit* used to convey the idea that "memory is retranscribed as a result of subsequent experience," not stored as a veridical memory trace, Modell develops what he calls a "psychology of subsequentality, a psychology of cyclic rather than linear time" (p. 2). With such a fresh approach, Modell then reconsiders the nature of transference and repetition, organized not by content per se, but by the "affect categories" that serve to organize inner experience and memory. In such a conceptualization, "the ego is a structure engaged in the processing and reorganizing of time" (p. 4), seeking in each interpersonal interaction, especially in the transference, a similarity to the internal affective organization of past experiences and relationships. He states, "Past experiences are not recorded in

the brain in a fashion that is isomorphic with those events; rather, what is stored is the potential to activate *categories* of experience" (p. 3). At a different point, he states, "The compulsion to repeat represents a compulsion to seek a perceptual identity between present and past objects" (p. 63).

Modell proposes that in the psychoanalytic situation, such categories of affective experience are manifested in transference reactions, along with the patient's current reactions to the reality of the experience with the analyst—the simultaneous occurrence of different levels of reality in the interaction. He uses Winnicott's ideas of the function of play to conceptualize the therapeutic task; the analyst is constantly attentive to helping the analysand examine his or her experience in the safety of the analytic setting—to learn to be safe and to be alone in the presence of the other—and he does not rely on the concept of "regression" to account for therapeutic action. He states: "Play is contained within a frame that holds an illusory space that is separate from that of ordinary life. I have also found it clarifying to think of the difference between the psychoanalytic relationship and relationships in ordinary life as the difference between two levels of reality. Within this frame there occur certain enactments that I prefer to call *symbolic* actualizations; I present this as an alternative to the explanation that the therapeutic action of psychoanalysis entails a regression" (p. 4).

Touching on the question of whose reality is thus defined by intervention, Modell states: "The truth of the analyst's interpretation must be supplemented by a reliving within the transference, a reliving that confirms the specific content of the interpretation. The reality of the analyst's interpretation must ultimately be replaced by the patient's reality" (pp. 21-22). As such, "the past cannot be reconstructed arbitrarily because it is rooted in ineradicable affective experiences" (p. 86).

The majority of the clinical situations used to illustrate these concepts come from work with more disturbed patients, for whom "the psychoanalytic setting itself becomes the central focus of the treatment." Modell introduces new terminology to clarify his technical approach in dealing with two forms of transference, the "dependent/containing transference," corresponding to the "holding environment," and the "iconic/projective transference," corresponding to the more familiar concept of the transference neurosis.



He indicates that symbolic actualizations of developmental conflicts are continuously present in the dependent/containing transference, and that the re-creation and externalization of specific imagos and internalized objects and conflicted object relationships occur episodically in the iconic/projective transference.

In an attempt to integrate object relations theory and classical theory, Modell describes the necessity for the analyst to stabilize the treatment alliance by correctly understanding and interpreting the nature of the transference relationship, neither overemphasizing nor underemphasizing the contribution from each category of transference. In order to accomplish this task, the analyst must make constructive use of the countertransference to help the patient retranscribe archaic modes of perception/reaction in light of the new object tie to the analyst. While Modell makes it clear that such work involves, in part, a "corrective emotional experience" for the patient, he states: "This process moves in the opposite direction from Alexander's corrective emotional experience; it is the patient who introduces the corrective emotional experiences in order to incorporate the therapist's response" (p. 74). In such a situation, "archaic affect categories are recontextualized through the action of the analyst as a current and real object" (p. 90), and he adds, "The retranscription by means of transference interpretation is analogous to the work of mourning in that the effect is cumulative, the result of innumerable small steps" (p. 91).

Modell concludes his discussion with a reconsideration of the therapeutic action of psychoanalysis, the combined effects of interpretations of internalized conflicts, and interpreted re-experiences and new experiences in the object tie to the analyst. In this overview, he considers the various ways in which the analysand uses the analyst and the analytic setting in terms of different modes of relatedness which reflect the patient's developmental conflicts. He rejects the false dichotomy of the drive-conflict model versus the developmental-arrest model, and argues persuasively for a combined conceptualization of a "relational-conflict model which places emphasis on the internal representation of the object, rather than upon the (external) object itself" (p. 140).

Although this book is brief, its concepts are clearly defined and well organized, and Modell's conclusions follow naturally from his carefully delineated arguments and revealing clinical vignettes.

While not proposing to offer final answers to complex theoretical and clinical problems and issues, Modell does offer a cogent, well-reasoned framework for further investigation and inquiry. He avoids a polemical or contentious approach to the issues that fuel the debate of contemporary competing theories and schools, and demonstrates a possible integration of concepts in the continuing evolution—not revolution—of psychoanalytic thought. While this book might be of most help in broadening the perspective of practicing analysts with tunnel vision for one or the other of the current competing schools of psychoanalytic theory, those stuck in their adversarial theories are not likely to be open to an integrative approach. However, this book should be read by open-minded psychoanalytic candidates and practicing psychoanalysts—not just academicians and theoreticians who seek greater understanding of how to conceptualize and work effectively with the more disturbed patients for whom the meaning and function of the relationship to the analyst and the psychoanalytic setting cannot be taken for granted. In summary, this book, by a seasoned clinician and erudite thinker, is well worth rereading and contemplating.

JAMES MORRIS (LA JOLLA, CA)

INTRODUCCIÓN A LA TEORÍA PSICOANALÍTICA. (Introduction to Psychoanalytic Theory.) Edited by Dr. León Grinberg. Madrid: Tecnipublicaciones, S.A., 1989. 269 pp.

As edited by León Grinberg, this collection of essays, derived from the 1987-1988 conferences of the course in psychoanalysis at the Madrid Ateneo, is a sophisticated, delightful, unusually profound introduction to psychoanalytic theory, history, and thinking.

The Madrid Ateneo, a prestigious cultural organization that was once a forum for the biologist Ramón y Cajal, the philosophers Ortega y Gasset and Unamuno, has seen a sort of Renaissance in the years since the death of Franco. It is in the spirit of that Renaissance that the Ateneo offered Grinberg the opportunity to organize the conferences, which were given by members of the IPA, mostly from the Madrid Psychoanalytical Association. (Since then, the Ateneo has taken the unusual step of providing a permanent Chair in Psychoanalysis, whose first occupant is also León Grinberg.)

The range of focus of these essays is ample. The purely psychoanalytic ones cover the basics of psychoanalytic theory: not only Freud's essential original contributions, but also the crucial modifications of those concepts up to the present; thus the lecturers at these conferences, whose lectures have been turned into chapters, have also included in their work the contributions of Anna Freud, Melanie Klein, and Bion, as well as Lacan, Anzieu, and Aulagnier. The topics include: Metapsychology of the Unconscious, Dream Theory and Interpretation, Dynamics of Transference, The Structure of the Psychic Apparatus, Theories of Narcissism, Theories of Anxiety, Psychopathology of Everyday Life, Psychoanalytic Perspectives on Psychoses, and Psychoanalytic Approach to Psychosomatic Illnesses. Several essays concern topics in applied psychoanalysis: "Freud's Vienna," "The Influence of Cervantes on Freud," "Obstacles to the Acquisition of Knowledge," and "Group Psychology: The Group and the Leader."

The level of the book is that of a highly sophisticated introduction; its audience is presumed to be at least familiar with basic psychoanalytic principles and concepts and the rudiments of theory. In a sense the book invites comparison to the so-called elementary textbooks, such as the one by Brenner. It can appeal to the more experienced analyst as teacher, since to their didactic clarity the authors add thoughtful questions about unresolved issues in the field.

One of the most appealing aspects of the book is the way it is organized: its authors have presumed the eclecticism of the audience. For instance, Bion's ideas are particularly highlighted in Isabel Luzuriaga's chapter, "The Acquisition of Knowledge," as well as in Luis Crespo's chapter, "On the Influence of Psychoanalysis on Psychiatry," while Lacan's concepts receive considerable attention in Carlos Sopena's chapter, "Metapsychology of the Unconscious." As presented in these lectures, the ideas of either Bion or Lacan, despite their near revolutionary potential, are conveyed with naturalness. This is probably due to the profoundly philosophical and epistemological view of psychoanalysis that one detects in all the work of Grinberg in particular, but which undoubtedly some of the other contributors share. The book is not intended to make converts to one or another school, but to stir up curiosity and interest,

to challenge without offending, sometimes to evoke mild controversy.

Each chapter has its own separate bibliography. Though there is a relative paucity of North American names, those names add to the authors' impressive erudition: from Benedek's 1942 paper on the female sexual cycle to Cooper's 1986 paper on narcissism and Spruiell's 1988 paper on crowd psychology and ideology.

The structure of the book follows a psychoanalytic line of increasing complexity, interspersing the purely psychoanalytic essays with those on applied psychoanalysis.

The first article, "The Origins of Psychoanalysis," is the lecture by Horacio Etchegoyen that opened the series. With remarkable ease, Etchegoyen seems to almost reminisce, in the way a fond biographer would, about what shaped the development of the thinking of that first great teacher from Vienna. Etchegoyen traces Bernheim's influence on Freud, as well as Breuer's contribution. He highlights the significance of the case of Elisabeth von R for the crystallization of Freud's ideas on the psychoanalytic method. He sums up Freud's major contributions to the scientific knowledge of our century. In the process he elegantly defines transference as "that strange necessity to relive as present the most significant facts of our remote and forgotten past" (p. 21). It is interesting that this is the only chapter without a bibliography. Its author might modestly say that it does not merit one. Indeed, the graceful tone of this introduction suggests a narration by an eyewitness, disclosures by a friend. It is an overview by a senior, masterful teacher of our difficult discipline, of how it all began in the mind of its founder.

The book's next chapter, by Grinberg himself, follows naturally on Etchegoyen's lecture. It attempts to trace the influence of Cervantes on Freud. Grinberg lovingly traces Freud's ideas in the context of his interest in Spanish, and of his possibly identifying both with Cervantes and with Quixote, particularly in the story, "The Dogs' Colloquy."

José Rallo's "Dreams in Psychoanalysis" is a devout reappraisal of Freud's book on dreams. It traces with meticulous erudition the way in which one can discern, in the dream book, the seeds of later major works, such as *The Psychopathology of Everyday Life*, the *Three Essays, Jokes and Their Relation to the Unconscious*, and the cases of

Dora, the Rat Man, and the Wolf Man. Rallo expertly discusses the two major currents that have evolved in theory and technique regarding the importance of dreams. One sees them as just another compromise formation. This is the approach of some proponents of the ego psychology school. Another offers a re-evaluation of the special place of dreams in clinical practice and research.

Rallo also discusses the communicative value of dreams, ranging from the Talmudic prescription that "every dream that is not interpreted is an unopened letter" to Ferenczi's observation that the dream is told to the person who is latently involved in it. Here Rallo devotes considerable attention to the thinking of Bion and Meltzer as well as Grinberg. Bion's ideas on "reverie" serve as the basis for Grinberg's ideas on the development of the capacity to dream: what, with his co-authors, Grinberg called "the apparatus for dreaming dreams," in analogy to Bion's "apparatus for thinking thoughts." Particularly for Meltzer, "the process of dreaming is the basis not only of our vision of the world, and therefore of our moods, but each dream is also an attempt to resolve a conflict which is primarily a theme of the internal world and secondarily has implications in external behavior" (p. 58). Rallo refers to a long-term study, in which he is the principal researcher, on the dream of the night preceding the first consultation. With his co-workers, Rallo has been studying the way in which these dreams help toward obtaining a clinical psychoanalytic diagnosis involving personality, "basic anxieties" (according to the Kleinian model), recent and past emotional conflict, the transference potential, the prognosis, and the likely therapeutic path. Rallo finds support for his own view on the importance of dreams in Freud's preface to the second edition of the book on dreams.

Mercedes Valcarce's extraordinarily compact chapter, "Childhood Sexuality," not only captures the essentials of Freud's concepts but also covers Susan Isaacs's ideas about the structuring of unconscious fantasy around the vicissitudes of the drives. Valcarce integrates Erikson's stages with Freud's, describes the different pathways of development for the boy and for the girl, and expands classical theory on the oedipus complex and triangulation. She examines its role in object relations development. There is a brief survey of Bion's ideas on the essential role of the oedipus complex

in the acquisition of knowledge, via the child's exploration of its relation to the parental couple.

The topic of knowledge is admirably treated in Isabel Luzuriaga's rich, highly erudite, literary chapter, "Obstacles to the Acquisition of Knowledge." Luzuriaga traces the human conflict over truth and knowledge, from the Book of Genesis through Sophocles' *Oedipus Rex* to Shakespeare's *Hamlet* and finally to Freud. She believes that all of Freud's works and all of psychoanalysis ultimately deal with the subject of the human search for knowledge. Luzuriaga, referring to Bion's paper, "On Arrogance," makes an appeal for psychoanalytic humility, stating that there is a price for knowledge and that there are limits to the (modest) changes that psychoanalysis can effect. This is one of the most impressive chapters in the book. She provides a sensitive vignette from the analysis of an eleven-year-old girl who was referred by her school with the initial diagnosis of mental retardation. Eventually, her IQ went up from 80 to 110. There also is a fascinating, revealing description of the treatment of a three-year-old boy who was brought to her because of a language delay. In each case Luzuriaga convincingly traces the connection of the symptom to a specific conflict and demonstrates how therapeutic change was achieved.

Some of the most unusual features of the book reside in the variety of the subjects it covers under the modest label of "Introduction." Foci as diverse as the "Influence of Psychoanalysis on Psychiatry" or the "Psychoanalytic Approach to Psychosomatic Medicine" coexist with chapters on "Freud's Vienna" and "Freud's Two Theories of the Psychic Apparatus" and the chapter on knowledge. The North American reader, impressed with the scope of the book, becomes aware of the existence of an exciting intellectual circle in another part of the world. This is an attractive group of analysts who are ambitious and whose erudition is impressive.

IRENE CAIRO CHIARANDINI (NEW YORK)

FREUD, DORA AND VIENNA 1900. By Hannah S. Decker. New York: The Free Press, 1991. 299 pp.

Hannah Decker is the ideal person to produce an interdisciplinary book on Freud's patient Dora. An Associate Professor of History at

the University of Houston and a teacher in the Department of Psychiatry at Baylor College of Medicine, she is extremely knowledgeable about the psychoanalytic literature and is an expert on the historical and political forces at work during, before, and after Freud's and Dora's lifetimes. *Freud, Dora and Vienna 1900* contains much that will fascinate psychoanalysts.

The author's extensive research has allowed her to identify Dora, her family (originally reported by Arnold Rogow), and Herr K, in addition to the locations where the drama took place. She fills out the case history by describing the types of treatment Dora underwent before she saw Freud, and she provides a follow-up of the case from the time Dora stopped seeing Freud until her death in New York City in 1945. Decker explores Freud's emotional reactions to his patient from multiple perspectives—his personal blind spots and conflicts, as well as historically determined attitudes and influences. She examines the case itself and suggests personal historical and familial dynamics that Freud did not fully investigate, or even ignored. Decker considers types of treatment that Dora might have entered. She applies a feminist critique to Freud's thinking and to earlier psychoanalysts' attitudes that, even though they now may be altered and corrected, is devastating to the psychoanalytic reader. She acknowledges Freud's pioneering insights which, although incomplete and at times incorrect, comprise giant steps forward in the understanding of people. Many psychoanalysts will not agree with and will not be pleased by many of Decker's statements and attitudes. But they will appreciate her efforts, her probing, her insights, and her integrations though they object to some of her conclusions.

The book starts with a historical study of the migration of Jews that brought Dora's family and Freud's family to Vienna, where the psychoanalyst and his patient met. Powerful anti-Semitic currents and liberal laws that determined the restrictions and movements of Jews are detailed. The author examines the malignant anti-Semitism that plagued both Freud and Dora even as her illness developed and the treatment unfolded. Indeed Decker believes that Freud overlooked this influence in his analysis of Dora. For instance, Freud and Dora were acutely aware of the indictment of Leopold Hilsner, who was alleged to have committed a ritual murder of Anežka Hružová in Czechoslovakia on September 12, 1899.

This event does not appear in the case study. Anti-Semitism and misogyny, which so dominated Austrian culture, are causative factors in the production of hysteria, in that Jews and women were forced into passive, powerless positions. As victims inhibited from expressing themselves assertively, women came to rely on somatization as a means of expression. Dora, like many girls of that period, cared for her sick father and developed an identity as a patient. Decker shows how Dora, an extremely intelligent child and teenager, could not obtain the educational opportunities that her brother (Otto Bauer), later an important socialist, did.

Freud's views of the traits and role of women influenced his attitude toward Dora (Ida Bauer) and his therapeutic stance. On the one hand, he encouraged her description of the reality of the family interaction. Freud was the first person in Dora's life to acknowledge that her father (Philipp Bauer) had turned her over to Herr K (Hans Zellenka) to facilitate his affair with Mrs. K. Freud also agreed that Herr K had attempted to seduce her when she was thirteen (Freud erroneously indicated that Dora was fourteen, Decker discovered) and that he proposed to her when she was fifteen. Freud's outrageous solution was that Herr K divorce his wife and marry Dora, and that her father marry Mrs. K. Dora's mother (Katharina Bauer) would be deserted. Because of his countertransference and societal mores, he thought Herr K a suitable partner. Freud also failed to recognize the traumatic affect of the attempted seduction of a thirteen-year-old. Instead, he (and some later psychoanalysts) saw Dora as a seductive instigator.

Decker, while noting Freud's conceptual and technical difficulties, also states that Freud did help Dora, if temporarily. She trusted him sufficiently to reveal important secrets to him. She did assert herself when she got her parents to acknowledge the family issues. Her symptoms did disappear for a while after treatment ended, a result of Freud's helping her see some of the repressed emotion toward her father and Herr K. The author asserts that Dora's confusion for a time after she left Freud was a positive sign. Still, he hurt Dora permanently, the author concludes; antagonistic to her, he refused her re-entry into analysis. He made her feel guilty about masturbation rather than helping her recognize guilt that was unconscious, Decker says.

The reader of this review will realize that Decker recognizes



Freud's achievements in exploring the dynamic unconscious and the fact that he had only a very partial understanding of the human personality at the time he met Dora. However, she emphasizes social factors rather than internal, conflictual ones. The tone of her criticism of Freud is alternately positive and negative. She both understands and berates him for his not recognizing that Dora was an adolescent, for proceeding too rapidly in making interpretations that were too deep for an adolescent to tolerate (or, I would add, for even an adult to cope with), for not recognizing preoedipal factors, for emphasizing oedipal interpretations, for deemphasizing familial and omitting societal factors, for not recognizing the role of transference and countertransference, and for other errors. She openly states that Freud's knowledge and theory were in formation, but her tone is one of strong disapproval. She does not acknowledge Freud's contribution to the later historical moves toward the liberation of women, but emphasizes malignant, antagonistic aspects. In her critique of his three-month-long treatment of Dora, she writes as if he should have covered more than he could possibly have done, all the while complaining of his too rapid confrontations.

This is a book on applied analysis and, as such, displays the limitations of that art. The subject studied cannot respond to interpretations, making confirmation, correction, and repudiation difficult, if not impossible. Decker uses psychoanalytic principles to the hilt in her endeavors to understand Freud. Her chapter on Freud's choosing the name Dora for his patient is a tour de force. While often convincing, it at times appears to be a parody of analytic deductions and conclusions. In line with the principles of overdetermination, she finds "Dora" derived from the name Dora given to Freud's sister's nursemaid, who couldn't keep her own name (Freud's conclusion); Dickens's Dora Copperfield, an inept but appealing young woman; Theodora, a character in a play who kills her lover's friend, poisons her lover inadvertently, and is executed by her husband; and Pandora, a dangerous mythic woman who fits Freud's dreams and fantasies of women. Decker also suggests that Dora signified Dora Breuer, Josef Breuer's daughter, an indication that Freud always had Breuer in mind as he treated his patient. She shows that Dora is similar to Anna O (Bertha Pappenheim), Breu-

er's patient, and believes that is one of the determinants of the naming of Dora.

*Freud, Dora and Vienna 1900* is a wonderful source book for supplementing our knowledge of the historical case of Dora. It provides an understanding of the historical and social context of Freud's analysis. It provides psychoanalytic insights into and hypotheses regarding Freud's and Dora's inner workings and interactions. Its tone varies from objective and understanding to antagonistic and unsympathetic toward Freud's gradual development of a complex theory. Psychoanalysts will admire her work and be taken aback by her criticisms. For a better understanding of Freud and Dora, and of the development of psychoanalysis, they should read the book. Scholars will appreciate the many footnotes and references.

JULES GLENN (GREAT NECK, NY)

READING FREUD. EXPLORATIONS AND ENTERTAINMENTS. By Peter Gay.  
New Haven/London: Yale University Press, 1990. 204 pp.

In his "Prefatory Note" to this new collection of essays, Peter Gay bids us farewell as a biographer of Freud. He fully intends in his future publications to "leave the person of Freud behind." Unlike "the fading opera star," Gay assures us, he will not repeatedly offer farewell recitals (p. xv). This announcement comes after years of scholarly and devoted work on what he describes as "the mystery that is Freud." It cannot help but bring a sense of regret to any reader who is indebted to Gay for a deeper understanding of Freud, his ideas, and his times. It will stimulate, as well, a lively interest in these, his last words on the subject. Most final performances, at least in music, are designed to be interesting and relatively brief, all the while displaying the full range, variety, and virtuosity of the artist's talent. Peter Gay's *Reading Freud: Explorations and Entertainments* is no exception. It is original, varied, interesting, and delightful, full of little known facts and many happy surprises.

The work consists of eight essays, two newly published and six revised for this collection. The book is divided into two sections ("Explorations" and "Entertainments") of four essays each, with a

brief introduction to each portion. Taken together, they explore various aspects of Freud's personality, as well as reintroduce us to the breadth of Gay's interest in his subject. Both Freud and his biographer come alive in these pages, as Gay's lucid writing carries the reader effortlessly from topic to topic. He explores in the first essay why Freud chose to back the unlikely Edward de Vere, Seventh Earl of Oxford, as the true author of Shakespeare's plays. In another essay, "Reading Freud through Freud's Reading," he discusses Freud's list of works (a surprising and unlikely compilation) when, in 1906, Hugo Heller asked him to enumerate ten "good" books. Even the names Freud chose for his children (and there is little doubt they were *his* choices!) come under Gay's scrutiny. And, of course, there is the inevitable and intriguing (and to Gay's mind unanswerable) question about the nature of Freud's relationship with Minna Bernays. Added to these is a beautiful essay on Freud's views of determinism, another on his use of humor, and several that exhibit Gay's own keen wit. This wit is particularly well honed in "A Gentile Science?" when Gay, after noting that Freud felt his innovations would have been more readily accepted had his name been Oberhuber, in fact, brings the real Dr. Oberhuber to life!

The performance is so strong that when flat notes are sounded—and there are some—they come as a surprise. One such note occurs in the essay, "Serious Jests," when Gay translates the Yiddish word "schnorrer" as "beggar" rather than "free loader." In doing so, he misses, I think, some of the humor that Freud found in "schnorrer" jokes. A lack of balance in Gay's first essay, "Freud and the Man from Stratford," is another flaw. Gay's lengthy discussion of the Shakespearean scholar Thomas Looney's theories of authorship and their influence on Freud is informative and entertaining reading. But the question of why Freud became so interested in who authored the great plays is never fully dealt with. Jones's and Trosman's fascinating theories about Freud's interest in Shakespeare authorship and its relation to issues of family romance and to Freud's questions about his own paternity are relegated to brief footnotes. Gay's refutation of their ideas is given the advantage (unfair, it seems to me) of being in the body of his essay, but it is not elaborated fully enough to be convincing. Furthermore, Gay's own theories about Freud's interest in Shakespeare and de Vere, while intriguing, are also presented briefly and without much supporting

evidence in the last few pages of a 49-page essay. This is one of several instances in which Gay's reluctance "to make heavy weather" (p. 49) of some of Freud's conflicts limits the scope and depth of his explorations as a biographer.

It is this same reluctance, for instance, which limits his discussion of Freud's naming of his children in the second essay of this collection. In "Six Names in Search of an Interpretation," Gay pays much more attention, as perhaps Freud himself did, to the names chosen for sons than those chosen for daughters. Gay makes clear why Freud chose to name his sons after great men. What is missing is any serious discussion of what happened when it came to the girls. Why had Freud not named them after great and admired women instead of naming them, as he often did, after the female relatives of men he admired? Again, Gay avoids the "heavy weather" that might provide a deeper understanding of Freud's attitude toward women in general and his daughters in particular. A similar reluctance to delve deeper limits Gay's contribution in "The Dog That Didn't Bite," his last essay of the book, devoted to Freud and Minna Bernays. Here again, while Gay lays out clearly why we cannot know for certain about the nature of their relationship, he misses an opportunity to discuss what it meant to Freud to live for so long with two women and what psychological purpose such a domestic arrangement might have served.

We are much indebted for the contributions Peter Gay has made to Freudian biography. It is not surprising, therefore, that he leaves us wanting more. That is, after all, the best way for any final performance to end. To the list of his already great accomplishments, Gay can add, with pride, this final book of essays, after which he leaves "the person of Freud behind" but, we hope, not his ideas.

DANIEL JACOBS (BROOKLINE, MA)

CHILD CARE CHOICES. BALANCING THE NEEDS OF CHILDREN, FAMILIES, AND SOCIETY. By Edward F. Zigler and Mary E. Lang. New York: The Free Press, 1991. 271 pp.

Reading this book made me want to live in France, or even better, to live in a Scandinavian country like Finland. No, it is not an elegantly written, seductive travelogue with superlatively drawn word pictures. This book tells all one needs to know about early

childhood care choices and dilemmas in the United States in a mere two hundred and forty pages. Its scholarly authors add an additional twenty pages of excellent references which are, in fact, worth the price of the book. Why did this book stimulate my longing for distant shores? As the subtitle states, there is an effort to present choices in child care by addressing the needs of all parties concerned, children, families, and society. What an effort at juggling! Each of these players in the early childhood care scene requires an entirely different approach and understanding. Each position is ably presented and this is clearly the strength of the authors' work. Their design of the text assists readers in finding their way through the complex labyrinth of child care in the United States. Unfortunately, one quickly realizes how low on the priority list child care is in this country. The authors briefly describe child care circumstances and solutions in the several countries I touch on above. Their terse descriptions of child care in those countries clearly reflect substantial child care programs with legislated support for working parents.

Now let me illustrate how the reader is assisted by the authors, who are both long-term advocates for children and their families, to better understand our problems in the child care arena. In Chapter 1, "The Mixed System of Child Care," the history and development of child care's "mixed-up" status in the United States is unraveled. This is coupled with the multiple reasons for the "mixed-up" systems we have here. Chapter 3, "The Search for Quality in Child Care; Attempts at Definition and Regulation," fleshes out "quality child care" issues. Especially vivid is the dilemma of the average child care worker. The worker, usually a young woman, is almost always underpaid, overworked, and undereducated. The turnover of these crucial employees is tremendous. These facts made this chapter painful to read. I was heartened by the efforts of a national organization, the National Association for the Education of Young Children (NAEYC), which is establishing quality guidelines for these important teachers of our nation's young children.

Chapters 4 through 7 are the meat of the book. I wish the authors had elected to identify psychoanalytic developmental psychology's contributions to the caregiving needs of infants and toddlers, to meeting the needs of families in the crisis of infant care, to caring for school-age children, and to the challenge of providing child

care for children with special needs. This is especially so in the last, for the plight of children and families with emotional illness is conspicuous by its absence. References to the research and writing of child analysts from the Hanna Perkins School, with their outreach programs, to the purveyors of day care/child care in the greater Cleveland, Ohio, area are absent. However, there are several references to the contributions of Daniel N. Stern and to the importance of the development of an adequate mother/infant relationship. There are many references to psychoanalytically informed "experts," which reflect the impact of the early childhood observation and research of pioneering psychoanalysts; however, a reader who is a psychoanalyst will be dismayed at the paucity of direct references to psychoanalytic developmental contributors.

Advocacy efforts for improvement of child care are the book's *raison d'être*. Headlines in *The Houston Chronicle*, Wednesday, July 24, 1991, read: "42 Legislators [Texas] Storm Out Of House Debate—Effort To Kill Preschool Program Sparks Outrage." In Texas, sensible legislation coupled with reasonable regulation is under fire. Forty out of forty-two of these Texas state legislators represented minority constituencies. Black and Chicano families and their children represent major consumers of child care. No matter how psychoanalysts feel about infant/child care by other than the mother, day care is something many children experience, and some form of institutional parenting occurs in the lives of a growing percentage of children.

Zigler and Lang clearly have armed advocates of better care for preschoolers with ammunition to educate legislators about the dilemma in this arena. It is a national crisis. Their book contains the information needed to broaden the knowledge base of politicians at various legislative levels. All of the cogent arguments for basic improvements in the delivery of adequate care for children and their families during the early childhood years are presented in lucid prose. There is virtually no jargon, thereby making it a text for informing lay persons effectively. This book offers a readable synthesis of what people need to know about how to meet children's needs in our world of two-job families.

Zigler and Lang have taken a major step with their thoughtful, broad analysis of child care in twentieth century American society. They point out the new partnership between government and busi-

ness, which is increasing their roles in child care. Many innovative interventions are cataloged, which offer an air of hopefulness to policymakers, parents, and businesses worried about adequate, safe, and affordable child care in the future. I recommend *Child Care Choices* to all of us; it is must reading.

ARTHUR J. FARLEY (BELLAIRE, TX)

PSYCHOSOCIAL ISSUES IN DAY CARE. Edited by Shahla S. Chehrazi, M.D. Washington, DC/London: American Psychiatric Press, Inc., 1990. 292 pp.

The sixteen chapters in this volume are grouped under five headings on the connections between day care and: (1) developmental considerations; (2) the relationship between parents and child care providers; (3) pediatric issues; (4) child abuse; and (5) national policy. The individual chapters are written by clinicians and researchers with substantial experience in their respective fields. The breadth of the approach adopted by the editor makes this a valuable book, especially for those not immersed in day care issues. It illustrates very clearly how complex many of the issues are, ranging from national social policy to concerns about the individual child, parent, and day care provider.

Edward Zigler and Sarah Freedman, in the opening chapter, document the crisis in child care in this country, including the lack of a national public policy based on developmentally sound practices, the high cost of good quality day care, and its unavailability in many communities at any price. The harm done to the development of infants and young children who are in day care of poor quality appears clear. There are excellent brief descriptions of current types of day care and a plan for developmentally sound practice. Zigler and Freedman believe that the problems are not insoluble in spite of their magnitude. The importance of a parental leave policy as an alternative to infant day care is outlined. The authors also advocate that the "school of the 21st century" be created as a return to the concept of community school serving as a local center for all the social services required by the neighborhood, including day care. They note that a number of demonstration schools are now in operation.

Carolee Howes summarizes current research on early child care,

and Jay Belsky analyzes developmental risks associated with infant day care. Howes's clear presentation of research issues is particularly helpful to readers not familiar with the field. Three aspects of child care which emerge from child development research as important in facilitating optimal development are especially congenial with psychoanalytic views: (1) the stability of the child care arrangement; (2) the quality of the child care; and (3) the interaction between family characteristics and child care. The multidimensional influences of early child care on the development of children indicate the need for research that acknowledges such complexity. Belsky reviews research on the effect of infant day care on child development and concludes that "extensive non-parental care initiated in the first year is, to a statistically significant extent, probabilistically associated with insecure attachment, aggression, and non-compliance" (p. 60). What remains unclear, Belsky notes, is *why* this association emerges so consistently.

In Chapters 4 and 5, clinical perspectives in infant day care are discussed by Alicia Lieberman and Steven Frankel. Lieberman's sensitive discussion of the subjective experience of the young child in day care suggests that consideration of a competence-based model of infant development versus an anxiety-based model should be of special interest to clinicians. Her integration of these two models illustrates an approach to understanding and improving child care, as well as emphasizing the importance of the clinician as an ally of child and parent in helping them to cope adaptively with the stresses of day care. Frankel underscores the rudimentary status of our knowledge about long-term effects of day care on the individual and cites the need for more longitudinal studies. He points out that the strength and potential contributions of psychoanalysis in the study of the child's inner world are limited currently by the weakness of its research methods.

Chehrazi calls attention to the experience of parents who must balance working and parenting. Her report of a pilot study in which twenty working mothers were interviewed is followed by a discussion of areas for future research, including part-time versus full-time maternal employment and the role of the father. Practical suggestions about how to evaluate the quality of child care are included.

Deborah Phillips and Marcia Whitebook focus on child care pro-



viders, beginning with a strong plea for medical and mental health professionals to establish working relationships with day care providers to better serve the children who come into health settings. This chapter is an excellent and disturbing summary of the multiple factors that work against stability, continuity, and adequate compensation for child care providers. The compelling need of parents for affordable, high-quality child care and the concern about the consequences of low standards of care for children are discussed. Some examples of efforts at effecting a solution are presented.

The significant role that is played in the lives of young children by child care providers who are not their parents is approached by Patricia Nachman, who describes a comparison study carried out in a nursery school setting. Extensive observations were made of two groups of children, one with their mothers and the other with familiar, constant, non-parent caregivers. Nachman examines the data as to their significance in relation to the separation-individuation process. She shares her thinking in a stimulating, interesting way.

Barbara Kalmanson discusses children's reactions to separation. She cautions that group data on separation, while providing valuable information, leave many unanswered questions for parents considering day care options for their children. The chapter presents a very useful summary of how parents and day care providers can evaluate the nature, pattern, and magnitude of a child's separation distress, some of the determinants of the capacity to manage the separation experience, and how parents and day care providers can assist the child.

Pediatric issues in day care are presented by Susan Aronson ("Health and Safety in Child Care") and Evelyn Oremland ("Childhood Illness in Day Care"). Aronson notes that the United States lacks a surveillance system for infectious diseases and injuries in child care, hence the scarcity of data on the health status of children in such settings. She discusses injury control, prevention and management of infectious diseases, and health promotion. Evelyn Oremland's emphasis is on the increased psychological vulnerability of children during illness and the dilemma for parents of deciding when and for how long to stay home with their child. The importance of caregivers understanding the effects of illness on

behavior and of the child's need for added support are stressed. Helpful, practical suggestions are made.

Robert Kelly's chapter on sexual abuse in day care discusses how much and what types of sexual abuse are known to occur; its impact on communities, families, and the victims; and how best to cope with the impact. This condensed report of studies and recommendations emphasizes both the impact of sexual abuse and the responsibilities of parents, professional counselors, and the judicial system.

Glasser's chapter on prevention of physical and sexual abuse in day care discusses guidelines for evaluating a prospective center, as well as recommendations for prevention and treatment. Clinical vignettes illustrate the major points. Attention is called to variations in a child's experience of trauma related to age, previous history, circumstances of the discovery, and how it is handled by parents, professionals, and the legal system. This is followed by a chapter by Ayoub, Grace, and Newberger on working with maltreated children and families in day care settings. Emotional abuse and child neglect, as well as physical and sexual abuse, are discussed. Here the content is on how day care programs can alleviate the effects of maltreatment through sensitive, skillful responses to child and family. Thus, day care holds promise as a growth-promoting, therapeutic environment.

In the final chapters, national policy and day care are addressed by Congressman George Miller on the expanding federal role in child care and by Carol S. Stevenson on child care law and child care advocacy. Miller describes past and current efforts and some of the major obstacles in the way of developing the child care services so desperately needed. He notes that a policy framework, set in place in the 1980's, requires the backing of fiscal resources, well-trained and compensated child care personnel, and a flexible but firm regulatory structure that ensures safe and nurturing child care environments in every state. Stevenson raises a number of important issues regarding the achievement of a comprehensive system of child care, among them, how child care is to be regulated; the parental role; the role of federal, state, and municipal governments; and who will pay and how. The importance of advocates coming to understand how hard it is to find answers to the questions involved is a central theme.

In summary, Chehrazi has put together a very informative, useful book with contributions from a broad array of authors with impressive expertise. Inevitably, there is repetition; but this is no disadvantage because each chapter can stand alone and the reader can be free to choose those topics which address his or her particular interests.

SALLY PROVENCE (BRANFORD, CT)

SECOND CHANCES. MEN, WOMEN AND CHILDREN A DECADE AFTER DIVORCE. By Judith S. Wallerstein, Ph.D. and Sandra Blakeslee. New York: Ticknor and Fields, 1989. 325 pp.

The current high rate of divorce in the United States and the detrimental effects of divorce, especially upon children, make this an important book. The senior author, Judith Wallerstein, founded the Center for the Family in Transition, in Corte Madera, California, in 1980, and continues to be its Executive Director. Her co-author, Sandra Blakeslee, draws upon her experience as a freelance science and medical writer for newspapers and magazines to shape the style of the book so as to appeal to the public at large rather than only to professional readers.

The book reports upon findings at the ten-year mark of an ongoing study of the impact of divorce upon sixty, largely middle-class, white families that was begun in 1971. One hundred and thirty-one children, aged two to eighteen at the time of the divorce, were involved. The book begins with some general remarks upon the psychological effects of divorce. This section is rather brief. The bulk of the volume is devoted to the stories of the post-divorce life experiences of a dozen or so of the families (three in particular), as they emerged in the course of follow-up interviews (two to four hours with each person) carried out after five and especially after ten years. They are supplemented by vignettes pertaining to some of the other fifty families. General observations on the impact of divorce upon the parties involved are intercalated into the narratives from time to time, but the message that comes through derives largely from the illustrative stories.

A host of significant impressions about the effects of divorce emerge from the study. Space limitations permit sharing only a sampling of them. The remaining spouse's feelings of loss and

abandonment, for example, together with the effects of de-idealization of the departing spouse, tend to mobilize intense rage and a hunger to establish a new love relationship to restore a sense of worth and lovability. This may overshadow all other considerations, including the emotional needs of the children during the first year or two after a divorce and at times for a much longer period than that. A more or less gradual transition toward renewed family stability may follow, often over a span of several years. Single-parent families, however, are prone to undergo repeated troubles and multiple crises, especially when there are adolescents in the families. Second marriages of people with children often do not last. Fully half of the children in the study experienced two or more divorces by one or the other of their parents during the ten-year period. Children of divorce rarely experience the degree of closeness with *both* parents for which they yearn. Except in instances in which there had been open violence between the parents prior to the divorce, only one child in ten in this sample felt relief when the decision to end the marriage was reached.

It comes through over and over in the book that divorce affects women much more adversely than it does men. Men are more often able to establish meaningful second marriages. Men also tend to be far better off financially after the divorce. Divorced women over forty with children to care for are very unlikely to remarry at all. They often end up lonely and financially insecure. Children tend to suffer in multiple ways when their parents' marriage ends. They no longer have the sense of security that a stable, intact family provides. Their progression into adulthood is greatly affected by the lack of this protective, nurturing envelope. (As a patient of mine once put it, with regard to the transition from childhood to adulthood, "In order to leave home, you need a *home* to leave.")

Wallerstein was impressed that "growing up is harder for children of divorce, every step of the way" (p. 23). Their "gut-wrenching unhappiness over the experience of divorce" (p. 25) leads them to a very traditional, "old-fashioned" adherence to the principle of a single marriage for life. "Only one in eight saw both parents recover from divorce in a happy remarriage" (p. 25). A significant percentage of the adults followed in the study expressed unhappiness ten years after their divorce. Although half of them described themselves as happy with their new lives, half of the

women and a third of the men were still "intensely angry at their former spouses" (p. 29). A third of the women and a quarter of the men, especially the older ones, felt that life was "unfair, disappointing, and lonely" (p. 29).

According to the observations made in the course of this study, however, divorce is especially hard on the children. The effects may not be readily apparent immediately. Girls, in particular, may look at first like they are doing well, only to turn out later on to have been seriously affected by it. Boys are more likely to show their distress immediately, as indicated, for example, by "poor academic grades and . . . rambunctious playground behavior" (p. 63). A sense of insecurity about relationships and distrust of the opposite sex are prominent outcomes. "Ten years after divorce, close to one-half the boys, who are now between the ages of nineteen and twenty-nine, are unhappy and lonely and have had few, if any, lasting relationships with young women" (p. 67). A significant number of the young women followed in the study reported fear of committing themselves to lasting relationships with men, associated with loneliness, depression, and "an intolerable level of anxiety about betrayal" (p. 62). There was a tendency for them to become involved with considerably older men, in "the search for the parent they never had" (p. 66), that went significantly beyond the frequency one might expect in the general population. A burden of irrational guilt is a frequent result of having gone through parental divorce. Children seem to prefer feeling responsible for their parents' divorce rather than feel powerless in the face of the disintegration of their family. Oedipal guilt often complements this, since the separation between the parents can represent the fulfillment of an unconscious oedipal wish. Adolescent separation from parents, especially from a single parent who already feels abandoned, can be very difficult. Identifications with the parents are also rendered much more complicated and are fraught with anxiety. Children who had witnessed violence between their parents before the divorce tended often to enter into abusive relationships when they grew up.

The effects of divorce upon self-esteem and self-image are stressed by the authors. Feeling "rejected, unloved, and undervalued" (p. 149), the children not infrequently become underachievers. "Over a third of the young men and women between the ages

of nineteen and twenty-nine have little or no ambition ten years after their parents' divorce. They are drifting through life with no set goals, limited educations, and a sense of helplessness. . . . They don't make long-term plans and are aiming below the intellectual achievements of their fathers and mothers" (pp. 148-149). The feeling of having been abandoned by one or both parents is a prominent concomitant of this. "One of the great tragedies of divorce is that many fathers have absolutely no idea that their children feel rejected" (p. 150). Although many of the children in the study "have devoted mothers—competent, dynamic women—the mother-son relationship in divorced families is often insufficient to compensate for the lack of a father in their lives" (p. 150). A high incidence of alcoholism and of delinquent behavior in adulthood were observed in the children of divorce. Post-divorce fathers tend to be less involved with their children than are the mothers. This is reflected not only in the degree to which fathers often fail to maintain close emotional ties to their children but also, and strikingly so, in the frequency with which they resent child support payments and decline to pay for college costs.

Several things seemed to help minimize the deleterious effects of divorce upon the children followed in this study. One of the most important was the "absence of open conflict . . . continued good relations with both . . . parents [and] parents' ability to cooperate with one another for the sake of the children" (p. 179). Another was a *real* ongoing relationship with each parent. If both parents are hardworking, responsible adults who are productive and have values and ideals, this too is invaluable. The children are fortunate if their parents provide an organized, well-planned life for them. A good relationship with the parents' new spouses also is extremely helpful. Faithful, attentive grandparents are a big plus as well, providing additional stability and promoting a positive outlook on life and on relationships between people.

Books, like marriages, are rarely perfect. This book is no exception. One problem is the format. I can appreciate the authors' wish to appeal to a wide readership so as to get their message across to as many people in the population at large as possible. Conveying the message via dramatic stories that render the pain and suffering of those most seriously affected by the divorce experience certainly does accomplish this. Unfortunately, the most salient details and

important conclusions tend to get lost among the exciting story lines in which they are embedded. It takes an attentive, perspicacious reader to dig them out. Another problem is that no attempt is made to distinguish between the effects of divorce *per se* and the effects upon each other and upon the children of personality problems in the two parties divorcing one another. I was impressed, for example, with the high degree of self-oriented preoccupation with their own needs and wants (in the fathers especially but not necessarily only in them) that interfered with the parents' ability to think of their children's needs in the case illustrations upon which the authors focus their principal attention. Is it truly the divorce that is the main cause of the personal difficulties described in the book, or is it the personality characteristics of one or both parents that caused both the divorce and the hardships that were imposed upon some of the people involved after the divorce had taken place? It seemed to me, furthermore, that there was much in the material presented to suggest that ongoing warfare between the divorced pair *after* the divorce played a major role in contributing to the problems exhibited by those who were suffering when they were interviewed in the course of the study. This tended to be blurred and understated in the text. The main conclusion I came to from the examples provided by the authors was that immature, narcissistically vulnerable, angry, emotionally needy spouses and parents are even less able to meet the basic needs of their children, let alone the person they once loved and married, after the divorce than they were before it. It was remarkable, for example, how many of the parents (especially fathers) in the population studied literally abandoned their children by moving hundreds or thousands of miles away from them after the divorce. It seems to me that the divorce was not so much responsible in and of itself for what followed but most probably aggravated what would have been there anyway if the family had remained intact.

It is not always possible, or always even preferable, to keep a bad marriage going. There are marriages that probably are worse for the spouses and for the children than would be a divorce. A fifteen-year-old boy, who was brought to me because of academic underachievement and behavior problems, connected his problems largely with the impact upon him of the intense marital discord between his parents. "They can't get along together, but are afraid

to do without each other," he said after six months of treatment. "They live in different rooms for three years, but they won't finish it off! I just have to stop thinking about that. Whatever they do, they do! . . . It's all right to care about whether your parents stay together, but I have to take care of my grades rather than think about them. Their relationship is pathetic—hopeless. They've never gotten along together. My brother doesn't even know that parents usually sleep together. Our parents shouldn't stay married. They're in the same house, but they don't live together *really*! It's pathetic and stupid—and affects *us*!"

Those of us who are clinicians are faced repeatedly with impending divorce and with the aftermath of past divorce. We are called upon to advise, guide, and assist in these matters. It is not a simple task. It is incumbent upon us to learn as much as we can about the issues involved and to do what we can to mitigate the harmful effects, especially upon children, of marital discord and marital disruption. I recommend this book, both for personal edification and for passing on to those contemplating or going through a divorce.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

THE EARLIEST RELATIONSHIP. PARENTS, INFANTS, AND THE DRAMA OF EARLY ATTACHMENT. By T. Berry Brazelton, M.D. and Bertrand G. Cramer, M.D. Reading, MA: Addison-Wesley Publishing Co., Inc., 1990. 252 pp.

This beautifully articulated picture of the complex process of psychological development, focused particularly around pregnancy, childbirth, and the early months of life, is a welcome contribution. The authors' purpose in integrating infancy research and infant psychiatry into theory and clinical work is early prevention. They provide a wealth of information to the practicing psychoanalyst about the purposes and functions of different infant behaviors, creatively using the research to highlight the complexity and the intricate process of early object relations development. One of the difficulties in the clinical application of developmental research for the nonresearcher is that individual studies often seem dry, tedious, or irrelevant. Brazelton and Cramer have assimilated and synthesized a large body of developmental research in a highly readable,



informative, and, most important, relevant introductory section. This in itself makes this book unique and worthy of our careful attention.

The book is divided into five parts, starting with the first stirrings of desire for a child through the fantasies and work of pregnancy. Subsequent sections discuss what the baby brings to the relationship, with an eye to assessing strengths and weaknesses; and a new and creative review of interaction studies. One of Brazelton and Cramer's most valuable contributions is that they give us criteria to judge the health of early interaction patterns by convincingly describing what they consider the essentials: synchrony, symmetry, contingency, entrainment, games, and autonomy. The "Imaginary Interactions" section contrasts objective observation of interaction with a look at the parental fantasies and dramatic representations underlying them. The use of videotapes of the actual interaction as a way of gaining entry and illuminating the unconscious conflicts of the parents is quite innovative. The last part weaves all the threads together with clinical material, including observations and interpretations.

This work is most valuable as a description of the authors' methods of working with infants and parents. As such, it is a help to practicing analysts in sensitizing them to the complex range of parenting fantasies evoked in their adult patients during the early stages of parenthood. The tone and voice of the book convey the enthusiasm and dedication these clinical researchers and their associates bring to their endeavors. How refreshing it is to read of this excitement, inevitably a part of our work but so seldom expressed in our reports.

My concern is with potential misapplications. First, they report some unsubstantiated assumptions. For example, in referring to the reshuffling of psychological forces that takes place in the days immediately after childbirth, they suggest but do not document that the heightening of maternal conflicts and anxieties might be seen as a return of the parent's infantile neurosis. Such a view would need to be studied and is certainly open to question.

Second, the authors seem to blur the distinction between intrapsychic processes and modes of interaction when assessing mother-child relationships, stressing the complementary approach, the pooling of data on both observation and subjective reports. Their

section on applying analytic insights to clinical work is somewhat misleading and simplistic. They credit Selma Fraiberg as having first pointed out the presence of "ghosts in the nursery. . . . visitors from the unremembered past of the parents, uninvited guests at the christening" (p. 139),<sup>1</sup> which is the central organizing metaphor of their book. However, Brazelton and Cramer do not do justice to her conceptualizations. Instead, they imply that "analytic" insights can be used by any individual caring for infants and parents and that the focus on interaction is key to this: "While we see interdisciplinary settings as ideal, our case commentaries offer a model of how a bi-focal approach can be used by *any individual* caring for parents and infants, regardless of professional background" (p. 170, italics added). They add that the "parental contributions to these subjective interpretations of their relationship with their child can usually be identified through what parents say about the child, about becoming a parent, and about their emotional life in general" (p. 131).

In their chapter, "Analytic Insight," and in all their case examples they omit the behavior, attitudes, and feelings toward the clinician in the room, the "ghostbuster." Every child analyst knows projections of such fantasies must be untangled from the child's actual behavior. However, unconscious fantasies are ubiquitous; they cannot be isolated to the reporting of manifest fantasies about one's child. Such a prescription is analogous to using manifest content of a dream to understand underlying meaning. In the case reports, uncomplicated healthy parents seem to quickly establish an exclusively positive transference to the clinician. Yet with any new methodology one is obligated to show the difficulties as well. How many cases have they treated? What were the outcomes? Some attempt at systematic study is in order before advocating widespread application of this clinical technique. Without the reporting of transferences, resistances, and dreams, their claim to using analytic insight seems questionable. Perhaps they should call it psychotherapeutic understanding. This omission seems all the more striking because Fraiberg is clear about the pivotal role of transference in seeking and busting ghosts: "If we worked within the realm of buried af-

<sup>1</sup> Fraiberg, S. (1975): Ghosts in the nursery. *J. Amer. Acad. Child Psychiat.*, 14:387-422.

fects, we could predict that the therapist who conjures up the ghosts will be endowed in the transference with fearsome attributes of the ghosts."<sup>2</sup> In one of Fraiberg's original cases, she understood the complexity of the mother/clinician interaction as follows: "The therapist became the representative of fears that could not be named,"<sup>3</sup> and "Exploration of the negative transference would prevent further acting out."<sup>4</sup> In all transference relationships, we must account for the fantasies toward all parties in the room if our understanding is to be "analytic." Instead, Brazelton and Cramer's method sounds more like a cross between cognitive therapy and a psychoeducational approach, done with empathy and sensitivity.

In summary, I find this book highly readable, imaginative, and creative in the application of developmental research to the consultation room. At the descriptive level the book is valuable as a window into the complexities of unconscious fantasy formation and function; as a prescription for how to apply such data in the clinical setting, the authors may have allowed their enthusiasm and concern to cloud an explanation of their methods and techniques.

WENDY OLESKER (NEW YORK)

NEW DIMENSIONS IN ADULT DEVELOPMENT. Edited by Robert A. Nemiroff, M.D. and Calvin A. Colarusso, M.D. New York: Basic Books, Inc., 1990. 545 pp.

Nemiroff and Colarusso have taken the developmental viewpoint and expanded its purview to include adulthood. In this, their third book on adult development, they continue exploring ideas originally presented in 1981<sup>1</sup> and elaborated upon in 1985.<sup>2</sup> In doing so, they offer us a theoretical framework in which to grapple with the issues of the aging adult. They expand the concept of devel-

<sup>2</sup> Fraiberg, p. 406.

<sup>3</sup> Fraiberg, p. 408.

<sup>4</sup> Fraiberg, p. 409.

<sup>1</sup> Colarusso, C. A. & Nemiroff, R. A. (1981): *Adult Development: A New Dimension in Psychodynamic Theory and Practice*. New York/London: Plenum. Reviewed in this *Quarterly*, 1982, 51:660-662.

<sup>2</sup> Nemiroff, R. A. & Colarusso, C. A. (1985): *The Race against Time: Psychotherapy and Psychoanalysis in the Second Half of Life*. New York/London: Plenum. Reviewed in this *Quarterly*, 1986, 55:519-522.

opment to include the evolution as well as the formation and fixation of psychic structure. They expand the genetic viewpoint to include the influences of adulthood, and they include as tasks of adulthood: intimacy, creativity, work, and coping with loss. They also note the avoidance of treating older adults; the need for an expanded diagnostic process; the need for a developmental history to include developmental tasks, lines, and arrests of adulthood; and the need to be aware of transference and countertransference reactions emanating from adult experiences.

They begin with Spitz's 1965 definition of development: "the emergence of forms, of function, and of behavior which are the outcome of exchanges between the organism on the one hand, and inner and outer environment on the other" (p. 98). The lifelong interaction between biology, the psyche, and the environment resulting in development over the life course is the focus and the basis from which the editors derive their seven hypotheses of the psychodynamic theory of adult development:

- (1) The nature of the developmental process is basically the same in the adult as in the child. The adult is as dependent on the environment as the child.
- (2) Development in adulthood is an ongoing process.
- (3) Adult development consists of the evolution of the psychic structure formed in childhood.
- (4) There is a continuous vital interaction between childhood and adulthood.
- (5) Developmental processes are influenced by the adult past as well as by childhood.
- (6) The body, physical processes, and changes influence adult development as they did in childhood and adolescence.
- (7) The growing awareness of death: a specific theme of adult development is a normative crisis precipitated by the recognition and acceptance of the finiteness of time and inevitability of personal death.

This volume clearly illustrates the usefulness of these seven hypotheses in dealing with our adult patients.

There is a plethora of information here. However, as with any book of this nature, it is uneven. It is written by people of diverse backgrounds and interests, allowing for application of the theory in many different arenas. There is a great variety in the content and quality of the contributions: some are clinical, some theoretical, some broad ranging, and some quite specific; some relate to a traditional psychoanalytic orientation, others to self psychology, to object relations theories, and to a broad range of developmental

and sociological orientations. The psychoanalytic reader will find some chapters more relevant than others. For me, the single case histories were far more enlightening than many of the ambitious, comprehensive, theoretical chapters. The two exceptions to this generalization are the article by the editors noted above and one by Calvin Settlage.

The book is divided into four sections: "Transition to Adulthood," "New Concepts in Adult Development," "Clinical Perspectives," and "Application of Adult Developmental Theory." Each chapter (with one exception) is followed by a discussion by the editors. This serves as a helpful focus.

The first section, "Transition to Adulthood," contains four articles which nicely form a unit with their focus on adolescence, psychic structure, self and object constancy, and narcissism. Processes are set into motion which establish adulthood and which set the tone for the possibility of continuing development. The range of content and focus here is typical of each of the sections.

In a theoretical-clinical presentation, "Seventeen: The Approach to the Portal of Adult Life," Leo Rangell refers to Arthur Miller's *Death of a Salesman*, Steven Spielberg's *Back to the Future*, and Freud's adolescent letters to Fluss. He reminds us that seventeen is a critical time in life, requiring significant adjustment, as is required at all developmental junctures if evolution is to continue. It is this that recurs throughout adulthood as new challenges are met.

This leads directly into Calvin Settlage's most useful article on the structural changes of adolescence. One readily follows him as he leads the reader, step by step, through his present understanding of lifelong development. Development occurs as a result of developmental challenges resulting in tension, conflict, and resolution through mastering the challenge, and internalizing and integrating the new function with a corresponding change in the self-representation. Structure formation and its evolution occur within an interaction between two individuals in which there is a "lifting" of the one to the higher level of organization of the other. This developmental process of internalization and identification with the higher level partner can continue throughout life as long as there is a higher level partner and nothing intervenes to close off the process.

John Munder Ross utilizes these ideas in exploring the father-daughter relationship and the "eye-vulva dialogue" in which they engage. This is illustrated with reference to Lear who turned to his daughters in his old age and to Freud and his problems in his relationship with Dora. Dora, seeking optimal distance from her father, from Herr K, and from Freud, wished to be admired from afar. Instead, she experienced seduction and abandonment. Her developmental wish to be admired precipitated the developmental crisis in both father and daughter.

The second section, "New Concepts," is mostly a theoretical section. The focus is on various forms of interaction: Spitz's concept of the interaction of the biological organism, the psyche, and the external environment; the interaction of the child and the adult; the importance of interaction with others, i.e., interdependence. Major developmental theories of cognition, motivation, affect, and behavior are explored, as well as the interface of the psychoanalytic and the social science approaches, the effect of social and economic changes on intrapsychic development, and the integration of feminist thought.

David Gutmann, writing on the contrasexual midlife transition, illustrates adult experience leading to developmental tension with the possibility of further development and how this can go astray. Hemingway's inability to cope with the aging process was the result of the loss of his wife, who had played an important role for him in fending off his passive, dependent strivings. This, of course, while demonstrating the importance of events in adulthood, at the same time emphasizes the importance of childhood developmental issues. At times, in this volume, in an attempt to focus on adulthood, the issues of childhood are not accorded their full significance. A greater focus on the interaction of experiences of childhood and of adulthood, would be a helpful fourth book for these editors, to further their exploration of this topic.

In "Clinical Perspectives," one again notes the assets and deficits of this volume. The former include contributions such as Stanley Cath's compelling case presentation, which says more about the importance of appreciating the specific issues of the aging adult than does any extensive theoretical presentation. Assets are also noted as various authors focus on the impact of specific aspects of

life with which an older adult must cope: reactions to the loss of a spouse, symptomatic behavior which fluctuates with the fluctuating strengths of drives and defenses; the balance of constancy and change. Also discussed is the application of these ideas to marital therapy.

The deficits are noted in the polarization of psychoanalytic theory and new theories. This is needless theory bashing and leads to the building of a Tower of Babel—too many unnecessary new languages when the old accommodates the new ideas quite well. Nowhere in psychoanalytic theory does it say that the personality is turned into stone as one leaves adolescence, as is implied by various authors. What psychoanalysis is all about, after all, is the concept that successful adaptation in one phase allows for growth and development in the next. To say that an older person cannot adjust due to unresolved issues from earlier in life is not new. What is new in this volume is its all-important focus on the older individual and on these particular issues. To detract from this by saying that adult development is unaccounted for in psychoanalytic theory and to present a whole new language, as is done by some of the contributors, is counterproductive. In this way, this book tends both to extend our vision and, unfortunately, to constrict it.

In the final section "Application," the theme of the book is enhanced as adult developmental concepts are applied to such diverse areas as dreams, crosscultural phenomena, literature, women's achievements, the capacity to be a good enough object, and reactions to the aging body.

Nemiroff and Colarusso bring to our attention important concepts about adult development: the basic developmental themes that continue to influence psychic development; the lifelong interaction between biology, the psyche, and the environment; the continuing role of the body as an organizer; the lifelong course of the oedipus; mortality as an issue which the adult faces in a new and more immediate way. In reading this book, I found myself caught up in the ideas of adult development, focusing on the particular problems facing the adult, intrigued with the ramifications of the concepts presented here, and realizing the need for a more definitive conceptualization. This volume goes a long way in filling this need.

RUTH M. S. FISCHER (BRYN MAWR, PA)

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THE MEANINGS OF MENOPAUSE. HISTORICAL, MEDICAL AND CLINICAL PERSPECTIVES. Edited by Ruth Formanek. Hillsdale, NJ/Hove/London: The Analytic Press, 1990. 322 pp.

This book is a collection of contributions by eleven authors from a variety of disciplines. Its aim, as the author states in the preface, is to "contribute to the dialogue on menopause across disciplines and thus advance knowledge" (p. xiv). As with any such collection, it is a challenge for the editor to integrate chapters that diverge greatly in quality, content, style, and viewpoint. In this respect, Formanek has been faced with a particularly difficult task, and she has succeeded only partially. There is considerable overlap from one chapter to another, as different contributors cite the same studies and reiterate the necessity of looking at menopause from a number of perspectives: biological, psychological, cultural, etc. That menopause has a variety of meanings will come as no surprise to a psychoanalytic audience; therefore, much of this book's "message" may seem like preaching to the converted. However, there is also much that the reader may find new and interesting. One undoubtedly will come away with a heightened awareness of ongoing lines of inquiry in other disciplines.

The book has a number of strengths. It provides a wealth of information and summarizes a vast literature, with over 1100 authors cited. The survey chapters, by John Greene and Linda Gannon, are particularly fine examples. The text is clear and readable, although the incomplete and somewhat idiosyncratic index leaves something to be desired. Taken as a whole, this volume reflects the complexity of its subject. As a collection, however, it is not cohesive, which may in fact be fortunate since it dilutes the editor's tendency to polarize the issues. Writing from a feminist perspective, Ruth Formanek introduces an adversarial note in the preface: "The current debate on menopause pits physicians and pharmaceutical manufacturers against nonmedical researchers, feminists, and consumers" (p. xiii). The former, she feels, view menopause as pathology, while the latter recognize that menopause has a variety of positive meanings. Much of the book elaborates on this theme. The editor's goal of correcting negative myths about menopause is a laudable one, but the polemical tone that creeps into a number of the chapters is regrettable.



The book is divided into three sections. The first section, "History and Theory," is comprised of chapters by Formanek, Susan Bell, and Helena Harris. Formanek documents the misconceptions, myths, and taboos about menopause, propounded mainly by male physicians, that have existed from ancient times through the nineteenth century. Susan Bell examines the medicalization of menopause in the 1930's and 1940's. She offers a sociological analysis of the development of biological, psychological, and environmental models within medicine, and their resulting mixed effects on women.

The third and shortest chapter, by Helena Harris, is probably also the most problematic one from a psychoanalytic reader's point of view. Since it is the only chapter purporting to deal with menopause from a psychoanalytic viewpoint, I will discuss it in more detail. This chapter, entitled "A Critical View of Three Psychoanalytic Positions on Menopause," compares "the traditional Freudian model" (represented by Deutsch<sup>1</sup>), "the ego psychology model" (represented by Benedek<sup>2</sup>), and "the object relations model" (represented by Lax<sup>3</sup>).

Harris criticizes Deutsch's view of menopause on two counts: (1) it is based on Freud's theory of psychosexual stages, which Harris feels is unconfirmed by contemporary infant research and therefore of questionable validity; and (2) it draws "dubious psychological parallels" between menopause and puberty. Harris concludes that "Deutsch's entire account of the menopause consists, it seems, of grafting a body of mythology—19th century pejorative medical myths—onto an aspect of Freudian theory now under considerable scrutiny and question" (p. 72).

Benedek faces the same criticism, but she is viewed more favorably because she treats menopause as an opportunity for potentially positive adaptation, cites anthropological and sociological data, and interweaves issues concerning hormonal factors with psychoanalytic theory. Lax, by recognizing cultural factors, is credited with moving the discussion "even further in the direction of self-

<sup>1</sup> Deutsch, H. (1925): The menopause. *Int. J. Psychoanal.*, 1984, 65:55-62.

<sup>2</sup> Benedek, T. (1973): *Psychoanalytic Investigations. Selected Papers*. New York: Quadrangle/New York Times, pp. 322-349.

<sup>3</sup> Lax, R. (1982): The expectable depressive climacteric reaction. *Bull. Menning. Clin.*, 46:151-167.

esteem issues," which apparently is where Harris has been headed all along (p. 73). "In this review of the work of Deutsch, Benedek, and Lax, self-esteem clearly has emerged as the central issue" (p. 75). Harris concludes that J. A. Lang's<sup>4</sup> concept of the selfobject function could explain the differences in adaptation to the climacteric phase of life. In essence, women with stable self-esteem will fare better in menopause. The role of fantasy and the interplay of drive and defense are not brought into the discussion.

While the psychoanalytic reader will be able to evaluate this formulation within a broader context, the general reader is likely to come away from this chapter with several unfortunate impressions. They are implied, if not explicitly stated, by Harris: (1) that psychoanalytic theories are based on authority, empirical studies, survey data, etc., rather than on clinical data derived from the psychoanalytic situation; (2) that Deutsch's 1925 paper represents the present-day Freudian "model"; and (3) that drive theory, the developmental point of view, and the concept of psychosexual stages are no longer relevant in psychoanalysis.

The second section, "Psychosocial, Cross-Cultural, and Research Perspectives," includes four papers, two of which deserve special mention. The first, a long chapter by John Greene, presents an excellent review of empirically based research studies of the effects of social and psychological factors on women during the climacteric years. In the other, Madeleine Goodman cogently addresses some of the methodological difficulties of doing research on the biomedical aspects of menopause and summarizes the results of recent investigations.

The third and final section, "Endocrinology, Clinical and Experiential Studies, and Literary Aspects," is a bit of a catch-all, as its title suggests. The first of its four chapters is a comprehensive and balanced presentation of the endocrinology of menopause by Linda Gannon. This excellent scholarly contribution organizes the results of more than 200 studies, clarifying the points of controversy within the field of endocrinological research. The second chapter, "Varieties of Menopausal Experience" by Malkah Notman (who, curiously, unlike Harris and Phillips, is *not* identified as a

<sup>4</sup> Lang, J. A. (1984): Notes toward a psychology of the feminine self. In *Kohut's Legacy*, ed. P. E. Stepansky & A. Goldberg. Hillsdale, NJ: Analytic Press, pp. 51-69.

psychoanalyst), presents five case vignettes drawn from consultations and psychotherapy. Nicely written for a general audience, this chapter conveys a feeling for the complex interplay between interpersonal and intrapsychic factors. Marilyn Maxwell discusses menopausal women as depicted in selected works of English and American literature. And, finally, Suzanne Phillips discusses men's views of menopausal women, drawing her data from theoretical views of men in midlife, clinical observations of men in individual and marital treatment, and questionnaire results.

This book does a service by bringing together a rich assortment of perspectives on menopause from a variety of disciplines. Some of the survey chapters can be highly recommended for those wishing to get an overview of research in other fields. The contribution of the psychoanalytic viewpoint is less clearly articulated, though Notman's and Phillips's articles are analytically informed and very useful. If one is looking for an up-to-date psychoanalytic study of menopause, it will not be found either in this volume or in the wider psychoanalytic literature. Apparently, that chapter has yet to be written.

ALISON ORR-ANDRAWES (NEW YORK)

INTIMATE RELATIONS. EXPLORING INDIAN SEXUALITY. By Sudhir Kakar. Chicago: The University of Chicago Press, 1989. 161 pp.

The author, a psychoanalyst in New Delhi, has written an interesting and scholarly psychological study of the relationship between the sexes in India. The observational data of his study are: (1) the use of the "story" in Indian folktales, mythology, and cinema; and (2) accounts of Gandhi's struggle with his sexuality from his, the leader's, writings as well as from biographical references of others.

While the "story" has universal appeal the world over, its significance in the Indian culture differs from that of the West, in that there is a belief in "the higher level of reality than the empirical reality of our world" (p. 3).

Man's war with "woman" is a common theme in Indian tales. The woman is defiant and does not submit without a struggle against her husband. Withholding of sex is used against him but sex is

permitted when he is humbled. The woman's restricted role in the culture provokes rage expressed by sarcasm and scorn. She is feared as a sexual object, and split into the mother and the whore. The son respects her in the role of mother, but perceives her as sexually abandoning and unfaithful to him with his father. The common fantasy is that he must protect her from her vulnerability to sexual temptation. This ambivalent attitude is evident throughout folklore and religious beliefs.

The result is that sexual love tends to be shameful. Sexual rules are so restrictive concerning copulation during the menses, religious occasions, and certain lunar phases that there remains precious little time when it is allowed. This results in an impoverishment of the sexual relationship and leaves the woman frustrated from lack of intimacy with her husband.

Hindi films are highly laden with fantasies. The same themes that occur in Indian literature and folklore are represented in films, in a most melodramatic fashion. Older men of power (the father imago) exploit vulnerable young and pure women who are more or less dependent upon men. The audience derives vicarious pleasure from the sexual villainy and the masochistic plight of the woman.

The author introduces the concept of "second birth," when the early vision of the mother as the "overwhelming female" is replaced by the woman who is weak, castrated, suffering, and humiliated. This serves as a warning of the danger of identifying with mother and sexually submitting to the father.

The father withdraws from the daughter at the onset of her adolescence because of the sexual feelings she arouses in him. This is a narcissistic mortification for the young girl, undermining her security in her growing femininity. The rape by the father figure represents a covert fulfillment of her longing for the father's love and intimacy. The Krishna lover is the second most popular figure in Indian films. He, the "phallus incarnate," is the one to arouse the sexually innocent woman.

In more recent years, there is a new cinematic expression loosely based on the good/bad hero figure of American films and typified by the theme of violence against evil forces. He lives by his own rules and triumphs in the end because the cause is a noble one. He is not intrinsically bad, but reacts as a result of a "developmental

deprivation of early childhood (a mother's loss, absence or ambivalence toward the hero)" (p. 37).

The snake, particularly the cobra, is prominent in Indian culture. The "snake lover" is widespread. More than a phallic symbol, the snake may represent a dangerous femininity (a devouring vagina), or an umbilicus (a bridge to the womb, the hope of rebirth). Western tradition has it that the beast (as in "Beauty and the Beast") who is restored to his human form by love of the maiden is a representation of the task the female must perform in order to overcome her feeling that sex is animal-like. This author interprets the snake lover as an idealized phallus which helps the girl to overcome her fear of being damaged by it.

Women who are the victims of abusive husbands may endure the cruelty if there are strong ties to her family of birth. The *Mahabharata* regards the husband as one who should be worshipped, almost as a God. Despite whatever unspeakable treatment he may inflict upon her, she is likely to remain loyal because of her self-object attachment to him. She may prefer suicide to separation from the spouse.

Gandhi's own writings reveal his struggle against his sexuality, from marriage, at age thirteen, to the end of his life. His conscious purpose in living a celibate life was to attain the highest level of development by the transformation of sexual potency into the ultimate of psychic and spiritual growth. This is the core issue of much of Hindu metaphysics and practice. This Indian belief, stated briefly, holds that physical strength and mental power have their source in "Virya" (sexual energy and semen), which is identical to the essence of maleness. It can move either downward, in the form of ejaculated semen, or upward, through the spinal cord, into the brain. The downward movement is enervating and destructive. The upward movement thus leads to an enhancement of mental and spiritual powers.

However, the author suggests the unconscious purpose of this self-denial when he informs the reader that Gandhi recounted the occasion when he was tending to his ailing father and left him, temporarily, in order to engage in sexual relations. His father died, unexpectedly, during the interlude, leaving the son guilt-stricken. Kakar suggests that Gandhi's renunciation of sexuality also had to do with his father's fourth marriage, when he was over forty, to an

eighteen-year-old girl, who was to be Gandhi's mother. Perhaps "he saw his mother as the innocent victim of the powerful old male's lust" (p. 124). "Genital abstinence, its surrender, provided the tranquil, peaceful path back to the mother" (p. 124). Later in his life he wrote articles critical of such marriages, regarding them as a form of debauchery. The author states "the evidence is compelling that Gandhi's relationships with women were dominated by the unconscious fantasy of maintaining an idealized relationship with the maternal body" (p. 125) and denying his sexual desire for her.

The Hindu Vaishnava culture, in which Gandhi was raised, provided a sanction for man's feminine strivings, raising these strivings to the level of a religious-spiritual quest. This served him well in the maternal role he played as a leader. His attempt at sublimation faltered when he was frustrated in his endeavors to gain his political ends. At these times, sexual temptation threatened his efforts at celibacy, but he intensified his struggle and refused to succumb. He also maintained intimate relationships with women who came to serve under him. The descriptions of these relationships suggest a certain practice of brinksmanship in which he was able to seductively induce these followers to tread a precarious line bordering on sexuality.

In many Indian myths, a male choice is made between remaining with the mother (at her breast) at the expense of developing masculinity or attaining phallic strength and, as a consequence, losing mother.

While the unconscious meanings attributed to the union of the sexes are extant in the Western world, the author claims that the influence of Indian culture encourages a greater degree of belief and, therefore, accentuates the defensive behavior of people. Along this line, it is suggested that the threat of castration in the Indian patient differs from that of the Western patient. It is related to the greater acceptability, in the Indian male, of the wish to be female.

The author states his thesis with clarity. While his evidence comes more from the creative fantasies in Indian cultural life than from case material, it is in basic agreement with Western psychoanalytic theory.

The reader will find this small volume rewarding.

FREDERICK F. SHEVIN (BIRMINGHAM, MI)

NIETZSCHE'S ENTICING PSYCHOLOGY OF POWER. By Jacob Golomb.  
Ames: Iowa State University Press, 1989. 350 pp.

In late nineteenth century Europe, two men, via heroic introspection, discovered an abyss in the human soul. Separated by twenty years and dissimilar methodology and temperament, they differed in what they saw and reported back. While each found an unsuspected realm and mapped a similar terrain, they disagreed on what non-terrestrial life forms dwelled there. The book under review convincingly demonstrates its main thesis: Nietzsche's psychological insight is the key to a philosophy that essentially anticipated the Freudian revolution.

Friedrich Nietzsche, renowned metaphysician (the last, according to Heidegger), "vivisectionist" of conventional morality, champion of the individual, and arch enemy of the state, religion, and anti-Semitism, clearly emerges as the first great psychoanalyst (in *our* meaning of the term). It indeed becomes apparent that Nietzsche's psychological insight provided the epistemological instrument that created his entire philosophy. Not least among the considerable merits of this book is the novel perspective it provides on a relation that agitated Freud—that between psychoanalysis and philosophy. Freud once indicated that psychoanalysis stood midway between medicine and philosophy. To emphasize its scientific aspect, he had to repudiate the antipode. Golomb's book implicitly vitalizes this crucial question regarding the nature of our field. It shows how far philosophical introspection by itself can go.

This book offers a scholarly and accessible distillation of the doctrines of a subtle thinker of supreme emotional and intellectual power. I am grateful to the author for helping me fill an intellectual lacuna in so pleasurable a way. Any psychoanalyst will be spell-bound following the relentless progress of Nietzsche's thought toward the theoretical core of psychoanalysis. I felt astonished and not a little disturbed that the major elements of Freud's dynamic topography were explicitly anticipated by the solitary philosopher. Freud acknowledged that an "anxiety of influence" prompted him to avoid Nietzsche's writings.

Nietzsche's research began with the finding that the mind (and life in general) develops from two natural instincts which become perspicuous in the study of art. He approached the creation of the

psyche primarily as an aesthetic phenomenon. He identified a basic dynamic striving—the Dionysian (an eruptive, precognitive life-force)—that gains form and coherence from its Apollonian counterpart. All natural phenomena (mind included) derive from the dialectical interaction of these instinctual drives. These instincts constitute the unconscious substratum of human mental life, in which the Apollonian reaches its zenith. Experience is, as it were, a compromise formation in which a resurgent energetic flux (“the Id”—a Nietzschean term) is bound to conceptual and representational forms. Our primary route to knowledge of these unconscious generative processes is the *dream*. From *Daybreak*: “There is no essential difference between waking and dreaming. . . . Nothing is more your own than your dreams” (p. 161). Dreams secretly fulfill forbidden wishes. Even here, where Freud wanted his “plaque,” he could not truly claim priority. Nietzsche was, however, an elitist who seemed shockingly indifferent to ordinary human suffering. One gets the impression that Freud’s greatest originality was to devise a clinical methodology that could impart this capacity for therapeutic insight to non-geniuses.

As Freud overcame his father to make his self-analytic discoveries, so Nietzsche’s mature philosophy developed concomitant to repudiating his idol, Richard Wagner. Most of the parallels adduced in this book are neither facile nor forced; rather they seem essential to the development of both thinkers. This is most apparent when Nietzsche speaks for himself. Occasionally, Golomb suggests more dubious correspondences—for instance, one between Nietzsche’s therapeutic strategy of literary “enticement” and the “seductive” transferences which “lure” an analysand toward insight. Golomb, a professor on the philosophy faculty of Hebrew University, Jerusalem, is most at home in his own field. Clinical psychoanalysts will be impressed by the author’s thesis in distinctive ways.

In overcoming his childish devotion to Wagner, Nietzsche evolved a new drive theory in which a single demiurgic principle—the “will to power”—blended Dionysian and Apollonian tendencies according to the degree of “self-overcoming” attained. This self-overcoming or self-mastery (especially of attachments to idealized ancestral figures) is integral to the establishment of instinctual “sublimations,” leading to a refined intensification of life, creativity, and personal emancipation. Freud’s similar thought—that sublimation



(desexualization) follows upon (oedipal) object decathexis—formed a cornerstone concept for psychoanalytic ego psychology.

Disappointingly, Golomb chooses not to explicate differences between the philosopher and physician (say, by developing the implications of “will to power” versus sexuality [Eros] for a theory of sublimation). I think such contrast could interestingly commence by way of Freud’s debate with his most Nietzschean disciple, Alfred Adler.

This fascinating book is not for every analyst. Only those curious about one Freud said “had a more penetrating knowledge of himself than any other man who ever lived or was likely to live” should read it.

BARRY OPATOW (NEW YORK)

SEXUAL PERSONAE. ART AND DECADENCE FROM NEFERTITI TO EMILY DICKINSON. By Camille Paglia. London/New Haven: Yale University Press, 1990. 718 pp.

Massive in size as it is, this book announces itself to be but the first volume of the history of the clash between what Camille Paglia calls the “Apollonian” and “Chthonian” impulses in the Western tradition. By these terms, of course, she means to signify the conflicts between civilization and nature; artistic organization and biological chaos; order and impulse; or paganism and modernism. In a forthcoming volume, she says, she will “show how movies, television, sports, and rock music embody all the pagan themes of classical antiquity” (p. xiii). Actually, in the present volume she discusses the contemporary period quite frequently, so that the entire argument, historically applied, is very clear. Paglia’s thesis and its application will infuriate many readers; some will utterly reject it, while others will be fascinated by it. Few readers will be able to accept every one of her assertions; few will be able to deny that she has set forth some important propositions. In short, the book is—and is meant to be—controversial, compelling, engaging, a kind of guerilla warfare against most accepted conventions, an insistence upon violent criticism and violent ideas.

Her “largest ambition,” Paglia writes early on, “is to fuse Frazer with Freud” (p. xiii), the study of myth with the understanding of psyche. Freud is the central intellectual hero of her book—

especially the early Freud, who stressed the unconscious and its powers. For her, the "chthonic" (i.e., earthy nature) principle is basic both in the biological drives of humankind, and in history. The chthonian impulse she associates with nature, women, sexuality, fecundity, and aggression. Sex and nature are "brutal pagan forces" (p. 1). The Apollonian principle—which she sees in society, religion, the family, political authority, and art—she understands to be a defense created by males to withstand nature's and women's elemental powers. "There is no escape from the biologic chains that bind us," she writes (p. 19). Gender differences, she stresses, are part of our biology, not merely transient fashions of culture. But to ward off their deep envy and fear of nature's and women's potency and "latent vampirism" (p. 13), men created all the elements of civilization: "all cultural achievement is . . . a swerve into Apollonian transcendence" (p. 17); Apollonianism makes the claim that "it is the divine human privilege to make ideas greater than nature" (p. 116). Culture was invented by men in order to give themselves the illusion of wholeness. She says, "Beauty was made by men acting together" in antiquity, until, finally, in "Egypt . . . art broke its enslavement to nature" (p. 57).

As she sees it, this transcendence was not easily won, and has never been more than precariously maintained. Freud's model of the "return of the repressed" is a central conceptual tool of this book. In Greek, Roman, and Renaissance civilizations, the dark, unconscious, destructive side keeps breaking through the Apollonian order. If a Rousseau arises to make claims for mankind's freedom, a Marquis de Sade will soon appear to mock those claims and return mankind to the tyranny of nature. "In Sade, Apollonian personality is plunged into Dionysian sewage" (p. 237). If a Wordsworth pictures nature as a benevolent mother, a Coleridge will mock that portrait with tales of vampires and death. American genteel Romanticism is reversed in Emily Dickinson, the "American Sade."

In this scheme, the drive toward sexual freedom is clearly a tilt toward the chthonic, and Paglia believes, "Whenever sexual freedom is sought or achieved, sado-masochism will not be far behind" (p. 3). Contrariwise, in a very interesting argument, she asserts that the Greek turn away from woman to "the Beautiful Boy" was the first great consolidation of the Apollonian, and that whenever later

male homosexuality focuses on the classical Beautiful Boy figure, it has functioned to preserve Western culture and identity. For modern times, Oscar Wilde is central: "The male homosexual, by his Wildean self-conceptualization, carries on the work of western imagination." Contemporary male homosexuals who follow and venerate female stars, by contrast, work unwittingly to restore the chthonian through the dominance of the female.

In a wholly un-Lacanian—but, in fact, in a more accurate way than Lacan does it—this book is written in the spirit of a "return to Freud"; for it stresses the power of Freud's earliest insights: the importance and persistence of the unconscious, the primacy of biologic drives, the fundamental and permanent differentiation between the genders, and the centrality of sexuality. For psychoanalysts, this is always a valuable set of emphases of which to be reminded, especially when, as today, they are not fashionable. Indeed, the literature and art quoted, illustrated, and discussed in this book offer a rich immersion in the unconscious. Despite Freud's own modifications, as well as later revisions of Freudian theory, psychoanalysts still need to stay in the unconscious, and this book helps to keep us there. By implication, Paglia would be skeptical of the stress in contemporary analysis upon benevolent mothering, on "self," and on empathy as a mode of psychic and social improvement. Her work takes no notice of Eriksonian or Kohutian psychologies.

Judged as a conceptualization of history or by the standard of clinical experience, the book exhibits several obvious shortcomings. First, Paglia's not inconsiderable talent in synthesizing and unifying materials leads her to make connections that exist only in her ability to make them, but neither in history nor in psyche themselves. In this book, "like" or "unlike," "as," and other comparatives appear everywhere. Poe's tales, for instance, "are redramatizations of Coleridge's *Ancient Mariner* and *Christabel*, which was inspired by Spenser's *Faerie Queene*. So what we will be tracing in the American decadents is . . . Italian Renaissance paganism" (p. 573); like Blake, Whitman claims to shatter false laws . . ." (p. 604); "*The Bostonians* daemonizes *The Blithedale Romance*" (p. 615); "like Poe, Dickinson is exiled from European objets d'art. Therefore her ice images, expressing a revulsion from nature identical to the French Decadents', are a great leap forward into modern metaphor" (p. 655).

That Paglia obsessively makes such connections does not mean that they exist beyond her making of them. She is not a deconstructionist in any sense; she appears to believe that if she can organize fragments, reality has unity. This makes the book seem too often like an imaginatively willful improvisation.

Second, the book is extremely repetitious. Her basically simple dualistic thesis is most engaging where it is first presented, in the initial chapter ("Sex and Violence, or Nature and Art"). Her analysis of a western European mode of seeing in the following chapter is persuasive and original. But by the time she reaches American writers in Chapter 21, the argument has been fully developed, and an atmosphere of weary *déjà vu* hangs over the book. She herself seems to feel the drag of repetition. Coming from seventy pages on Oscar Wilde, she romps through several American writers, all greater than Wilde, in a mere fifty pages. Because Mark Twain does not seem to "fit" her thesis (by now hardened into a formula), she badly misrepresents and dismisses him in one line. She concludes unimaginatively by hammering her formula into Emily Dickinson's poetry in a rigid, distortive way. By its conclusion, the book has become like the man who came to dinner: it stays on and on—and even promises to make another long visit in a subsequent volume!

The book has, however, all the benefits of its defects. Despite its glaring flaws, I believe it to be the kind of book that will fertilize its audience. The main thesis is very forcefully argued, with little equivocation. The style and manner are deliberately provocative. The book is packed with skillful aphorisms: "Nature is always pulling the rug out from under our pompous ideals" (p. 6); "We cannot grasp nature's bare blade without shedding our own blood" (p. 8); in sexual intercourse, "Men enter in triumph but withdraw in decrepitude" (p. 20); "There is no female Mozart because there is no female Jack the Ripper" (p. 247). Provocative, too, is the freedom from conventional thinking. Taking nature—red in tooth and claw and full of surprises—as her standard, she is anti-ideological and iconoclastic. Contemporary feminism comes in for quite a bit of rough going over, especially for its naïve ideologies. Sex, Paglia argues, is a "far darker power" (p. 3) than feminism has admitted; sexuality is not a matter of social convention. Combat between mother and son will not cease, she states, until babies are born in

glass jars. Feminist ideology, she boldly declares, is not "truth," but one more myth. As for the feminist politicization of androgyny as a "blueprint for sexual utopia" and a model for attack upon the masculine principle, "it . . . means that men must be like women and women can be whatever they like" (p. 22). As for the feminist critique of male egotism, egotism is precisely, she says, "men's greatness as a sex" (p. 653).

The force of the argument, the outrageousness of the *aperçus*, the brilliance of the style, even the repetitions and the unqualified, unconditional character of the assertions all derive from the clarity and tenacity of her central dualistic idea. That idea—in the tradition of Nietzsche, Darwin, and, above all, Freud—makes this a book that will challenge and loosen the ideas of any contemporary psychoanalyst, whether he or she agrees or disagrees with Paglia.

JAY MARTIN (IRVINE, CA)

ERRATUM: Dr. James Naiman of Montreal has called to our attention an error in the review of Christine Downing's book, *Myths and Mysteries of Same-Sex Love* that appeared in the July 1992 issue of *The Quarterly* (Vol. LXI, No. 3). On page 493 and on page 494, in the discussion of homosexuality in ancient Greece, the review refers to the adult male lover as *eremenos* and to the youth who is loved as *erastes*. It should have been the other way around.

## The Psychoanalytic Study of Society. XIV. 1989.

John J. Hartman

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## ABSTRACTS

**The Psychoanalytic Study of Society. XIV. 1989.**

*Abstracted by John J. Hartman*

**Freedom and Independence: On the Psychoanalysis of Political Commitment.** Paul Parin. Pp. 1-13.

Parin, to whom the entire volume is dedicated, explores political commitment from a psychoanalytic point of view. He reviews the analysis of four patients who were politically committed to "freedom" and "independence" during the Soviet occupation of Czechoslovakia. The results of these analyses bear on questions of freedom of the ego from conflict in sublimated achievements, the utility of the concept of "residual neurosis," and the diagnosis of "normal" and "neurotic" when people are involved in political events. He concludes that while important childhood conflicts were revived and activated by the political event and played a part in his patients' commitment, the conclusion that this was the exclusive motivation is unjustified. Political commitment also had an adaptive, rational basis in these analyses.

**The Mark of Oppression: Jews and Homosexuals as Strangers.** Paul Parin. Pp. 15-39.

The completed psychoanalyses of Jews and male homosexuals, members of subcultures in Switzerland and other Western countries, are used to examine the impact of societal rejection on the personality of individuals. The comparison yields a "deep-seated, multifaceted similarity" which Parin concludes is the result of discrimination, irrespective of individual success and "relatively independent of familial circumstances." Both groups felt that their analyses were doomed to fail because they were afflicted with an irreparable "birth flaw." Both groups had deep concerns about whether the analyst shared their flaws. Conflict intensified when members of both groups had to confront "the strange" in adolescence when they encountered discrimination by the larger society. The paper concludes with some implications for the understanding of reactions to anti-Semitism and homophobia.

**Psychoanalytic Anthropology: The Analogous Tasks of the Psychoanalyst and the Ethnographer.** Mark J. Gehrie. Pp. 41-69.

Gehrie addresses the issue of the validity of attempts to utilize psychoanalytic theory to inform cultural behavior and content, and suggests a methodology to enhance this aim. He proposes the clinical model of the psychoanalytic interview organized around transference and countertransference issues (broadly defined) to gather data from the field. He concludes that a research alliance, analogous to the therapeutic alliance, can be forged with subjects in the field around the aim of understanding without inviting undue regression and without the implication of pathology. Gehrie offers an example of such an interview and discusses its advantages and drawbacks for anthropological field study.

**The Theoretical Importance of Pseudo-Procreative Symbolism.** Warren Shapiro. Pp. 72-88.

The author extends Bettelheim's observation of "vagina envy" in his young male patients to male cult rituals in preliterate societies, and Hiatt's use of the term "pseudo-procreation" to refer to Aboriginal Australian rites in which either male or female reproduction is ceremonially portrayed. Shapiro compares and contrasts the male cult rituals in preliterate societies with the rituals, ideology, and behavior of the Nazis toward Jews. He argues that in Nazi theory the enhancement of life is brought about through the ritual "purifying" killing of outsiders and insiders. He argues that, for Nazis, Jews occupied the same necessary role of death polluters as premenopausal women in Aboriginal cultures.

**Cultic Elements in Early Christianity: Antioch and Jerusalem.** W. W. Meissner. Pp. 89-117.

Meissner continues his previous studies on early Christianity with this paper on the impact of Hellenism on the evolution of the early church. He discusses historical, social, and cultural influences while highlighting underlying psychological forces which gave the early church a cultic influence. He utilizes his concept of the paranoid process as the organizing focus of this study.

**The Visionary Practices of Jewish Apocalyptists.** Daniel Merkur. Pp. 119-148.

The author investigates Jewish literature in which angels disclose divine secrets to humans through dreams, visions, and locutions. Only some of these texts envision the catastrophic end of the world. The author uses psychoanalytic insights to answer two questions: were the texts based on visionary experiences? If so, how were the visions produced? He argues that the visions involve the induction of ecstasy through exaggerated mourning. He concludes that the mechanism involved in this altered psychic state is accomplished by manipulation of the "bipolar structure of the superego."

**Incest and Parricide on the Throne of Judah?** Avner Falk. Pp. 149-165.

Falk uses the Biblical texts involving the Hebrew kings during the First Temple period to show how inconsistencies and contradictions in these texts can be understood by using a psychohistorical approach. He discusses the case of King Asa of Judah to show how the need to keep incest and parricide secret could explain contradictions in the Biblical text.

**Creationist Resistance to Evolution: The Patriarchal Unconscious as the Key.** Robert Bates Graber and Ladelle McWhorter. Pp. 167-190.

The authors propose that the theory of creationism and the resistance to the theory of evolution can be understood as the product of profound fears rooted in early development. They argue that Darwin's theory originated, in part, in repressed parricidal wishes associated with oedipal strivings. They believe evolution has this same unconscious meaning for many individuals who believe in a Father God as opposed to a Mother Nature. They feel that a "patriarchal unconscious"



develops, which equates power with maleness and nurturance with femaleness; it is a product of fantasies about the relations between the sexes as well as of the anatomical differences. Those who retain a persistent fear of female empowerment may see creationist theory as a means of defending against these fears.

**Mama, Papa, and the Space Between: Children, Sacred Objects, and Transitional Phenomena in Aboriginal Central Australia.** John Morton. Pp. 191-225.

Morton employs Winnicott's notions of the transitional object and transitional phenomena to illuminate a problem in Central Australian ethnography dealing with the relationship between women, children, and sacred objects. He presents two myths collected by Róheim and uses Winnicott's psychoanalytic concepts to explain them. He concludes with some critical remarks on Herdt's use of the transitional object concept in his study of the Sambia of New Guinea.

**Cinderella and the Saint: The Life Story of a Jewish Moroccan Female Healer in Israel.** Yoram Bilu and Galit Hasan-Rokem. Pp. 227-260.

This is a study of Alu, a middle-aged Moroccan-born follower of a popular Moroccan Jewish saint. The woman became a popular healer after the saint revealed himself to her in a series of dreams and visions. The verbatim text of her self-narrative is presented and analyzed in two ways. First, a psychocultural explanation is given. It is based on the idea of the culturally constituted image of the saint as a personal symbol used to cope with the recollection of traumatic events. Purity versus impurity, loss versus compensation, and femaleness versus maleness are discussed as this woman's crucial life themes. Second, the text is re-analyzed in terms of the Cinderella fairy tale, which the authors claim serves as a model for Alu in articulating or remolding her experiences.

**The False Face: Observations on the Reactions to Maskers and Strangers.** Werner Muensterberger. Pp. 261-279.

Muensterberger discusses the affective experience of intimidation of the spectator who meets a person wearing a "false face." He employs field research, clinical data, and child observation to back his assertion that an experience of acute disorientation, *folie du doute*, occurs when encountering a masker. Data from tribal traditions and legends, field observation in Bali, and observation of Western children suggest the connection between reactions to masking and stranger anxiety in infancy.

**Contributions of Crosscultural Studies to Clinical Theory and Practice: The Work of Paul Parin.** Daniel M. A. Freeman. Pp. 281-299.

The author reviews the contributions of the swiss psychoanalyst Paul Parin and his associates to the joint efforts of anthropologists and psychoanalysts to better understand the relationship between culture and individual personality. He focuses this review on the usefulness of cross-cultural studies to the Western clinician and uses Parin and associates' book, *Fear Thy Neighbor as Thyself*, to this purpose. This book summarized a study of the Anyi of West Africa by a group of psychoanalysts employing modified clinical methods in their data gathering. The author comments on

the usefulness of this study for the understanding of puzzling phenomena in Western patients, particularly linguistic fragmentation and frequent, transient regressions.

**Bulletin of the Menninger Clinic.** LIV, 1990.

*Abstracted by Sheila Hafter Gray.*

**An Overview of Anxiety Disorders.** Robert O. Pasnau and Alexander Bystritsky. Pp. 157-170.

The authors review the vast literature on anxiety disorders and present clear synopses of the major psychiatric approaches to them. Biological vulnerability seems to play an important role in the genesis and perpetuation of these disorders. This theory has been credibly demonstrated for the panic disorders, and preliminary investigations suggest it may be applicable to generalized anxiety disorder and obsessive-compulsive disorder as well. When the biological defect is central, it may manifest itself in pathological learning and in impairment of the mechanisms that regulate anxiety. A variety of psychological treatments, including education, psychotherapy, and behavior and cognitive therapies, have proved useful in these disorders. The authors note the importance of therapeutic inquiry into the patient's history. Medication is indicated to prevent pathological sequelae of anxiety attacks, and seems particularly useful for patients who have a positive family history and spontaneous attacks without apparent internal or external precipitating factors.

**A Psychopharmacologist's Perspective on Panic Disorder.** Jerrold F. Rosenbaum. Pp. 184-198.

Panic disorders may be viewed as dysfunctions of the normal adaptive responses to threats to an individual's security. These include ongoing psychophysiological preparedness for threat and sudden reactions to actual danger. Studies of primates and human beings suggest that about 15% of the population is genetically vulnerable to ordinary challenge and uncertainty, as well as to developmental adversities, such as separation. Pharmacotherapy aims to compensate for this constitutional vulnerability.

The interplay between limbic and central noradrenergic arousal has been identified as an important component of the neuropsychological security system; this is relevant to the everyday pharmacotherapy of anxiety. Antidepressants are the agents of choice for panic disorders. Clonazepam, a benzodiazepine anticonvulsant, may be useful in cases that do not respond to conventional antidepressant treatment. A few patients suffer from atypical panic attacks that are elements of partial complex seizures; carbamazepine or valproate may be particularly helpful in such cases.

Psychotherapy for these disorders focuses on their developmental, interpersonal, and intrapsychic components.

**Mitral Valve Prolapse and Panic Disorder.** Ashok Raj and David V. Sheehan. Pp. 199-208.

A review of the medical literature reveals that panic has been associated with cardiovascular dysfunction for well over a century. More recently, investigators have

noted that the symptoms of mitral valve prolapse and of panic disorder are nearly identical; but they have not yet clarified the causal relationship of these two disorders.

The differential diagnosis of anxiety includes withdrawal states, intoxication, schizophrenic and depressive disorders, endocrine disorders, complex partial seizures, as well as mitral valve prolapse and other cardiovascular disorders. A diagnosis of mitral valve prolapse dictates screening for panic disorder. Similarly, a diagnosis of panic disorder mandates evaluation and treatment for the complications of mitral valve prolapse.

A multimodal therapeutic approach to panic disorder is most effective. The biological core, which is manifested by eruptions of anxiety in specific feared situations, is controlled with pharmacotherapy. Phobic avoidance is best mitigated with behavior therapy. The psychosocial components of this disorder are resolved through psychotherapy.

**Distinguishing Features of Delayed-Onset Posttraumatic Stress Disorder.** Dilip Ramchandani. Pp. 247-254.

The author identified a distinct subgroup of posttraumatic stress disorder patients that merits further study. A group of middle-aged and elderly war veterans presented with depressive illness that included preoccupation with guilt related to specific acts of omission or commission during combat. These men initially seemed unscathed by their wartime experiences, and they had made successful adaptations to civilian life. In each case, a contemporary traumatic event activated the disorder. These patients had mastered their war traumas effectively using defense mechanisms that result in repression rather than in the more usual and more primitive splitting. Their guilt persisted unconsciously and later returned as sorrow, concern, and feelings of responsibility for particular acts.

There is a brief, comprehensive bibliography on combat-related posttraumatic stress disorders.

**Incest Perpetrators in Group Therapy: A Psychodynamic Perspective.** Ramon Ganzarain and Bonnie J. Buchele. Pp. 295-310.

Ganzarain and Buchele saw twenty incest offenders in group psychotherapy under court order. They found that major obstacles in the early phase of the work were resentful passivity on the part of the offenders and countertransference on the part of the medicolegal team. As treatment progressed, four clinical issues became evident: perversions, sociopathy, low self-esteem, and substance abuse. With the support of the therapeutic group, these involuntary, resistive patients made modest progress in controlling their inappropriate sexual urges and dealing with their narcissistic psychopathology.

There is a short, well selected bibliography on psychodynamic issues in incest.

**Suicidal Patients' Psychological Attacks on the Therapist.** Wolfgang E. Milch. Pp. 384-390.

This is a detailed report of a thirty-four-year-old German woman who was hospitalized involuntarily after a suicide attempt. She had a long history of such at-

tempts. During psychotherapy she seemed devoid of feeling and single-minded in her desire to kill herself. She challenged the psychiatrist and other staff members to help her die or transfer her to a center for the fatally ill, thus negating their therapeutic function. The staff hated her and wished to be rid of her.

Both of her parents had been orphaned at an early age, and had attempted to compensate for emotional insecurity by actively joining in Nazi activities. They raised the patient in an atmosphere of similar psychological violence and control that left her no opportunity to develop a stable autonomous identity. Suicide was the most autonomous act of which she was capable. As the therapist came to understand that his helpless rage at the patient was a countertransference manifestation of the patient's own feelings in respect of her parents, the treatment team was able to take a neutral stance in regard to the patient's suicide attempts, which then abated.

**The Exploitation Index: An Early Warning Indicator of Boundary Violations in Psychotherapy.** Richard S. Epstein and Robert I. Simon. Pp. 451-465.

The authors believe that psychotherapists' exploitative behavior stems primarily from subclinical narcissistic mechanisms. They propose a thirty-two item self-assessment that therapists may use to identify their latent tendencies toward violation of the boundary between professional and personal relationships. These include erotic attitudes toward or emotional dependency on a patient, exhibitionism, seeking power over a patient, financial greed, and "enabling" a patient's pathological behavior. The process of determining one's Exploitation Index alone or in the context of a support group helps psychotherapists gain insight into their unprofessional attitudes before these are expressed in the psychotherapeutic situation.

The authors caution that people in whom denial is a major defense mechanism are likely to distort their responses. The Exploitation Index may not elicit certain less prevalent but more malignant causes of patient abuse, including overt narcissistic issues, mania, dementia, substance abuse and frontal lobe disorder. It is thus unsuitable as a screening technique to identify serious psychopathology in another person.

**Exploration of Nightmares in Hospital Treatment of Borderline Patients.** Melvin R. Lansky and Carol R. Bley. Pp. 466-476.

Fifty patients at a Veterans Administration acute psychiatric in-patient facility reported at the time of admission that they suffered from nightmares, dreams accompanied by sufficient anxiety to awaken the dreamer. All volunteered to answer a questionnaire and participate in a research interview. The investigators found that the dreams of psychotic patients provided no new clinical material. Patients who suffered from a borderline personality disorder frequently found that their nightmares offered insights into their histories, particularly memories of traumatic events, that were not available to them in any other form. These dreams lacked the splitting and fragmentation that are characteristic of the borderline state. They were comprehensive, coherent, and had an identifiable latent content that was usually related to current and familial trauma. The personality disorder patients proved eager to work on their dreams outside the research setting despite their experience that the process entailed considerable distress, since it proved to be a vehicle for

significant clinical improvement. This prompted the investigators to devise a protocol that integrated dream analysis into the core psychiatric treatment plan.

**Therapist Envy.** Roy M. Whitman and Ellin L. Bloch. Pp. 478-487.

The authors propose that envy may exist at all biopsychosocial levels, from anatomical-biological penis envy through the envy that forms the basis of social class hatred. They suggest that the envy one observes in the clinical situation is a derivative of the animosity experienced by mothers toward their children, particularly toward their daughters. Unacknowledged resentment on the part of therapists interferes with their taking an appropriate empathic stance. Patients may protect themselves against experiencing the therapist's envy by inhibiting their own success. In each case, envy will sabotage a treatment unless the therapist acknowledges and deals with it as a countertransference issue.

**Classical Psychoanalysis and Object Relations Theory in the Analysis of Character.** Harwant S. Gill. Pp. 488-498.

Reviewing the psychoanalytic literature on the treatment of character pathology, the author concludes that integration of classical and object relations theory leads to the best clinical outcome. He offers a detailed illustrative case report. The patient was a kind, generous, admired civic leader who complained of a widening streak of impatience and intolerance in his character. In the first part of the treatment, the analyst believed that these maladaptive traits stemmed from the patient's untamed impulses. The patient reported a series of dreams that led the analyst to identify the sullen, resentful negativism against which the patient appeared to defend himself by conflict avoidance and compromise. The patient was unable overtly to acknowledge that he had ever experienced such feelings in his own life. As treatment progressed, transference interpretation led to reconstruction of early actual family conflicts against which the character traits were effective defenses. The patient did not change his personality significantly; he did gain a capacity for empathy that markedly improved his adaptation.

There is a comprehensive, discerning bibliography.

**The Psychoanalytic Review.** LXXVII, 1990.

*Abstracted by William D. Jeffrey.*

**Self-Analysis: A Fool for a Patient?** Richard D. Chessick. Pp. 311-340.

Chessick has reviewed the scant literature about the self-analysis that occurs after a successful training analysis. He has performed self-analysis for over twenty-five years, using a self psychology viewpoint. He determines that the pregenital contribution to the nuclear self and to tension regulation was not originally analyzed. The primary value of self-analysis is in dealing with inevitable countertransference problems. Self-analysis reworks and better integrates the internalization of one's psychoanalyst, especially in the area of unresolved negative transference. Self-analysis makes possible research into the differences between formal psychoanalysis and

self-analysis. Chessick reports that his self-analysis resulted in a salutary therapeutic effect, and he provides several examples.

**The Debate over Freud's Self-Understanding.** Margaret Nash. Pp. 341-350.

In the context of the debate about what standards should be used to assess the discipline of psychoanalysis, Nash reviews and examines the contributions of Grünbaum and the hermeneuticists, Ricoeur and Habermas. In their arguments both sides fault Freud's self-understanding in his claim that psychoanalysis is a natural science. Nash examines what Freud meant by natural science and states that for Freud, it was "an elastic category," which included "any disciplined, scholarly pursuit." Therefore, the "arguments from Freud's self-understanding are problematic and not particularly fruitful in helping us to assess the scientific nature of his theory."

**Einstein's Three Dreams: Moral Conflicts and Life Crises of the New Prometheus.** Joseph Katz. Pp. 351-374.

Only three of Einstein's dreams have been documented. Katz examines them in relationship to Einstein's life as revealed in his extensive correspondence and biographies. Dream one, at age thirty-nine, was a reflection of Einstein's guilt following his first success. Dream two, at age forty-seven, involved Einstein's unresolved guilt over his father's death. In the third dream, at age fifty, Einstein confronted the anxieties of old age. Katz concludes, "Within all three dreams is the sternly admonishing and punitive voice of feared and detested authority with which Einstein struggled all his life."

**Uncanny Update and Henry James.** Richard A. Hutch. Pp. 375-390.

Hutch builds upon Freud's paper "The 'Uncanny'" by examining recent discussions of the psychoanalysis of narcissism. He then examines Henry James's *The Turn of the Screw*. The unnamed governess in the story experiences "derailment of dialogue" with the two children and her vision of ghosts shows them as idealizing and mirroring projections of her narcissistic personality. Hutch argues that in the psychology of the uncanny, an arrest at the secondary narcissistic stage occurs. At the time when the preservation of the self is in jeopardy, one can either regress to a narcissistic developmental arrest or embrace the uncanny in a creative manner.

**Living and Dying for the Ideal: A Study of Willy Loman's Narcissism.** Giles Mitchell. Pp. 391-407.

In Arthur Miller's drama, *Death of a Salesman*, the source of Loman's failure and suicide is a pathological narcissistic ego ideal. Loman projects his pathologic ego ideal onto "the American dream." Because of his narcissism he believes the ego ideal is real and that life should mirror the ego ideal. Loman dies for his ego ideal rather than let his ego ideal die.

**The Goodnight Kiss and Involuntary Memory in Proust's *Remembrance of Things Past*.** Donald O. Chankin. Pp. 409-422.

The amnesia of the narrator, Marcel, in Proust's *Remembrance of Things Past* is overcome by "involuntary memory" evoked by the taste of the madeleine. Chankin considers Marcel's memory from age seven of his mother's good-night kiss, when he was allowed to have her spend the night with him, as a screen memory, trauma, and oedipal victory-defeat. This memory is examined in depth as Chankin compares and contrasts Proust's method of searching for the past in "involuntary memory" with Freud's method of free association.

**Eulenspiegel's Rebellion against the Civilizing Process: A Psychohistorical Perspective.** Ronald Glasberg. Pp. 423-445.

Glasberg examines the Eulenspiegel texts as critical and contemporary reflections of a greater affect control which occurred during the shift from the medieval to the early modern epoch—a time of increasing economic complexity and nontraditional forms of social interdependency. Within the Eulenspiegel texts are the themes of 1) an aggressive intermixing of what should be kept separate, 2) an aggressive use of excrement, and 3) a criticism of the new dependency relationship within society. Glasberg discerns a contemporary "Eulenspiegelian personality." This personality is characterized by a withdrawal from society and a semisublimation of aggression directed against society's complacency and dedicated to raising its consciousness.

**Metapsychology, Symbol Formation, and the Work of Susan Deri.** Peter Deri. Pp. 479-489.

Peter Deri examines the contributions of the late Susan Deri, who reformulated metapsychological theory by expanding the concept of symbol formation. Drawing from the work of Langer, she attributed an innate gestalt or organizing quality to the deepest layer of the nonrepressed unconscious. This contrasts with Fechner's tension-reduction model of the mind, which greatly influenced Freud. Deri viewed symbol-making as an effort to create "order and connectedness within a person's psychic organization as well as bridging from the inside to the outside." Abstracts of previously unpublished papers of Susan Deri follow.

**The Great Representatives of Hungarian Psychiatry: Balint, Ferenczi, Hermann, and Szondi (1981).** Susan Deri. Pp. 491-501.

Deri briefly reviews the contributions of four prominent Hungarian analysts—Michael Balint, Sandor Ferenczi, Imre Hermann, and Lipot Szondi. All were similar in their view that the psyche of the newborn is not a closed system involving primary narcissism and motivated by tension-reduction. Deri regards the four as early object-relation theorists, who concentrated on the early mother-child relation and the traumatic effects of its disruption.

**Szondi's Genetically Based Schicksalsanalysis as a Parameter of Psychoanalysis. (1974).** Susan Deri. Pp. 503-510.

Szondi's theories on the effect of one's genetic heritage on life choices as well as on pathology are examined in this paper. *Schicksalsanalysis* was an attempt to reveal

the personal inherited endowment forming the biological unconscious substratum of the personality—the “familial unconscious.” “Ancestral strivings,” originating in the genes, are an impetus directing choices toward external objects. Certain patients suffer from “choice-sickness,” i.e., making choices based on these underlying configurations. Traditional transference interpretations are inaccurate and cause serious problems in the analytic relationship. A change in therapeutic technique is needed to make the patient aware of these genetic factors, which will increase the patient’s capability for free choice.

**Changing Concepts of the Ego in Psychoanalytic Theory (1963).** Susan Deri. Pp. 511-518.

Deri states that almost everything essential to the understanding of the ego was present in Freud’s 1895 paper, *Project for a Scientific Psychology*. In *The Interpretation of Dreams*, Freud retreated from the neurophysiological model of the mind with emphasis on earliest development, to a psychological model of the mind with an emphasis on later development. He may have been led to do this by oedipal problems revealed in his self-analysis, oedipal conflicts of his patients, and the scientific atmosphere of the time. This shift resulted in an erroneous concept of a passive and weak ego. Deri argues against a purely psychological model of the ego that disregards the psychosomatic integrity: the ego functions in the context of a psychobiological organism.

**The Aged and Women: Partners by Prejudice (1973).** Susan Deri. Pp. 519-523.

This paper explores the psychodynamics that link prejudice toward the aged and toward women. Men use denial to avoid anxiety about vulnerability, powerlessness, and death. The prejudice against the elderly is obvious; they are reminders of aging and death. The prejudice against women is based on unconscious dynamics; women are reminders of the preoedipal mother toward whom destructive fantasies were projected, resulting in the fear of abandonment and death by the all-powerful woman.

**The Homeostatic and the Representational Function of the Symbolic Process; with Reference to the “Rat Man’s” Obsessive Ideation (1964).** Susan Deri. Pp. 525-534.

Beginning with Jones, analysts have considered only the pathological aspect of symbol formation. This focus is too narrow, according to Deri, and separates analysis from the disciplines of developmental psychology, philosophy, and aesthetics. Using a wider view, she examines the formal structure of the dynamics of symbolization—the method by which mental structures necessary for mental energy transformation and delay are formed. Symbols are a bridge between different, disparate regions of the mind, bringing order out of chaos by establishing delineated structures.

Deri attempts to understand the “Rat Man’s” speech as a distortion of the normal symbolic process. The “Rat Man’s” problems stem from 1) early sexual stimulation, 2) fixation at the level of infantile omnipotence, 3) intense and defused sadistic impulses, and 4) limited object libido. She concludes, “The pathological intensity



and aim of the instincts destroy the formal articulation of the total field required for the performance of unimpaired symbolization."

**Case Presentation (1965).** Susan Deri. Pp. 535-554.

A thirty-five-year-old woman with a pathological use of word symbols, in the form of obsessive verbalizations, had been in analysis four months at the time of this report. The patient complained, "I don't live in the world, I live in words . . . only words are real." Through an intense transference, the patient recalled childhood memories of traumatic mothering, which resulted in a defective libidinous object relationship. This interfered with the development of symbols which should have served as functional integrators in "the preconscious storehouse of symbolic structures of imagery and language." As a child, the patient had used words as an emergency defense to protect her integrity. However, her whole personality structure became partly fixated and partly regressed at the anal level. She was left with defects in her synthetic and repressive ego functions. Aggressive energy was attached to word symbols which were magical and therefore dangerous.

**New Answers to Old Questions: What the Complete Freud-Fliess Correspondence Tells Us.** Malcolm MacMillan. Pp. 555-572.

MacMillan compares the complete Freud-Fliess correspondence, edited by Mas-son and published in 1985, with the previous incomplete edition. He examines four areas of historical interest. 1) Janet's determination—that hysterical symptoms represent ideas—meshed with formulations of Hughlings Jackson, and was utilized by Freud in theorizing with Breuer that hysterical symptoms result from abnormal modes of discharging surplus excitation. 2) Freud's "dissociation" from Breuer's theoretical chapter in *Studies on Hysteria* occurred because Breuer was not willing to agree that all hysteria is derived from sexual fantasies. 3) Freud's hypothesis that hysteria has a sexual etiology was not based primarily on his observations of hysterical patients; its main source was Freud's generalization of a similar etiological hypothesis about the causes of the actual neuroses. 4) Gattel's statistical investigation of the actual neuroses, which implied an improbable high rate of childhood seduction, could well have been a factor in Freud's abandonment of the childhood seduction theory.

**The Preconscious and Potential Space.** Michael Civin and Karen L. Lombardi. Pp. 573-585.

The authors contend that the division of psychoanalytic theory into a drive-structure model and a relational-structure model reflects a larger tendency to divide the totality of human experience into a dichotomy of phenomena reflecting external experience and internal experience. They find similarities between Freud's *preconscious* and Winnicott's *potential space*. Both concepts bridge the division between internal and external, which are differing, non-overlapping sets. The preconscious and potential space function as processes which translate either set of experiences—internal or external—to the other. The authors advocate greater analytic focus on this process of intermediation.

**Outatime: Recreationism and the Adolescent Experience in *Back to the Future*.** Ilsa J. Bick. Pp. 587-608.

The recent film, *Back to the Future*, combines elements of magical wish-fulfillment and reversals in the traditional father-son roles, with oedipal themes and issues specific to the second separation-individuation phase of adolescent development. Bick examines the issues of adolescent resurgence of oedipal conflict and family romance fantasy, time and awareness of oneself in time as manifestations of super-ego conflict, and creation mythology heightened by these developmental struggles. She considers the film as an amalgam of developmental and age-appropriate fantasies, and compares the structure of the film with the theory of dream work.

**The Annual of Psychoanalysis.** XVIII, 1990.

*Abstracted by M. Philip Luber.*

**Object Loss and Selfobject Loss: A Consideration of Self Psychology's Contribution to Understanding Mourning and the Failure to Mourn.** Estelle Shane and Morton Shane. Pp. 115-131.

The authors attempt to add a self psychology vantage point to the topic of the death of a parent during childhood. They argue that the question, to what degree can children of different ages mourn the loss of a parent, must be expanded to take into account not only the object loss, but also the selfobject loss. That is, they focus on the impact of the loss of narcissistic supplies (i.e., the repairing, sustaining, and regulating relationships of the self) from the lost parent, and also from the remaining parent, depending on how the remaining parent's ability to provide support and encouragement for the child is compromised by his or her reaction to the death of the spouse. The authors provide brief examples from the analyses of four latency age children, and a longer clinical vignette from the analysis of an adult.

**Toward a Clarification of the Transitional Object and Selfobject Concepts in the Treatment of the Borderline Patient.** Steven H. Cooper and Gerald Adler. Pp. 133-152.

This is an attempt to demonstrate the usefulness of two different and sometimes overlapping concepts, those of the transitional object and the selfobject, in the treatment of adult borderline patients. The discussion of the theoretical issues does not explicate the jargon that is repeatedly employed, and the clinical vignettes are too brief to be convincing, but the paper is useful in demonstrating how analysts struggle to apply developmental concepts from different psychoanalytic "schools" to the treatment of adult patients.

**A Model of Affect Using Dynamical Systems.** Jerome I. Sashin and James Callahan. Pp. 213-231.

The authors, one a psychoanalyst and the other a mathematician, attempt to construct a scientifically rigorous, mathematically based model to understand af-

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fects. They apply "catastrophe theory," which gives a visual model of discontinuities or sudden changes in behavior, to psychoanalytic concepts of normal and abnormal affect regulation. They emphasize the theory's ability to meet the scientific criteria of making and proving or disproving predictions. They succeed in making concepts such as hysteresis (the pairing of large delayed responses), the single and double cusp models, and the butterfly model, understandable to the layman, but the paper is clearly only a brief introduction to a complicated effort in the application of mathematically based theory to psychoanalytic concepts.

## Meetings of the Psychoanalytic Institute and Society of New England, East

Michael Good & Ralph Beaumont

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## NOTES

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

February 11, 1991. FREUD'S AESTHETIC RESPONSE TO MICHELANGELO'S MOSES. Gary N. Goldsmith, M.D. (Faculty Forum.)

Dr. Ana-Maria Rizzuto introduced the topic of the forum by describing the background of Dr. Goldsmith's investigation into Freud's essay on Michelangelo's sculpture of Moses. In the autumn of 1990 some members of the Psychoanalytic Institute of New England, East, formed a group to study Freud, Vienna, and the beginnings of psychoanalysis. This evolved into a study of the notion of secrets in Freud's writings and in his personal life, particularly preoedipal secrets.

Dr. Goldsmith noted that previous commentaries on Freud's essay on Michelangelo's *Moses* have stressed the personal significance to Freud of Jung's and Adler's defection from the psychoanalytic movement, and the paternal conflict rekindled by seeing Michelangelo's sculpture of Moses the Lawgiver. In Freud's view, Moses' wrath at the defection of the false idolators was successfully restrained in Michelangelo's sculpted image. Jung's apostasy was, for Freud, the defection of a younger successor, and, like Michelangelo's *Moses*, Freud was restrained in his actions. Other factors that have been considered are that Freud's younger brother Julius had died when Freud was just nineteen months old and that the Moses sculpture was for the tomb of another Julius, Pope Julius II.

Dr. Goldsmith sought to expand the perspective for interpretation of Freud's essay beyond the phallic and competitive themes by demonstrating the role of preoedipal loss and conflict. This perspective can help account for Freud's remarkable fascination with the statue, the uncharacteristically nonpsychoanalytic orientation of the essay, and the fact that he chose to publish it anonymously. Dr. Goldsmith proposed that a consideration of Freud's early affective responses to experiences of maternal disruption and loss, and the defenses against these affects, would help to explain his recurrent visits to the statue and to illuminate other aspects of his life and work, including the theoretical advances in his contemporaneous paper, "On Narcissism."

Freud's stated aim—to explore the psychology and intentions of the sculptor of the *Moses*—received but one superficial and anticlimactic paragraph in his essay. Reviewing previous writers' explanations for the anonymity of the publication (including contemporary influences, a taboo identification with Moses, and Freud's own expression of doubt about his conclusions), Dr. Goldsmith offered the view that the anonymity reflected both situational and genetic origins of wishes to reveal and to conceal. In highlighting the maternal themes in Freud's essay, Dr. Goldsmith raised the question: To what can we attribute Freud's experience of loneliness and isolation on his visits to Michelangelo's *Moses* in San Pietro in Vincoli? Southern Europe had feminine connotations, and Rome was the mother of European culture. Freud's Czech nursemaid, who was Roman Catholic, had taken Freud along to church. She was abruptly dismissed by the family when he was thirty-two months

old. Dr. Goldsmith agrees with other writers that among the determinants of Freud's longing for Rome was his desire to regain the lost Roman Catholic nursemaid of his childhood, a woman whom Freud considered the "prime originator" of his neurosis. (Jung's mystical interests may also have evoked in Freud memories of his nursemaid's religion.) Freud's mother was pregnant when the nursemaid was dismissed, which may relate to Freud's screen memory of the empty cupboard in which the crying boy hoped to find his absent mother locked up/boxed up. The cupboard may have represented not only pregnancy but also a coffin, a tomb, or an altar of the Catholic Church. Citing Gedo, Dr. Goldsmith noted that Freud's affects surrounding the visits to the *Moses* are traceable to the threatened revival of those repressed conflicts relating to his attachments to his mother and mother-surrogate, which he acted out in the service of mastery.

The sculpture itself may be seen to have hidden pregenital maternal features. Kavka has called the *Moses* an "androgynous madonna" derived from Michelangelo's "identification with an ambivalently loved and hated maternal figure," an ambiguity that "might help explain the unusual fascination of this work." These observations accord with the thesis that the visits rekindled conflicts around Freud's childhood experiences with maternal figures and that these early conflicts shifted to some degree onto interests in the father or father substitutes. Freud's doubts about his essay may be seen as stemming not so much from questioning the validity of his conclusions as from wondering whether he was asking himself the pertinent questions. An avoidance of a more psychoanalytic style in the essay may derive from Freud's early conflicts. The anonymity is then a kind of hide-and-seek play in which a rapprochement task is re-enacted, the essay itself referring to secret and concealed matters. "On Narcissism" may be viewed in certain respects as a metapsychological correlate to affects experienced by Freud in relation to Michelangelo's *Moses*. As others have noted, early loss may set the conditions not only for a depressive predisposition but also for certain intense aesthetic experiences and restorative idealizations.

DISCUSSION: Dr. Goldsmith himself elaborated on the role of secrecy in Freud's life, his preoccupation with death (which he shared with Michelangelo), and the psychology of fascination. He also commented on problems in making inferences or interpretations of a psychoanalytic nature outside of the consulting room and without free association, transference, and resistance. This problem was discussed as well by Dr. Henry Smith, who commented on ways in which biographers may or may not corroborate information about the subjects in whose lives they immerse themselves. Dr. Goldsmith noted that his presentation was an applied psychoanalytic study about an applied psychoanalytic study, and he shared his feelings about the process of his study and writing. Dr. Alfred Margulies observed that the paper opened up a new perspective and enlivened its subject in a way similar to that of a new focus in a dramatic production, such as a Shakespeare play. Dr. Sheldon Roth wondered whether the voyeuristic aspects of Freud's essay, including the failure to refer to the horns on the sculpture, could also have to do with the nursemaid. Dr. Herbert Goldings noted that the paper offers a fresh view of Freud, one which is not always welcome, and addresses the issue of fascination with the work of a genius.

MICHAEL GOOD

September 30, 1991. IN SEARCH OF PSYCHOANALYTIC TECHNIQUE? PERSPECTIVES FROM ON THE COUCH AND FROM BEHIND THE COUCH. Bennett Simon, M.D.

In order to approach the elusive question of psychoanalytic technique as it is actually used, Dr. Simon proposed exploiting an "experiment of nature" derived from his own experience of technique as an analysand with four different analysts over eleven years. His method was to compare the four analytic settings and the analysts' manner of operating with respect to analytic atmosphere, free association, interpretation, the use of dreams, the reconstruction of childhood, parameters, personal revelations of the analyst, and the role of politics. Before presenting the data, Dr. Simon discussed difficulties in his methodology, including the self-serving nature of memory and privacy.

The first two analyses were with candidates (Drs. A and B), and the second two were with training analysts (Drs. C and D). The analyses with Drs. A and C were prematurely interrupted for extrinsic reasons. With regard to analytic atmosphere and free association, Dr. Simon found few differences attributable to theoretical disputes, but substantial differences related to temperament, personal style, and experience. The training analysts spoke much more. Dr. Simon reviewed current controversies about the relative importance of interpretation in the therapeutic action of analysis. He compared the frequency of complete interpretations in the four analyses, offering several examples, and found that while classical interpretations were important and mutative, other interventions had powerful effects, as did the analytic situation itself. The use of dreams by the four analysts differed significantly, ranging from Dr. A, who seemed uninterested, to Dr. D, who was a connoisseur. Novelty, surprise, and respect for complexity proved to be most useful in dream interpretation.

In comparing the different analysts' use of reconstruction of childhood memories, Dr. Simon found few dramatic instances in his analyses, but he did experience new affects in connection with available memories. He has found most analytic work with memories to be more quiet and incremental than dramatic. Dr. Simon examined the use of parameters by comparing the four analysts' self-revelations and their effects. He described how several instances of "less than analytically neutral" revelation facilitated his analysis, but the premature disruptions of the first and third analyses caused much suffering. Throughout the first and third analyses, Dr. Simon found politics treated as a taboo topic, though he found psychoanalytic politics to be omnipresent. He found few models who could rise above factionalism during his training, and he remains particularly interested in the issue of politics and technique.

Dr. Simon concluded that personal style and character traits of the analyst matter considerably for analytic technique. He discussed different views of technique as, on the one hand, devised to minimize the impact of stylistic differences and to tame the instincts of the analyst, and, on the other hand, designed to exploit the values and virtues of individual variations. The former position he called "classical," while emphasizing the historical tension between the two views of technique. He stressed the importance of the latter view.

DISCUSSION: Dr. Axel Hoffer discussed Ferenczi's idea that the training analysis requirement would cause the "personal element" to dwindle away and that differ-

ences of analytic technique would tend to disappear. Eissler's influential 1953 paper on parameters is in the same spirit of a growing emphasis on "analytic objectivity." Representing the contrasting modern view, Dr. Simon described the genesis of his paper in an earlier paper on the relation of the character of theory-makers to their theories. Now he looks at the relationship between what is personal and what can be generalized in psychoanalytic technique. Dr. Arthur Valenstein commented on the issue of classical analysis, alluding to Leo Stone's discussion of the post-war effort to make psychoanalysis highly scientific. Stone has described efforts like Eissler's as neoclassic. Recent trends have included emphasis on personal characteristics which may either enliven or tax the analytic situation. Stone described Freud's technical maxims as geometric sculptures, without the rounded corners and creative whimsy of the actual situation. Dr. Simon noted that when he was a candidate, he was puzzled by Stone's radical work, and he recounted Stone's then-rare comments on converting psychotherapy to psychoanalysis. Dr. Valenstein discussed Samuel Lipton's paper on technique and the relation of Lipton's ideas to the difficult patients he treated. Dr. Simon agreed that the patients one treats influence one's technique, and described the cognitive dissonance of candidates struggling with patients who are often different from those described in seminars. He noted that the character of the analyst is frequently considered in the process of referral, as is patient-analyst match. A challenge for technique, according to Dr. Simon, is to articulate issues of the analyst's character when an analysis is not going smoothly. Dr. Hoffer asked about analyses which go too smoothly, without necessary tension. Dr. Simon replied that patient-analyst matches include varying ratios of similarities and differences. He described resistances as composites with contributions from patient and analyst, which need to be better articulated. Dr. Ana-Maria Rizzuto raised a question about how the different analysts' techniques led Dr. Simon to discover facets of himself which had been unconscious. Dr. Simon responded by describing how it was possible to learn from varying kinds of interventions, from those encouraging playfulness to those more like orders of a drill sergeant. A degree of tension and a degree of syntony seem necessary. Dr. Samuel Silverman asked when Dr. Simon considers interpretation to be a powerful instrument, and whether he feels that transitory identifications influence the acceptance of interpretations. Dr. Simon said that beyond tact, timing, and preparedness, interpretations helped him most when they included an element of surprise and paradox. He related transient identifications to empathy and to certain dramatic "golden moments" in analysis when "the waters part." Dr. Henry Smith commented on moments when interpretations seem abrasive and ill-timed. Could such moments be especially useful for future self-analysis? Dr. Simon replied by emphasizing the importance of how inevitable misunderstandings are processed, and he concluded with a plea for analysts to find ways to communicate with others about their own experiences as analysts.

**RALPH BEAUMONT**



## Name Index

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