The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

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To cite this article: Elizabeth Lloyd Mayer (1994) Some Implications for Psychoanalytic Technique Drawn from Analysis of a Dying Patient, The Psychoanalytic Quarterly, 63:1, 1-19, DOI: 10.1080/21674086.1994.11927403

To link to this article: https://doi.org/10.1080/21674086.1994.11927403

Published online: 27 Nov 2017.

Psychoanalytic Quarterly, LXIII, 1994

SOME IMPLICATIONS FOR PSYCHOANALYTIC TECHNIQUE DRAWN FROM ANALYSIS OF A DYING PATIENT

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The analysis of a dying patient is presented. The suggestion is made that analytic work with people who are dying is both possible and productive. The unusual elements that are introduced by such cases are examined in terms of how they highlight problems in our theory of technique. Particularly, the analyst's empathy and compassion are emphasized as crucial: not because of how they affect the patient *but because of how they affect the* analyst *and the analyst's ability to analyze.*

Recently, a colleague described a dilemma to me. He had just consulted with a patient for whom analysis seemed strongly indicated. The patient recognized the neurotic nature of her difficulties, and she was highly motivated to understand them. A year before, she had been diagnosed with breast cancer, including significant node involvement. She had responded well to medical treatment, and by the time she sought analytic consultation, she was physically strong, leading a full and active life. She wanted to start analysis, but my colleague was uncertain: given the patient's always questionable prognosis and the very real possibility of the cancer's recurrence, was analysis the treatment of choice?

As I listened to my colleague's concerns, I found myself reflecting on an analysis I had conducted several years earlier. My patient, Delia, was forty-six when I began seeing her. Seven years before, she had been diagnosed with a breast malignancy and had undergone a double mastectomy and chemotherapy. She had been healthy since. Two years after we began analysis—

nine years post-surgery—she was diagnosed with a recurrence. She immediately began radiation and chemotherapy, but it gradually became clear that she was not responding well. While she was determined to do all she could to put off the end as long as possible, she recognized that she was probably dying.

Meanwhile, we were very much in the middle of things analytically, and Delia wanted to continue. While I never made what I would call a decision in principle—a decision, that is, to analyze a dying patient—our day-to-day analytic work did in fact proceed. It continued for almost two years to a planned termination, planned in anticipation of Delia's imminent death.

My work with Delia raised a number of questions for me. Both at the time and afterwards, I found myself wondering what we had really been doing together. Had it been analysis? Was analysis what she needed as she grappled with the process of dying? How was our work different from analysis with other patients? How was my own involvement different?

Those were among the questions my colleague and I discussed as we considered his situation. And, as I re-examined my work with Delia, several things drew my attention. First, I recognized that I did indeed consider our work to have been what we call analysis. Equally, I felt convinced that analysis had been the optimal treatment for Delia. Finally, I realized how significantly her analysis had made me rethink certain aspects of what I do when I analyze other, physically healthy patients.

Before proceeding with Delia, however, I should mention that reports of analyses with dying patients are exceedingly scarce in our literature. Eissler (1955) and Hägglund (1978) have offered the most extensive reflections on the dying process, but with little reference to patients actually in psychoanalysis while dying. Norton (1963) reviewed what small literature does exist and presented a detailed account of her own psychotherapeutic work with a patient during the last three and one-half months of the patient's life. She echoes (p. 541) Freud's remark that analysts have shown " 'an unmistakable tendency to put death on one side, to eliminate it from life. . . . to hush it up' " (Freud,

1915, p. 289). She also notes that every author who has written about psychotherapeutic work with dying patients makes a plea for more thorough study of the psychology of dying and for the great clinical utility of such work. However, the idea that an ongoing *psychoanalytic* process is possible and productive as patients face death is treated skeptically by most authors—though often with the explicit disclaimer that it may be the analyst rather than the patient who finds such work too difficult to undertake. (In a related vein and of particular current relevance, some analysts have challenged colleagues who pursue psychoanalysis with patients who are HIV-positive or suffering from symptoms of AIDS.)

I would like to focus on three aspects of my work with Delia following the recurrence of her cancer. First, I'll take up the issue of transference and Delia's motivation for our analytic relationship as she increasingly recognized that she was dying. In the face of demanding physical treatments and upheavals in the organization of her external life, I had anticipated substantial disruption in the continuity of Delia's developing transferences to me. Even more, I had anticipated that she would have minimal energy (as well as minimal motivation) for understanding how those transferences were affecting her. Her emotional attention, I thought, would be largely diverted by absorption in herself, her body, and her closest relationships outside of analysis. That turned out not to be the case.

Second, there was the issue of time. For months, Delia and I worked with the knowledge that we had limited time. There was a deadline on Delia's analysis but also on her life, and each profoundly affected the other. She experienced an urgency to resolve things that directly challenged a sense of timelessness which I think often characterizes day-to-day analytic work.

Third—and this is an issue closely linked to the two I have already raised—I want to take up the issue of how our continual confrontation with the question of what Delia needed to help her die led to some fresh perspective for me on how I practice analysis with people who want help in *living*.

But now some background about Delia. She was a lively, intelligent high school English teacher, married and the mother of two daughters, ages fourteen and sixteen at the time Delia's recurrence was diagnosed. She was a psychologically minded woman from a middle-class Southern family. She had come to see me feeling depressed, saying that she couldn't assert herself, couldn't be ambitious, and complaining of how she felt exploited by a demanding husband.

Over the first two years of her analysis, we had come to understand a good deal about Delia's difficulties in terms of her character. I will be necessarily schematic as I summarize our work because I want to single out how a particular piece of work—a particular piece of character analysis—came to incorporate Delia's experience of illness and of dying.

Delia began analysis with a firmly established self-image of good-natured compliance. She felt significantly victimized by life and by those stronger than she was. She had for years explained her inhibitions as a well-meaning accommodation to others, an expression of her need to placate, and an expectable outcome of her low self-esteem. She had little awareness of how controlling she herself could be or of the extent to which her stance as a victim prevented her from acknowledging the significant aggression and sense of superiority which characterized many of her interactions. As we focused on analyzing these aspects of her character, Delia made significant therapeutic gain. She became willing to acknowledge that she was not always such a nice person—even that she was not someone who always wanted to be so nice. She started asserting herself more freely and comfortably, and she became able to go more directly after what she wanted. She was happier.

However, these insights and accompanying behavioral changes had gone only so far. At moments when she felt especially provoked or anxious she would revert to feeling martyred and full of blame for the outside world. At those moments, she would complain that our work had accomplished nothing. While we both recognized how that complaint was itself an ex-

pression of the problem we had been working on, she clung to the accusation as a piece of reality, not something understandable as transference.

This was pretty much where things stood at the time her cancer reappeared. Her reactions to the diagnosis were of course profound—numbness, rage, depression, and fear, compounded by a sense of victimization.

And of course there was reality here. She *was* a victim of her cancer. I found myself quite caught up in that reality, feeling the particular tragedy of her situation as her medical picture unfolded. There was tremendous poignancy to Delia's sense of being thwarted, just as she was starting to claim a happier life for herself. She agonized over how young her teenage daughters seemed, and over their continuing need for a mother.

As Delia began the slow process of sorting out which medical treatments to follow, the question of what to do about her analysis arose as well. The issue was not whether to continue meeting; Delia had made it clear that she wanted to, and I was prepared to be as flexible as necessary with regard to how often and to what purpose. But as we discussed the utility of continuing her analysis *qua* analysis, I soon had to recognize that we were doing some extremely productive analytic work. Specifically, as we considered the question of what to do about her analysis, we were able usefully to understand aspects of her sense of victimization that had been insufficiently available before.

Now I would like to jump ahead several months to the point at which Delia was starting to recognize that her cancer was not responding well to treatment. Delia had been active in pursuing a variety of medical opinions, but she had also been reading a good deal of cancer self-help literature. She started one of our hours by quoting something she had read the night before, a comment made by the Native American, Crazy Horse: "Today is a good day to die, for all the things of my life are present."

She had been very moved as she read this: what a contrast to how she'd started analysis, feeling that every good thing was present in her life, but still she couldn't be happy. She thought

about what it would take for her to be able to say what Crazy Horse had said. Analysis had helped her but there was so much more to do. She thought about how unresolved things still felt with her father, with whom she had just had an argument over the phone. She had told him that she wanted to take a trip with her daughters while she still felt strong enough to enjoy it. She had asked her father to loan her money to pay for it and he'd responded by talking about how the stock market was in trouble just now, how he'd be in a better position to think about it some months down the road, and he had added some kindly words of advice about how she should leave financial planning to those who understood money matters better than she did. Delia had been furious, and it had all felt so familiar. Her father was unwilling to consider her real needs; she was still supposed to mold herself to his view of what was good for her. She had stood up for herself more than she used to, but she had come out of the encounter feeling defeated in the face of his domineering personality and his inability to listen. It reminded her of so many drives to school when she was little, when he would tell her what sports she should play, what classes she should take, what friends she should make. She began planning strategies aimed at making him acknowledge how controlling he was, how self-centered he was, how she might make him change his mind. She would make him see—once again—how he victimized her.

My initial response, in hearing about the conversation with her father (a wealthy man, incidentally), had been to share a bit of her outrage (though I must say, I certainly felt sympathy for this man whose response must have been motivated by his wish to deny how ill his daughter was and to pretend that a trip far in the future might indeed be possible). But I said nothing as she laid out plans for getting her father to change his mind. Her mood of complaint started then to focus on me, and we began to hear a rush of how I wasn't sympathetic enough, wasn't doing enough to help her figure out what to do about her father. And I found myself considering, as I had done many times already, the question of whether analysis really was what Delia needed at

that point. Would simple support, sympathy—even straightforward advice—be more useful to her than continued attempts at analyzing her and working at understanding her transferences to me?

While I was considering, however, Delia suddenly stopped her tirade, struck by the contrast between this mood and the mood she had glimpsed as she had pondered Crazy Horse's statement. He had been talking about appreciating life—feeling ready to die because life was good and sufficient, just as it was. For a moment she had managed to feel what that could be like, and there had been something wonderful about it. Then, as she had begun to complain about me, it was as though she had felt compelled to invoke the opposite. She had pushed away the good feeling and had been almost eager to find something wrong with how I was treating her, some way to blame me, to feel angry. She knew she seized on blaming everyone these days; she *needed* someone to blame for her illness. But somehow that didn't quite explain it. Looking back, she thought perhaps she had felt almost afraid *not* to be angry with me. But, she mused, that made no sense; why would she shift so abruptly from the Crazy Horse mood to a mood of anger, a mood she hated?

The juxtaposition had indeed been dramatic, but the clarity with which she had articulated it had been even more so. I commented to that effect, and she replied with unusual vehemence, "Well, I'd *better* be clear about it when feelings don't make sense to me; I don't have much time." She was silent for a moment, and I asked if she could say more. She hesitated; the remark as well as the vehemence had taken her by surprise.

At this point, some fascinating material began to emerge, and I once again set aside the question of whether to continue Delia's analysis in order simply to set about continuing it. As Delia grappled with what she had meant, a function of feeling victimized that had been relatively inaccessible started to become clearer. The *gratifications* of the role started to become more apparent.

Now I should point out something by way of background.

Delia was one of those patients who enjoys analysis. She enjoyed the work of it, but she also experienced it (most of the time) as an intensely nurturing form of attention and alliance. This aspect of her experience with me was the comfortable, relatively silent background against which we had worked, and it had gone in many ways unanalyzed—an "unobjectionable" positive transference. What began now to emerge was how, embedded in what had gone unanalyzed, there was a particular fantasy about analysis which held Delia firmly locked into her role as victim. As Delia considered what she had meant by saying she didn't have much time, she realized she was announcing that there was a limit on what we could do together. And that meant recognizing something else—the unspoken but infinite promise she had ascribed to analysis. The very utility of her analysis to date had allowed her to maintain a longstanding, underlying and implicit fantasy that analysis would be life's panacea (at moments even a cure for her cancer). In that fantasy, she imagined that all her complaints about life would ultimately disappear because analysis would make *life*, not herself, different. Throughout her analysis, she had been cheerful about working to change herself for the moment—as her side of a tacit bargain which dictated that, in some indefinite future, it was the external world that would do the changing. In the meantime, being a victim had a very specific function. It declared the possibility that the external world really was the problem and really could change. Most of all, it declared that she was holding out until that happened. Being life's victim preserved its promise.

As Delia thought about how eager she had been to find a complaint about me earlier in the hour, she realized how wedded she felt to complaining about her father and his treatment of her. She could feel how her determination to make him change asserted her continuing dependence on him. But now she wondered: did she *really* think she could make him change—this month, next month, next year? Suddenly, with the introduction of time as a variable, she faced head-on the prospect

that she would never get what she wanted with him. And she realized how, despite all our focus on understanding the complexity of her childhood wishes toward him—their gratifications as well as their frustrations—she had never really faced what it would be like to give up the fantastic hope that somehow he would turn into that wished-for father who could make life wonderful, with whom she could have a perfectly satisfying relationship. As long as she complained (about him, about me, about life), she could silently but subtly maintain the idea that she just hadn't gotten what she wanted *yet*, rather than confront the fact that she never would.

As Delia worked with these ideas, she became aware of how feeling like a victim defended against more than wishes and conflicts over experiences of infantile pleasure. Those were by now familiar themes to us. Feeling like a victim defended also against *renouncing* infantile pleasure and fantasies of infantile gratification. To that extent, being a victim constituted an actual promise of pleasure, and it was to that extent that she had remained stubbornly unwilling to relinquish it as an aspect of who she was.

These were difficult issues for Delia which brought up feelings of real mourning in her. In response, she tended to shift her focus and attribute her pain and grief to the fact that she was anticipating what it would be like to die. However, I found myself increasingly certain (and I need to add, certain *at this particular phase of her analysis*) that her shift to the fact of her impending death was functioning primarily as a displacement and defense against further exploration of the particular and crucial infantile fantasies she had started to explore. While renouncing fantastic gratification was certainly mingled in many ways with fantasies of death for Delia, and while her images of death were influenced by precisely the fantasies we were uncovering, the very "reality" of death constituted a chance for her to experience loss as something done *to* her, not something which was the outcome of an active intention to let something go on

her part. To that extent, focusing on the reality of death constituted an enactment of precisely the aspect of her neurosis we were attempting to analyze—a kind of externalization.

So I talked with her about this. I was assertive and definite as I continued to interpret her focus on dying as a distraction from the central issue. I stuck with it even in the face of her initial insistence that I was frankly wrong and just didn't understand what facing death was like. Of course, I wondered at the extent of my certainty: I found myself imagining how a verbatim transcript of our dialogues might look to an outside reader—how unsympathetic, even callous, toward Delia's genuinely poignant situation I might appear. Yet, despite my questions, I continued to push. I also talked with Delia about why I was pushing—telling her that she seemed to me to be at the heart of some very central analytic issues and that we were being presented with a real opportunity to explore them, a crucial and important opportunity, even if it felt like tough going. (I will return later to the issue of my technique here and to how, eventually, I came to understand what impressed me at the time as the somewhat unusual extent of my assertiveness.)

The kind of renunciation that Delia was working at is, of course, a necessary phase of all analyses. The fact of Delia's illness helped precipitate our dealing with it and lent a particular cast to it, but with regard to this issue, I believe her illness simply functioned as so many things do in analysis—a real life experience which becomes the occasion for consolidating what is needed analytically. While Delia's illness was very much with us in the *content* of her associations, the *form* of our work together was relatively ordinary and continued relatively unchanged.

Now that was part of what struck me as I tried to conceptualize the nature of my work with Delia: on a day-to-day basis, terminal illness did not preclude our ordinary analytic activity. Especially, Delia continued to be involved in her transferences to me, she continued her interest in understanding them, and we continued to find them useful in analyzing her character.

But I want also to focus on how the fact of Delia's illness

introduced some different, not-so-ordinary elements into her analysis. In the material I have presented, one such element had to do with ways in which the factor of time entered into our work together. I have described how Delia associated infinite possibility with being in analysis. Though this was a particularly powerful fantasy for her, I am not sure some version of the same is not operative for a good many patients. Often, it is only once a termination date is set that certain patients start to face the real limits on what their analyses can accomplish. Only at that point is the fantasy of a perfect analysis (and its corollary, a perfectible life) ultimately challenged. With Delia, the fact that her life had a termination date multiplied this effect. She did not have enough life left to put off living. And she felt powerfully motivated to use analysis to help her live more fully in the present, not in some unspecified future. As part of this, I was impressed by how powerfully Delia's cancer motivated her to achieve a kind of closure on her life, a closure that involved facing herself and her conflicts as honestly and completely as she could. In a paradoxical way, the shortness of time became our ally.

Finally, I want to say something about how working with Delia affected me and affected some aspects of my thinking about my usual analytic technique. I believe that analyzing Delia while she was dying heightened both a certain ruthlessness and a certain compassion in me as an analyst. The ruthlessness had something to do with the urgency she herself expressed, matched by my own awareness of time's limits. Because we did not have much time, I found myself permitting myself a kind of persuasiveness and determination—even an almost aggressive activity—which under ordinary circumstances I would probably have questioned. I mentioned one example in relation to how I challenged her explanation that anticipating death was causing her feelings of grief while we were exploring her need to be angry at me and at her father. Although I am often fairly active with patients, in general I feel that, when I say something which a patient rejects—when a patient tells me I am wrong or do not understand, etc.—I tend to feel that it is most useful to sit back

and see how things develop. The dictum is a familiar one: if what I have said has merit, another opportunity will arise. In the meantime, there is another kind of merit in avoiding argument and allowing a patient's sense of what feels right to determine the pace of the work. Besides, I may have been wrong.

With Delia, however, while I certainly had no inclination to argue, I also found myself less willing to wait and see what developed when our minds did not meet. I found myself breaking longstanding habits: practices to which I had become so accustomed that I hardly noticed them. While it is a truism to state that analysis by the rules is anathema to good analytic work, analyzing Delia made me think about how the same applies, perhaps more subtly, to habits. For example, I conveyed a kind of certainty to Delia about what did and did not strike me as ultimately analyzable or useful to analyze—a certainty which I would usually be pretty circumspect about expressing. Under the rubric of respecting the patient and not imposing my personal values on a patient, I tend to assume that, if our work is effective, I can leave it to patients to develop their own certainties about why they are in analysis and about what analysis may accomplish.

But with Delia I did not. More than I usually do, I tangled with her when we seemed stuck in something unproductive and I allowed myself to be inspirational about the utility of going after something difficult. These are things I do freely in what I am accustomed to calling supportive psychotherapy. But I did them with Delia, feeling that I was furthering our analytic work and our analytic goals.

So, of course, the question is—why? Was I simply injecting a supportive parameter into our work as a sympathetic, human response to the reality of her illness and impending death, without regard for how it might compromise a truly analytic process? Or were those "parameters" helping me do what I thought I was doing: facilitating her analysis?

At the time, I thought it was the latter, and, in thinking about it since, what has become clearer to me is the extent to which I

was actually able to be more honest and confrontational with Delia—more ruthless—out of the clarity of my intention to help her analyze herself before she died, as well as in response to the compassion her situation evoked in me. The compassion made me trust the ruthlessness.[1] Perhaps the most direct effect that my work with Delia has had on my work with other patients involves the extent to which I now question myself when such a ruthlessness *is not* present. Often it is not, and often, I believe, it is not there for very good analytic reasons. But at times I believe there is a reason operating which is not so good—or at least it is a reason which seems very important to question and analyze in myself. That is when I am holding back on the ruthlessness because I have been unable to locate the same compassionate response in myself that Delia evoked. The result is that I trust my collaboration with the patient less; in a certain subtle way I am less invested in the work, even if fully engaged intellectually.

What I am raising here, of course, extends beyond specific questions of technique to the larger question of what makes analysis work. I do not believe we can consider the question of how the nature of the analyst's involvement affects the process without opening up the question of why analysis works in the first place. Nor, without considering that larger question, can we fully consider questions about analyzability and the circumstances that render analysis the treatment of choice. I will not digress into a full consideration of those issues here, but I will offer some reflections on both in terms of Delia.

The prospect of death, Dr. Johnson said, wonderfully concentrates the mind. It concentrated Delia's—but equally, I think,

[1] A number of people have questioned my use of the word "ruthless," suggesting that it implies an attitude of inappropriate aggression. However, I like the word. In its provocative quality, I believe it captures a crucial aspect of an effective analytic stance. "Ruthless," says the dictionary, means "without pity." As members of a helping profession, we help most effectively when our efforts are indeed without pity: compassionate, but without pity. Cyndi Johnson, editor and publisher of the journal *Mainstream*, put it concisely when, speaking for disabled citizens, she bluntly asserted: "Pity oppresses."

it concentrated mine. It helped elucidate for me some of the ways in which I find our formal theory of technique to be incomplete with regard to what I called the ruthlessness as well as the compassion I felt in working with the prospect of Delia's death.

It is certainly familiar these days to talk about the importance of empathy and compassion as crucial aspects of our work with patients. That discussion has had a certain corrective effect in modulating an extreme image of the disengaged analyst—the "blank screen." But, I believe that the discussion has been somewhat one-sided in focus. Compassion has been emphasized but not what I was calling ruthlessness (nor, perhaps, what I was calling the inspirational quality I found myself permitting in my work with Delia). In an equally one-sided way, compassion has been emphasized in terms of its effect on the *patient*, not in terms of its effect on the analyst and on the analyst's ability to analyze.

I do think they are connected. The extent of my compassion for Delia enabled a kind of understanding on my part—an understanding that helped me perceive the nature of her resistances with a clarity beyond what I often experience with patients. My interpretive work with her was informed by that clarity. I could be ruthless as well as inspirational because, to an unusual degree, I felt like I knew what I was doing—what the two of us *needed* to be doing—analytically. I could comfortably insist that she was focusing on her impending death as a distraction because I trusted that I was, in fact, neither unsympathetic nor trying to avoid the fact of her death, painful reality that it was. So my compassion for Delia had an enormous effect on *me*, quite apart from the impact it had on her. And that, I believe, describes why the analyst's empathy and compassion are absolutely essential to analytic work. It is *not* because they make the patient feel held, cared for, and understood—though of course they do that, and that is important and useful. But ultimately, that is not the point. The point is that the analyst's

capacity to make good psychoanalytic interpretation is mightily increased by a profoundly compassionate, empathic involvement with his or her patient. And with that capacity on the part of the analyst comes a confidence and a freedom to make interpretations that are both ruthless and inspirational, *without violating the patient's experience of the analytic process.*

That seems to me all-important. I think we have been rightfully cautious about violating that experience. I think we have been rightfully concerned that, when analysts get ruthless or inspirational or even too certain, they may be operating out of their own needs, prejudices, or values in ways that interfere with understanding the patient's experience: the danger is that we will fail to appreciate what is true and important for the patient. So we have made a fine art out of being cautious.

But in that caution, perhaps we have missed something. Perhaps the caution to which we have become habituated minimizes the intensity of our analytic engagements, to the overall detriment of the analytic process. Perhaps it contributes to the stereotypy with which candidates often present cases, feeling that what they are presenting is a faithful replica of a "safe" analytic stance. Perhaps—even—that caution may contribute to how very long we expect an average analysis to take. Finally, perhaps it reflects the kind of technical safeguard that helps prevent damage from being done but has little to do with creative analysis or even ordinary *good* analysis.[2]

[2] As far back as 1928, Freud commented on how his suggestions regarding such safeguards could be misused: ". . . my recommendations on technique . . . were essentially negative. I thought it most important to stress what one should not do, to point out the temptations that run counter to analysis. Almost everything one should do . . . I left to . . . 'tact'. . . . What I achieved thereby was that the Obedient submitted to these admonitions as if they were taboos and did not notice their elasticity. This would have had to be revised someday, but without setting aside the obligations" (Freud, in a letter to Ferenczi, cited by Grubrich-Simitis, 1986, p. 271). More recently, Jacobson, in his 1992 plenary address to the American Psychoanalytic Association, eloquently stressed the same point, suggesting that our official portrayals of analytic technique are bland recipes which omit precisely those ingredients of human responsivity that are crucial to making analysis what it is.

In summary, I am talking about the importance of a compassionate, empathic engagement with the patient not for its own sake, nor because of how it feels to the patient, but because of how it permits the analyst to conduct his or her analytic task of understanding a given patient. Therein, I believe, lies the essential difference between supportive psychotherapy and psychoanalysis—not in the extent to which the analyst experiences (or even reveals) his or her compassionate engagement, but *in the ultimate function which that engagement serves*. With Delia, while she certainly felt touched, supported, and cared about as she experienced my compassion, neither she nor I considered that aspect of our relationship to be the only *or in fact the primary means* by which I was helping her. Undoubtedly, it *did* help her, but it also was what enabled me to give her another kind of help, and it was the nature of *that* help which in the end defined our work as psychoanalytic.[3]

I want to conclude with a couple of inevitable *caveats*. First, Delia was a remarkable patient in certain ways. In particular, she had an impressive determination to challenge her wishes to deny her illness, her suffering, and her impending death. And she viewed analysis as a vehicle for conducting that challenge.

But now a *caveat* to the *caveat*. I am not sure how unusual such determination is or, for that matter, how unusual such patients are. Especially, I am not sure how unusual such determination is when people face death who are already motivated for psychological exploration. Dr. Rachel Remen, Medical Director of Commonweal (a cancer program in Bolinas, California), once remarked that death is a powerful co-therapist. I believe she was commenting on how facing death inspires many people to face life more fully and openly. In conjunction with ongoing analytic work, I believe that, when death is an imminent rather than a

[3] I am grateful to Dr. Owen Renik for our discussions regarding the functions served by the analyst's empathy in psychoanalytic work.

distant certainty, many people find heightened motivation to analyze.

Second—and this was certainly crucial—Delia maintained her physical and mental energy for a relatively long time, despite her extensive medical treatments. It was only in the last two months of working together that she began having trouble walking up the stairs to my office and began to suffer consistently severe pain. In addition, the circumstances of her life were such that she was able to quit work and cut out many other activities; she was free to make analysis her major involvement outside of life at home. Many patients do not have such freedom.

Finally, it is important to mention that we both recognized there were many things that remained unanalyzed in our work together. This was especially so at the very end when, a month prior to the termination date we had set, Delia began to grow physically weaker, and we conducted our final six sessions in her home, with little chance to explore all the meanings that had to her. (Though, interestingly, even then Delia was determined to maintain as much as she could of the analytic framework within which we had worked. She lay in a hospital bed in her living room, and when I arrived at her house for our first appointment there, I discovered that she had arranged that her front door would be left unlocked for me, that no one else would be in the house, and that I would not sit facing her but at an angle such that she could not look directly at me unless she turned her head. She was profoundly aware that her analysis was ending, but she wanted to analyze as best she could, even at the end. These physical arrangements, she felt, were in the service of that goal. Two weeks after our last session, she sent me a note in which she spoke of continuing the process of completion by inviting family and friends to a gathering for the purpose of saying goodbye, but also for the purpose of celebrating the life she had had with them. She wanted me to know about the event as a kind of grateful postscript to our work together, a continuation of the process of "ending well." I was welcome to come,

she added, but she did not need me to: we had already, she felt, experienced our own version of "ending well.")

And then there was the question of how adequately Delia was able to analyze the effects of what I have described as my somewhat altered technique with her. Because this was a question that seemed central to defining the nature of our work together, it was something I took up with her on a number of occasions. And while the ensuing discussions did have some utility for Delia's overall analytic understanding, I ultimately had to recognize that Delia's experience of my "altered" technique was different from my own; mostly, she simply felt we were working well together and that I was on track with her. For her, alterations in my technique were not the point; what *I* viewed as altered technique, *she* viewed primarily as an ongoing manifestation of my understanding her and my understanding how to help her understand herself. I do think, had her analysis continued, that we could usefully have further analyzed various aspects of precisely how she felt I facilitated that understanding, in the interests of mitigating her need for me and enhancing her eventual freedom to understand herself on her own. Especially in those terms, I believe we had more to do than we were able to complete.

But in a sense, what remained unanalyzed is beside the series of points I have hoped to make about Delia's analysis. My intention has been to describe how analytic work was possible and productive in the face of terminal illness. Delia's analysis was unfinished but so was her life; the important thing for us was that she was able to use analysis to finish what she could in life.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Oedipus and Locomotion

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To cite this article: Leonard Shengold (1994) Oedipus and Locomotion, The Psychoanalytic Quarterly, 63:1, 20-28, DOI: 10.1080/21674086.1994.11927404

To link to this article: https://doi.org/10.1080/21674086.1994.11927404

Published online: 27 Nov 2017.

Psychoanalytic Quarterly, LXIII, 1994

OEDIPUS AND LOCOMOTION

BY LEONARD SHENGOLD, M.D.

This communication presents clinical material confirming the significance of the power of locomotion (including its associated symbols) and its link to psychic development (preoedipal and oedipal), the myth of Oedipus, and Sophocles' Oedipus plays.

The patient, Mr. A, a man in his forties, married, with a seventeen-year-old son taller than himself, had missed a week of treatment to travel—to go on a family vacation. He had started an analysis with another analyst many years before when, as a very young man, he found himself terrified of going on a first European vacation. Mr. A had realized with surprise that, despite having gone out of town to college and traveled around the country in his early twenties, he was still afraid of being away from his mother for an extended time. He was aware that this was irrational but he could not control the panic. He told me (his second analyst) many years later: "I kept thinking that I would get deathly sick and only she could take care of me and save me."

Mr. A began the hour I am going to examine by telling about two dreams from the night just before returning to his sessions after the trip with his family:

Dream 1: My son had some sort of accident. His eyes were blackened and had sustained some sort of damage. I was horrified.

Dream 2: My face was badly cut, as if someone had slashed open my cheek from the mouth to the ear.

Here is the setting of the dreams: Mr. A's son John was in the midst of applying both for his driving license and for admission

to college. Mr. A was proud of his tall, athletic, maturing son and yet distressed that he was going to have to separate from him. He was surprised at how anxious he had become about his son's driving. He had not worried about the boy's involvement in competitive sports, even though his own adolescence had been full of his mother's and his own anxieties about his body in relation to playing football and baseball. Recently, John had concentrated more on field and track sports at which he had become quite adept. Mr. A had been painfully aware of his inappropriate anger and envy as his son began to spend more and more time away from home practicing and polishing his skills and at scholastic track meets. Mr. A rationalized that John was giving his competitive matches priority over his studies and intellectual interests, but in his analysis he acknowledged that this was exaggerated. Maybe, he said, he just didn't like his son being away from home so much.

While on the family vacation, Mr. A had given his son some beginning driving instruction. When John told him that he intended to get further lessons from a slightly older friend of his, Mr. A became anxious and immediately felt he ought to intervene and forbid this. His wife had disagreed. Mr. A's rage at her made him realize that she was a scapegoat for his anger at both John and John's friend. Still, he had insisted on driving in the car with the two youths the first time they went out together. Mr. A told himself and John that he wanted to make sure how well John's friend drove. He then felt that he had humiliated his son by doing this. Why had he insisted? It was only in the session that Mr. A realized that John must have been furious with him. And John had retaliated that same evening, Mr. A now realized, when he gently discouraged his father from visiting his room for an accustomed pre-sleep talk together. Mr. A had felt rejected and hurt.

Mr. A told me he did not really distrust John's older friend (whose parents he knew and liked) or his driving—and yet he had transiently experienced John's friend as if he were a harmful, almost, he realized to his surprise, a sexually threatening

presence. This gave Mr. A enough grasp of his irrationality so that he was able to suppress his feelings and not interfere further with the driving lessons. In the hour, Mr. A associated to vague memories of homosexual play with an older brother "before going to sleep" in the room that they shared when he was in latency. These memories had been brought out in past analytic hours. The experiences had lingered in his mind and in recent years had become connected with worries about his son's masculinity that he felt were not justified by anything in John's behavior. Mr. A had several times declared that he must be shifting his fears about himself from the past onto his son.

The frequent nightly periods of closeness between father and son had started at the boy's request when he was nearing puberty. Several years previously, John had said, "Dad, come into my room because when we talk it helps me to go to sleep." The father would lie down at the foot of his son's bed in the dark and they would talk, generally of what each had done during the day. It was a fairly regular, but not an invariable, pattern to do this several times a week. Both father and son had enjoyed these times together. "It's a little like my talking to you when I'm on the couch," Mr. A. remarked. (Much earlier, Mr. A was wont to read aloud to his son to help him to get to sleep.)

Separation was a conscious and intense psychological danger for Mr. A. When he was a child, his father had worked days and evenings, and even when at home had preferred to keep out of his wife's way. The father seemed afraid of his willful, loudly complaining, and demanding spouse, and he did not interfere when A, her youngest and favorite child, was treated as a kind of doll to be kept constantly within mother's reach, as if she were a toddler and A were her "security" toy. But this proximity was full of peril for A, since his mother was constantly going away: emotionally, with her frequent sudden fits of rage, and often physically too—leaving him with his older siblings. His mother was a difficult, childish, easily disturbed woman with a whim of iron. She would repeatedly, often without warning, suddenly fly into a temper fit ("She could go off like a firecracker"); and

afterwards would sometimes go back to her parental home to be comforted, staying away for unpredictable lengths of time. Mr. A felt alternatively that he was so close to her as to be a part of her and that he could just cease to exist for her. When she "returned"—either by snapping out of her tantrum or, if she had left home, by noisily re-entering the house—she would usually again make her son the object of her jealous possessive attention, supervising his every bodily need in a flow of overstimulation. It had taken years of psychotherapy to separate him from his mother sufficiently to get over his need to distance all feelings of tenderness for women, and to advance enough from his regressive narcissistic defenses to have any meaningful emotions in a loving direction. He had become able to marry a caring woman and to sustain the relationship. Analysis had helped him deal with the chronic underlying rage that could so suddenly suffuse him. He had become capable of feeling it in responsible awareness (that is, to *own* his anger) and put it in some perspective; but he was not able to tolerate for very long the potential murderous intensity of his feelings. The automatic temper tantrums in identification with his mother had subsided but occasionally could still occur. He had great difficulty in suppressing this rage when John began wanting to learn to drive the family car. There was a real rivalry with John that had been enkindled by the advance in John's maturity and motility.

In the session, Mr. A tried to say what came into his mind in association with the details of his dreams. The intensity of the horror at his son's blackened eyes reminded him of what an older acquaintance had once told him of the immense theatrical effect produced on him by Laurence Olivier when the great actor played the scene from *Oedipus Rex* ("the incest play," said Mr. A) in which Oedipus appears on the stage having blinded himself on discovering the hanged body of his wife/mother Jocasta after her suicide. "I will never forget those black, empty eyes," his friend had said. Mr. A concluded from his dream associations that he must have been thinking of his son in oedipal terms. Was he resenting the boy's growing up? John was

taller than his father and had begun to show an interest in girls. (Consciously, this had reassured Mr. A that his projected homosexual fears were indeed neurotic.) And then in the second dream his own face was cut. Who was Oedipus then—Mr. A or his son John? He must read the play—he didn't remember it too well. When I asked, "What about Oedipus' father?," Mr. A said he didn't remember anything specific about him.

The next day he came back having read the play and looked up more about Oedipus' father, Laius. Of course, he had really known that Oedipus had killed his father, but he had not recalled that during his session. He could understand that he was afraid of losing his son, but was shocked to think he would think of him as a rival, especially in sexual terms. (He did not mention further the murderous father/son confrontation.) Mr. A, like so many others, found it easier to think about the heterosexual incestuous themes than the negative homosexual ones, and, perhaps showing even deeper conflict and danger, felt more comfortable in thinking of the sexual rather than the murderous impulses involved in the Oedipus complex.

Oedipus' father has a particular connection with homosexuality. Laius has been called the first homosexual in history (Zeus among the Gods came first in his rape of Ganymede) (see Kouretas, 1963). Robert Graves (1955), in his book on Greek myth, expounds:

> Laius, when banished from Thebes, was hospitably received by Pelops at Pisa, but fell in love with [Pelops' son] Chrysippus, to whom he taught the charioteer's art[1]; and, as soon as the sentence of banishment was annulled, carried the boy off in his chariot . . . and brought him to Thebes as his catamite. . . . Some say that Laius . . . was the first pederast; which is why the Thebans, far from condemning the practice, maintain a regiment called the Sacred Band, composed entirely of boys and their lovers (pp. 41-42).

[1] Laius promoted locomotion in his catamite, Chrysippus, while he inhibited it in his son, Oedipus, whom he crippled. I do not know if Mr. A knew anything about this (he did not tell me what he had read), but Laius did teach Chrysippus to drive.

Here is Oedipus' account of the murderous encounter with Laius in *Oedipus Rex:*

> There were three *highways*
> Coming together at a *place I passed;*
> And there a herald *came towards me,* and a *chariot*
> *Drawn by horses,* with a man such as you describe
> Seated in it. The groom *leading the horses*
> *Forced me off the road* at his lord's command:
> But as this *charioteer lurched over towards me*
> I struck him in my rage. The old man saw me
> And brought his double goad down upon my head
> As I *came abreast.*
> He was paid back and more!
> Swinging my club in this right hand *I knocked him*
> *Out of his car, and he rolled on the ground.*
> I killed him.
> I killed them all (Sophocles, p. 41; I have italicized the images of locomotion).

The parricidal struggle took place on the highway (at the place where three roads meet—symbol of the mother's genitals); driving a vehicle and a struggle over the rights of locomotion are involved in the battle. Laius strikes Oedipus on the head, possibly on the face (as in Mr. A's dream).

Laius, King of Thebes, had been on his way to Delphi to ask the oracle how he could get rid of the monstrous Sphinx that was destroying travelers to Thebes. Graves notes that Hera had sent the murderous Sphinx to punish Thebes for Laius' abduction from Pisa of the boy Chrysippus he had fallen in love with (1955, p. 10)—a linkage of murder and bisexuality, more specifically of murder as a punishment for homosexuality.

After killing Laius, Oedipus had continued toward Thebes where he defeated the Sphinx by guessing her riddle, causing the monster to kill herself as later Jocasta was to do when she had to face the truth of her relationship with Oedipus. In an article I wrote in 1963, called "The Parent as Sphinx," I begin by quoting Mahler and Gosliner (1955), who describe the

> "symbiotically overanxious psychotic mother. . . . The mother's hitherto doting attitude changes abruptly at the advent of the separation-individuation phase [that is, with locomotion]. It is the maturational growth of locomotion which exposes the infant to the important experience of deliberate and active body separation from and reunion with the mother."[2] That is, it is the child's standing up and walking away—out of the symbiotic unit—that these [potentially soul-murdering] mothers cannot tolerate. With this in mind, here is the riddle of the Sphinx: "What being, with only one voice, has sometimes two feet, sometimes three, sometimes four, *and is weakest when it has the most?*" (italics mine). Oedipus' solution: "Man—because he crawls on all fours as an infant, stands firmly on his two feet as a youth, and leans on his staff in his old age" [Graves, 1955, p. 10]. The entire riddle is about locomotion—moving away from the mother—and, in answering it, Oedipus establishes his identity and his manhood; instead of devouring the weak, defeated challenger (re-establishing the symbiosis), the Sphinx hurls herself to her death. . . . For this deed Oedipus is awarded the city and his mother—symbol and thing symbolized: that is, he can now have his mother, and need no longer be (part of) her. The transition is now possible from the preoedipal relationship, via normal identification and object relationship that can ensue with the break-up of the symbiosis, to the oedipal relationship to the mother (Shengold, 1963, pp. 728-729)

The distressing dreams about Mr. A's son had occurred some months after Mr. A had suffered the death of his own father, which partly conditioned the sparseness of his associations to the dreams in the sessions I have quoted from. The dreams were dealt with more thoroughly later in the analysis.

It is not only Mr. A who can become Oedipus (and Laius and Jocasta) in dreams. Sophocles' Jocasta says this in an effort to

[2] I equate the psychotic mother from ontogenetic development with the phylogenetic primal bisexual parent (symbolized by the Sphinx). But of course this monstrous imago is there in all of us to varying degree (and therefore attached to all parents) as part of the heritage of infantile development.

minimize Oedipus' fears about the prophecy that he would go to bed with his mother and kill his father:

> Have no more fear of sleeping with your mother:
> How many men, in dreams, have lain with their mothers!
> No reasonable man is troubled by such things (p. 57).

We are all Oedipus (women as well as men) and we must all destroy the Sphinx—distance ourselves from the earliest inner pictures (self as well as object representations) based on our earliest primitive imagoes of our parents and ourselves. The bisexual Sphinx, symbol of the primal parent, also alludes to the basic destructive and bisexual nature of all human beings—the primitive drives which are again so subject to denial by some modern psychoanalytic theorists. Perhaps the hardest part of the oedipus complex to bear experientially are those emotions evoked by the figure of the murderous and cannibalistic Sphinx—the primitive rage to kill. Oedipus ends his speech about the fatal meeting with Laius:

> I killed him.
> I killed them all (p. 41).

In current psychoanalytic theory (at least for those who do not deny drive theory), the developmental continuation of primitive, preoedipal functioning into late, oedipal functioning (confluence rather than either/or) is a commonplace.

I have two purposes in publishing this paper and returning to the thoughts of thirty years ago. In the first place, it demonstrates the essential unseparable interlinkage of drive and object relations in psychic development: how separation and individuation as expressed in the ability to move away from the parent (locomotion) are implicated in sexual and aggressive conflict. Second: it is my impression that we need reminding—in our feelings perhaps more than in our theory—that there is a preoedipal developmental mixture of sex and murder which continues to influence us alongside and underneath the later more

bearable (more "fused" and "neutralized," less exigent) oedipal one, giving rise to feelings both exigent and unbearable which come to life with regression. My patient's dreams and associations brought these conclusions back into my awareness with the vividness of the timeless, tragic drama—literary and human—he had evoked.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Observations on Psychoanalytic Listening

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To cite this article: C. Brooks Brenneis (1994) Observations on Psychoanalytic Listening, The Psychoanalytic Quarterly, 63:1, 29-53, DOI: 10.1080/21674086.1994.11927405

To link to this article: https://doi.org/10.1080/21674086.1994.11927405

Published online: 27 Nov 2017.

Psychoanalytic Quarterly, LXIII, 1994

OBSERVATIONS ON PSYCHOANALYTIC LISTENING

BY C. BROOKS BRENNEIS, PH.D.

Psychoanalysis has long presented ideal listening as an oscillation between Freud's "evenly suspended attention" and a more focused attention. This paper explores modes of listening as they are manifest in the author's clinical experience. Two modes are evident: a receptivity, mostly out of awareness, which becomes shaped and primed toward specific expectations; and a concurrent, more conscious and directed mode of listening through specific filters. The former is described as "listening alertly from a distance" and the latter as "listening for implications."

> We have a sign that says: "Do Not Disturb! Oscillators and mirrors at work; they attend evenly, neutrally, and anonymously, with equidistance from all known poles."
>
> M. ROBERT GARDNER (1991, p. 868)

There is a long tradition in psychoanalysis (Fenichel, 1941; Reik, 1948; Freedman, 1983) which characterizes the optimal listening posture of the analyst as an oscillation between Freud's (1912, pp. 111-112) "evenly suspended attention" and a "more focused and voluntary form of attention" (Freedman, 1983, p. 407). In large measure psychoanalytic training consists in the development of the rigorous self-discipline necessary for shift-

I want to thank Drs. Joseph Kepecs, Todd Davison, and Mark Trewartha for their careful reading and comments on an earlier version of this paper.

ing between free-floating intuitive modes of perception and more structured and reflective modes.

Periodically, basic analytic concepts are subject to renewed interest and inquiry, as a part of general shifts in the direction of our field. Recently, the topic of psychoanalytic listening has experienced such a revival. Freedman (1983) posits that under ideal conditions psychoanalytic listening develops a rhythmic sequence between a "receiving" and a "restructuring" mode. The former emphasizes subjectivity and has as its goal the translation of words into images; the latter emphasizes conceptual thought and has as its goal symbol formation. Freedman demonstrates that specific, autonomous sensorimotor processes accompany and facilitate these dual modes: "shielding" promotes the reception of information by regulating one's openness to stimuli while "contrasting" helps one to obtain distance from the immediate analytic field.

These modes of analytic listening, however, are not thought of by Freedman as mere tools in the therapeutic process. He positions listening at the heart of our enterprise: "Listening is an effort at the construction of meaning . . . [and] in this sense, the listening process is the *sine qua non* of psychoanalytic treatment" (p. 406). The capacity for such rhythmic oscillation between, and interpenetration of, the intuitive and the restructuring thought inherent in analytic listening "is the essence of the psychoanalytic process itself" (p. 432).

Others have approached the significance of analytic listening from a different direction: the listening perspective generated by theory. In a series of papers, Schwaber (1983a, 1983b, 1986) eschews the restrictive view of transference as distortion in favor of the notion of necessary subjectivity in *both* the patient's and the analyst's views. The organization of the analysand's intrapsychic experience is seen as subsumed within the framework of a more inclusive system, the analyst-patient dyad. Schwaber clearly delineates the ways in which such a perspective exerts major influences on the analyst's listening. She describes a sustained effort and sharpened focus to "seek out [her] place in the

patient's experience" (1983a, p. 523). Similarly, Renik (1990) elaborates not only on Brenner's concepts of anxiety- and depressive affect-defense configurations, but indicates that these theoretical perspectives exert a powerful and not necessarily conscious influence over the direction of his analytic listening and focus.

To state the obvious, our theories direct our listening, and as these recent contributions suggest, refinements in theory promote more effectively focused attention. But how completely do theories direct listening? Theories may promote a class of events, processes, or perceptions as worthy of greater focus, but they do not specify which particulars on the "analytic surface" (Poland, 1992) are to be regarded as members of a given class. Subtle and comprehensive issues make this even more complex. One may question the degree to which perception or listening may be determined from the top (theory) down, so to speak. The "analytic surface" to which we turn our listening has no objective status. As Poland argues persuasively, it may not be correct to say that our listening is directed, by whatever theoretical guidelines, toward the analytic surface, but rather that our listening creates and defines that surface, and much of the "analytic space" behind it. Poland refers to the analogy of the umpire who says, "Some's balls and some's strikes, but they ain't nothin' till I calls 'em" (p. 403). Even this understates the contribution of our listening-perceptual input, for it presumes that two *consensual categories* already exist. The definition our analytic listening gives to the analytic surface is, as he points out, highly personalized and always "*include*[*s*] *our own selections and translations*" (p. 387). Beyond this, the analytic surface so created is to a significant degree processed unconsciously.

Our analytic listening is a spontaneous process, only a segment of which we consciously direct and only a portion of which we consciously apprehend. Gardner's (1991) evocative discussion of the oscillation of analytic attention highlights the profoundly idiosyncratic nature of our listening instrument. Every mind is unique, not only by content, but also by process. In

discussing the varieties of analytic focus, we are "not . . . speaking of blind spots, countertransference, and other problems, but of different aptitudes and propensities" (p. 862). Some of us are quick on the draw, others slow; some of us are alert to how patients victimize themselves, others, to how they are (or have been) victimized by another; some stress what they know, others what they do not.

In addition, Gardner emphasizes that our minds in no way work with a regularity and rhythm which might be captured by the notion of oscillation. The mind from which we launch our listening is active and reactive, searching and lost, patterned and random all at once: "the analyzing mind in motion—a restless mind—follows a tortuous path" (p. 864). It may be argued that this question—of how we observe or listen—is central in another respect. It is possible that analytic listening can no more be separated from thinking than perception can be separated from selection and translation.

Gardner leaves us with a challenge: "With what we analysts have observed over almost a century, we have much to be pleased; *with what we know of how we observe, less*" (p. 869, italics added). This paper will take up that challenge. Rather than ask how theory drives perception and listening, or what are optimal modes for listening, I will turn the proposition around: if we observe the ways in which we actually listen, what sense can we derive of the underlying mind as it listens? I will provide several examples and observations about my clinical listening and follow out some lines of thought as they emerge. As the foregoing makes plain, the observations offered here must be thought of as *at least* highly personal. It remains to be seen if they, as patterns or qualities of listening, have any general analytic relevance.

What happens in the process of analytic listening? Is it the same as ordinary listening? This last question is easily answered in the negative. Simply recall what it is like to begin the first hour after a vacation. It is hard to get in gear and settle in. In a smaller way, each of us probably feels that way with the first

hour on Monday. We have become used to listening in our normal, everyday way, which is very different from therapeutic listening.

In order to describe some essential aspects of this clinical listening mode, let me offer several everyday observations about my clinical remembering. This link is crucial: remembering is important because memory is a precipitate of listening. The way memory is structured and organized reveals much about the way things were initially perceived or listened to.

Many years ago, I was consistently nonplussed by a young man who often began his hours with the urgent question: "Do you remember what we talked about last time?" It was like a pop quiz: I had attended to the material but I hadn't studied it. I wanted to say, "But of course,"; in actuality it was often hard to remember without a cue. I had not been listening with the intention of remembering things in such a way as to be able to recite or enumerate them. I discovered that indeed I did remember much about the previous hour, but it was in what might be called "passive storage," that is, available not by request, but by cue. When I regained my balance enough to ask this peremptory young man what in particular he wondered about, his cursory allusions regularly brought back much of the relevant portions of the last hour. My memory was organized not as a sequential tape, but rather coded in various ways, for example, by affect, by character, or by metaphor or image, and retrievable only by the right tag. This, incidentally, may be what makes it so difficult to record process notes immediately after a session: we have not necessarily been listening sequentially or with the goal of precise memory recall. But when we recall a particular exchange or fantasy, often large pieces of associated material come effortlessly to mind.

A common occurrence: something happens in the first few moments of an hour which brings back substantial portions of the preceding hours. I say "brings back" because there is something distinctly automatic about the experience. We are not wracking our brains wondering "what was the last hour about?"

but rather are reminded of it by a familiar phrase, by an allusion to something in a previous hour, or by the immediate presence of the patient.

My remembering process (and its associated listening state) is very closely adjusted to the specific person I am with. It is unusual to be reminded of something from a different patient. This is, when one thinks of it, a rather amazing phenomenon. With all the information we receive daily, from so many different people, over so many years of work, one might expect that it would happen regularly. But it does not. In other words, although we are obviously listening to everyone, we must be listening in such a way that it does not end up a jumble.

Here is another observation. How often have we listened to a patient tell us about "somebody," "a colleague," or "this man at work?" As soon as another character arrives on the scene, the material quickly turns into a labyrinth of "this one," "the other one," "the one I mentioned a minute ago," etc. Confusion is the inevitable result. Why is this necessarily so? Certainly the patient does not have any difficulty telling one character from the other. They, however, have an advantage over us—they know whom they are talking about. If a patient tells me about someone and mentions his or her name, it is not a difficult task for me to keep things straight, to hold some of this in memory, and to collect and form some image of the person. If the patient does not mention the name, the task is nearly impossible, for my ability to sort and store information is nullified. What do I store it under? "This guy at work?" Which guy?[1] I need a tag, and without it I am lost.

Let me draw some intermediate conclusions. I listen clinically in such a way that my attention is gradually molded to a specific patient. I do not listen to remember a whole fabric, but to tag items in some fashion. For this to happen, I need to listen for particulars—be they forms of speech, fantasies, recurrent char-

[1] I discovered later a nearly identical passage, making much the same point, in Basch (1980, p. 58).

acters, or shifts in affect—and allow them to shape my sensitivities. This reactive quality is of special note. What I mean by "reactive" is that, in many respects, I do not seem to have to direct this process. Put more accurately, conscious directives seem to have little impact on how I hear and consequently tag items. Some system is used, so to speak, to which my conscious mind is, at the time, a relatively uninformed bystander.

Freud's "evenly suspended attention" aptly captures this listening state. One might be tempted to label this an "initial" listening mode because, as I will comment below, it is readily modified. Nonetheless, I think the temporal implication of "initial" is misleading, as if the mode were subsequently abandoned, or even at times forgone. As far as I can tell, I am almost always listening in this mode, whether I am aware of it or not. Perhaps "base-line" mode would be more apt.

This base-line mode is quickly shaped for each patient in such a way that, as I have described, I do not often confuse material from different patients, and have available, as a set of flexible templates, an assortment of particulars which can be brought to mind when the proper tag is activated by a given patient. The nudge may be as simple as the immediate physical presence of the patient or an allusion which brings back substantial clusters of material.

It may be useful, if artificial, to separate out these features. As I listen to analytic material, I have, on the one hand, an automatic tagging mode which produces, on the other hand, a person-specific, protean inventory of cross-referenced items. While these categories cannot be completely idiosyncratic and must have some general applicability, they are also highly personal because they are formed out of my unique subjective experience.

So far, what I have suggested bears some similarity to Freud's "evenly suspended attention," in that I listen in such a way as to allow material to make an impression upon me and to subtly shape my awareness. I am in Freedman's (1983) receiving and shielding mode. This is just the surface of the listening process.

Another significantly more active process occurs as well, invisibly at first, but then more and more visibly.

In order to explore the more active features of my listening, it will help to follow a clinical vignette to which I will refer from time to time.

Case No. 1

Both Ms. A and I have returned from vacations which made for a several-week interruption in the treatment. Toward the end of her first hour back, she tells me with pleasure of the "great sex" she had the previous night with her boyfriend, from whom she had also been apart. Waxing philosophical, she states that sex always seems much more exciting "after a break." When regularly available, it loses some of its zest. I wonder if this might also reflect some of her feelings about her return to see me. There ensues a lengthy silence, after which she tells me that she has been watching the changing pattern of shadows on my window shade. The hour ends.

At the beginning of the next hour, Ms. A describes herself as in a quarrelsome mood. She has many fleeting thoughts, but doesn't feel like making the effort to put them into words. She has a house guest, but would rather be reading. "I feel like I want to stop something." I ask about associations to the idea of stopping something, and Ms. A tells me that now she recalls how annoyed she was at the end of the last hour. "It is so predictable: whenever I bring up sex, you relate it to in here. Inwardly, I say 'No!' I want to resist and protest. It's like I put out a handle and you [gesturing] twist it." When Ms. A pauses again, I remark that she seems to be able to see and feel the twisting; what are the images? It is a handle with a bend in it which can be "wrenched." Later in the hour, reflecting on the process between us, Ms. A comments that this is a sore spot for her, and that I keep "jabbing" at it. "Perhaps," she remarks, "it is sore *because* you keep jabbing at it." Nonetheless, she knows it is my

job and what I am supposed to do. After a silence and a few remarks in which she describes her continued "irritation," although without much affect, Ms. A begins to rub the back of her neck. It is near the end of the hour. I ask if her neck is sore. "Yes, I have whiplash," she adds with a somewhat sarcastic tone. "And what is whiplash?" When Ms. A begins to respond to the question literally, I add "injury caused by a violent collision from behind." "Yes [now with great animation] I've got whiplash!"

Some of my active listening has a conscious surface and a selective focus guided by strongly held beliefs about how human experience is organized. Because these beliefs are influential in how I listen, I need to describe them briefly. I regard our experience as cast in units which include a view of ourselves and a view of others, linked by a dynamic tension of wish or expectation, and accompanied as well by an affective vector. Much of this structure we hold out of awareness, resist becoming conscious of, and hesitate to communicate to another person. Consequently, it is often inchoate as well. A parallel tension exists intrapsychically and between patient and analyst.

These abstractions have little clinical vitality on their own and only come to life *for me* in specific and concrete words, actions, and images. For example, if a patient tells me that he is angry with his brother and wants to get back at him, this is too abstract for me. Angry how? Get back at him how? What are the details? In case No. 1, I am conscious of attending to vivid verbs (stop, twist, wrench) and of trying to draw out the concrete visual images associated with them. This is a deliberate effort on my part, directed toward those items because I regard them, as noted above, as linked to higher order, clinically significant concepts. Theory, or belief about the relationship between theory and clinical efficacy, points my listening toward these items.

It cannot be quite so simple, however, because I do not presume that another listener with similar theoretical predispositions would necessarily fix upon just these details. Furthermore, my selectivity here probably has more to do with how I translate what I listen to than it does with theoretical partialities. I hear in

active, visual forms; patients occasionally comment on my inclination to hear what they say concretely or literally. A patient says, "I'm going around in circles," and I "hear" an image of people circling a tree. My preference for this type of dynamically charged image in response to words is a personal "propensity," and may determine the form of my theoretical predelictions much more than the reverse. It is quite possible that I listen in such a way as to guide the patient toward depicting his or her experience in terms which I can most easily and fully comprehend.[2]

Some of my active listening has no conscious surface and follows an automatic sorting of what I have tagged. To return to Case No. 1, without apparent effort I am putting something together in my mind, but I do not yet consciously know what it is nor how such a putting together is directing my behavior. The parts are: twist, jab, wrench, sex, anger, and me. I do not know consciously what form or direction the assembly will take. Ms. A rubs her neck and I ask her about it. I was not conscious of any connection between this question and the above enumerated parts. Her reply "whiplash" triggers my conscious awareness of what *must* be a pre-existing formulation, for I am *suddenly* aware that "whiplash" puts them together: she regards my transference comment as a violent, injurious collision from behind, and she must be more than just "irritated." Incidentally, I can now appreciate how my unconscious sorting directed my behavior and specifically prompted my focal "listening" to her rub her neck.

This triggering phenomenon indicates that something has been developing which is ready to be triggered; that is, I am, in

[2] An anecdote about how mathematicians solve problems is relevant here. A pan of water sits on the floor in front of a stove. Problem 1: how does one get the water to boil? Place the pan on the stove and light the stove. Problem 2: the pan is now on a table. The obvious solution is to put the pan on the stove and light the stove. The mathematician, however, places the pan on the floor and reduces Problem 2 to Problem 1; that is, to a previously solved problem. Perhaps we listen in the same way.

certain respects, in a *state of shaped expectancy*. I have been absorbing *and* sorting simultaneously. I have attended to some things more than others, but I have also drawn conclusions from what I have heard, conclusions based on a gradual building up of clusters of what my mind has linked. These clusters are like seed crystals which imperceptibly accumulate material of similar structure.

This is an active gathering and sorting process and must be a dynamic component of Freud's "unconscious memory." Sorting cannot take place without generalizing, which is another form of hypothesizing. To be more exact, we have to acknowledge that "tagging" and "sorting" *must* overlap. If every item had its own tag, we would end up with an endless hodgepodge of stored items. Every tag implies a sorting, or a variety of sortings and cross references, probably at many levels of abstraction.

While much of this must happen unconsciously, sometimes we can see it initiated and carried through nearer consciousness. For example, a depressed patient tells me he feels like a paper bag flattened by a hand. As I think about this poignant image, I am aware that it expresses feeling depressed in a particular way, being emptied out by something. I think about comparable results—being beaten, out of breath, crushed (my images)—and comparable causes—clubs, steam rollers, powerful people attached to strong hands (again my images). While I may not encounter precisely these items, I have alerted myself to listen for comparable forms.

In other words, the listening mind gathers, sorts, *and* ramifies. We listen as we learn: absorb, sort, and anticipate. This processing is no mechanical registration of stimuli. Parallels to the powerful thinking involved in language acquisition are not irrelevant here, for the basic mode for the learning of language is listening. No computer yet imagined can abstract the underlying rules of grammar from limited speech samples, yet we do precisely that by the age of two or three. This has to mean that we never listen to words without also hearing their meaning to us and, quite out of awareness, abstracting the structure of lan-

guage as well. To anticipate a later comment, it becomes apparent that we cannot disentangle how we listen from how we think.

The listening mind is always active; nothing registers in isolation. We generalize and our generalizations spread a web of anticipation. As my encounters with a given patient accumulate, my listening is more and more shaped until it is in a state of expectant readiness, tuned to certain particulars and to certain general categories with greater and greater precision. My attention is never evenly distributed, but rather has been shaped and activated, both perceptibly and imperceptibly, in specific ways. It engages as much as it is engaged.

We can confirm the notion of shaped expectancy with two common occurrences in analysis, namely, a sudden remembering of something distant, and the experience of "being struck" by something which falls together. In the first instance, a patient is talking about some current event, relationship, or dream and, without effort, we remember something quite specific, be it a past event, something which happened last month, or a long-forgotten dream. An incident of exactly this sort forms the basis of Reiser's paper (1985), in which he describes responding over the phone to a former patient's crisis. In this instance, Reiser's recollection of a dream while on the phone comes seven years after his initial hearing of the dream and provides the basis for a crucial intervention.

In the second instance, pieces suddenly come together.

Case No. 2

Ms. B, a sensitive, rather narcissistically vulnerable woman, mentions in passing that she feels like "a puppy who has been left in the garage too long." Her diffidence with me and dismissive attitude toward any transference links suddenly make sense: she is protecting herself from the shame of pent-up longing.

This is quite a revealing instance of something coming to-

gether. I have some conscious notion of the way in which this came to me, but much less of *how* it came about. I can describe content better than process. I recall having a picture in my mind of such a puppy, to which I must have imputed desperate longing and a shameless eagerness for attention and companionship. Perhaps I recalled that a roommate from college kept a puppy in his bedroom during the day for the better part of a semester, and what that poor dog was like when let out. Perhaps I was conscious of that memory only *after* things had come together. Nonetheless, the vivid image of such a dog's state must have led to the thought that a person who felt that way would be ashamed to let it be readily seen. Suddenly, many things must have linked up with this picture, and I became aware of the much abstracted thought: she is protecting herself from the shame of pent-up longing.

This is not to say that every time something pops into our minds it is valid or accurate, but only that there are frequent moments of major and minor shifts in comprehension as a result of the experience, often sudden, of something falling into place. A linkage is forged or revealed between previously unconnected elements, and a picture emerges. Inwardly at such a moment we think, "so that's why . . . ," or, "no wonder . . . ," or, "why didn't I think of that sooner?" An apt analogy may be to a jigsaw puzzle where the picture is unknown. We proceed a certain way toward completion with what seems like mere random fitting. Then a piece falls into place and suddenly one can identify the picture. Certainly, it is the last piece which triggers the completion of a pattern, but every other piece before that must have prepared the way with an anticipation of what it is that will be found. We only appear to be proceeding randomly.

More can be said of the experience of completion tripped by a comment, such as the one in Case No. 2. It is not as if the only correct answer has suddenly been found. Rather, our listening is looking for and completes only the kind of answer we are disposed to find. For me, the picture is completed by a linking together of longing and shame. Equally valid clinically might be

the linking of longing and rage. The image presented to my mind by the phrase, "puppy left in the garage too long," could easily have been of a frantic and snarling dog. I must recognize that the image my mind presents is selective and reflects a preference for seeing shame over anger. This proclivity, intimately embodied in how I listen, may have as much to do with personal compromise formations as with a theoretical preference for shame over anger as the motivation for defense.

Speaking of the proper mode of analytic listening, Freud (1912) warns of the dangers of concentration and selective attention: "if [the analyst] follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive" (p. 112). I think the preceding argument suggests that, in contrast to Freud's idea, you cannot but follow your inclination and, in fact, very often find exactly what you already know, because it is what your inclinations have led you to expect. This is not a falsification of the process, nor a subversion of listening, but the very essence of it. That such findings must be tested does not invalidate the process.

These grand moments, such as in Case No. 2, are not necessary to make the argument about the activity and anticipation of our listening state. There are comparable moments with less drama, but equal persuasiveness. These are everyday instances of something "drawing attention" or a sharper focus. These are little telling details—perhaps a gratuitous adjective, a bit of edge in one's tone, a slip of the tongue. The list can be extended indefinitely and is probably highly personal. While these little details may not give us a glimpse at major dynamic constellations, they nonetheless prompt a subtle shift in how we are attending. These "items" trigger an inkling of connection, by means of whatever tags are assigned. I notice this effect and then guide or direct my listening more consciously. Or, I am guided by some inchoate effect and find myself more directed in my inquiry and listening. In Case No. 1, such a telling detail occurs when Ms. A utters the word "twist," accompanied by a

hard hand gesture. I now begin to focally track something and deliberately ask for associations, in particular for the images she appears to experience while speaking. My argument does not require that this "telling detail" have universal relevance. It only requires that we all have a certain number and type of preferred details which regularly attract our attention, and for which we are, for whatever reasons, primed.

The following is another common manifestation of my "activated" listening: an "item" triggers a fantasy in me which parallels something in the immediate clinical process. I begin to listen to the patient through the filter of this fantasy; I become aware of specific visual images, which are conceptual generalizations in specific form. That is, I am anticipating certain things and thus am more closely attuned if I am truly paralleling the patient. Sometimes I notice when the patient diverges from where I thought he or she was going because that is where my fantasy-image had already taken me. This state of expectant readiness, now embodied in a conscious (or preconscious) fantasy line presumably parallel to the patient's thoughts, primes me for the anticipated.

But it also sets me up to notice the unexpected—*precisely* because it fails to match my anticipation. My thoughts take me one way while the patient's take him or her another. I am confronted with the awareness that my fantasy does not align with the patient's material. This becomes a prompt for careful scrutiny; not only must I listen more closely, I also have the opportunity to examine where and how my thinking diverges.

In more general terms, as expectation reflects the establishment of predictability, so novelty reflects a mismatch with expectation. In different ways, both the expected and the novel attract attention, focus listening, and prepare me for either congruence or divergence. I am continuously[3] generating expecta-

[3] By using the word continuously here, I do not mean to suggest this listening mode is beyond interference. I think it can be disrupted, but I will address that issue below.

tions and matching input against expectation. Ultimately, what is significant clinically has to be just these things which shape, activate, and focus listening, however subtle, evanescent, personal, and beyond awareness they may be.

Although it is artificial to draw a sharp line here, what I have described about my analytic listening up to this point refers to complex, personal, and highly automatic processes. While selective and directed, they do not seem to be under conscious control, nor often even accessible to consciousness. I notice some of the effects, but little of the process. My listening has been shaped and primed, but I do not have a sense of having deliberately done so. In contrast, what I will now describe is more accessible to consciousness and clearly more directed by conscious intention.

Let me begin with some observations which I think are generally valid, and then return to Case No. 1. Regardless of our theoretical views, transference material, for example, is almost always worthy of attention. Consequently, we scan constantly, probably at a fairly low level of intensity, for anything which might relate to the patient's feelings about, perceptions of, or relationship to ourselves and the process. We have learned (and been taught) that many things are not to be taken at face value. Does the patient's comment about his demanding girlfriend apply to his perception of my attitude toward him? Are complaints about his vague and poorly organized professor reflections of his confusion over my speech? These are items of special interest because they carry the most affect and therefore the most therapeutic power. There are decisions to be made about hearing something as related to the transference and how to make use of it, but we listen with these issues in mind because they are so relevant.

There are probably quite a number of focal listening sets which come into play in any analytic encounter. Some, like those related to transference possibilities, are probably never far from our minds. Others come into play only at particular points. For example, attentiveness to separations, more specifically to the

meaning of separations, surfaces primarily in relation to breaks in treatment. We are ill, miss a session, and then are listening in the next hours with slightly focused attention for its effect on the patient. We go on vacation and, both before and after, check how the material presented might reflect the patient's feelings about this interruption.

Here is a routine example of a different sort. We make interpretations not just to impart insight, but also to gauge the nature and quality of the patient's response. Just as we listen for associations to a dream, we listen to what follows an interpretation with special interest because it will tell us something about how the patient has heard what we have said. Does the patient agree politely but without much conviction? Is there an immediate attempt at self-justification suggesting that, to the patient, our remark contained more criticism than information? Is it followed by a long story which, without the patient's quite knowing it, contains the same theme as our interpretation? All this is of special import because how the patient hears us determines more of the process than what we say. We learn how the patient hears us by paying special attention to what happens after (sometimes long after) we have spoken.

Many other examples could be brought forward here, but the basic idea is the same: because references to the transference, responses to separations, and reactions to interpretations, among other issues, are highly relevant, we listen to the patient with them in mind. We are listening "for implications." This way of putting it came to me by way of contrast. During a long break, I once arranged to speak with a patient by phone from a cabin in the Northwoods. At our first return meeting, he made several comments about how valuable the call had been. I was startled to realize that while I easily remembered the conversation, I had not been paying the same kind of attention then that I was now. On the cabin phone in the woods, I had been in a more colloquial listening mode, not actively mindful of implications. The subjective sense of contrast was palpable.

Listening for implications is readily visible in Case No. 1. In

the back of my mind, I realize this is our first meeting after an interruption. In fact, however, a conscious focal awareness of the fact is triggered only when Ms. A tells me that sex is most exciting with her boyfriend "after a break." The phrase "after a break" orients me, because "break" is the word I often use to label an interruption in treatment. While I cannot begin to offer a complete portrayal of my thoughts, suddenly I am listening with a qualification: in what manner are the situation with her boyfriend and the situation with me parallel? What did I just hear which might fit? What am I now hearing which could add confirmation? As far as I can tell, I am simultaneously sifting through my recent and past memory and listening to the unfolding material with the same quite narrowly tuned filter. I pose a link between the available feelings of excitement with her boyfriend and the (possible) unexpressed feelings about seeing me again "after a break."

That comment made, I consciously shift my listening toward her response. In the past there has been much indirect evidence of strong positive feelings toward me, but Ms. A has denied conscious awareness of them and been annoyed at the suggestion. I "hear" the ensuing silence as a stiffening, and begin to listen for an annoyed response. Her comments about the shadows on the shade register as a defensive retreat, most likely against her anger.

I have heard something close to what I was listening for. Although the hour ends shortly thereafter, I prime myself to listen for further reflections, both of her distancing defense and the anger which may well be behind it. Consequently, when Ms. A begins the next hour in a quarrelsome mood, I know I want to listen carefully. When she says she wants to "stop something," that sounds close enough to what I am listening for, for me to focus my inquiry at that point. Her anger surfaces and I follow along, listening for the specific images of her experience in order to trace the exact connections between my earlier transference comment and her angry reaction. When "whiplash"

comes, I know both that I have found the connection and that it was what I was listening for.

I have emphasized here my more conscious and directed listening set. Nonetheless, it would be incomplete to omit pointing out the role played by the more automatic and out-of-awareness listening processes described earlier. The onset of my more focal attention is instigated by my reaction to the phrase "after a break." It culminates when I recognize "whiplash" as the answer, before I can consciously appreciate how well it solves the puzzle.

Listening for implications is not sharply demarcated from more automatically primed listening. They interpenetrate and play off one another. In a different way, the same is true in Case No. 2, in which I described my spontaneous appreciation of a link between Ms. B's longing, shame, and diffidence. At the same time that the answer comes to me, however, I am in a position to do something which I could not do before, namely, listen to the ensuing material with a specific interest in items which reflect feelings of shame.

Let me summarize. In my experience, I can distinguish two modes of analytic listening. The first, listening alertly from a distance, operates mostly out of awareness, beyond conscious control, and makes its nature known to me through various types of spontaneous presentations to consciousness. These presentations include the results of tagging, cross-referencing, and sorting operations performed on what I have heard. From this I infer that my listening has been shaped in some quite specific ways by my interaction with each patient. Another type of spontaneous presentation to consciousness includes the results of various linking, generalizing, and anticipatory operations. From this I infer that my listening has been primed in very complex ways, and is in a state of shaped expectancy. While it might seem apt to describe aspects of these processes as "passive," it is a confusing and misleading label to apply. It is only my vantage point from consciousness, not the phenomena themselves,

which might tempt me to characterize any part of them as "passive." I am listening alertly from a distance; that is, I seem to be both attending closely and, at the same time, drawing back to abstract, forming templates which are increasingly tuned to a given patient. My expectations seek confirmation, but also highlight novel or discrepant material.

The second mode, listening for implications, is somewhat conscious and directed. Consciously primed, I listen through a series of filters, some relatively general, such as a transference filter, some more focal, such as one tuned for the meanings of separation. Although I cannot specify in advance their concrete embodiments, I know what category of items I am listening for and can consciously review and test material against expectations. This mode is also refined to a given patient over time.

In my experience, these modes cannot easily be separated temporally or conceptually. The first mode often triggers the second, indicating that the latter may need to be activated by the former. Similarly, while definitely listening consciously for completion, my reaction to a match between what I hear and what I have been listening for is so quick as to suggest that a significant facet of my focal listening proceeds out of awareness. Conscious awareness appears to be neither a necessary nor a sufficient condition for the operation of either mode.

Do I oscillate between these modes? It seems that what oscillates is my *awareness* of the activity of these modes rather than the activity itself. A layered or hierarchical model perhaps would be more apt: the first listening mode operates at an almost continuous base-line level and, from time to time, activates a superimposed, more conscious second mode. Clearly, however, the second mode feeds back into the first mode and adds to its shaping and priming. These ideas are quite tentative, for I can ground them only in the very limited domain of my consciousness. The best answers to questions of this sort will have to come from sources other than the listener.

Do these conceptualizations of my listening have some gen-

eral applicability to other analytic listeners? I think, yes and no. How I listen, and how I anticipate and sort what I hear is determined, in large measure, by the operation of some very fundamental brain processes. In this regard, I must listen in ways quite similar to others. While my listening modes are not identical to Freedman's (1983) "receiving" and "restructuring," they seem remarkably similar. We embed ourselves in the patient's words and at the same time stand back and construct linkages and meanings.

In another respect, however, my listening has to be unique, in that how I listen directly reflects how I think. Listening and thinking are inseparable activities. The concept which joins them is *what* we hear when we listen. In Case No. 2, what I hear when Ms. B says the words, "puppy in the garage too long," is in fact a very detailed picture of the dog and the garage. It is nearly certain that my image differs from Ms. B's—if she has one—and from most other analytic listeners, who may not even hear in images. In addition, my image is influenced by the unique and specific memory of my college roommate's puppy. Both the content and the precise processes of my thinking are personalized.

Gardner (1991) is right in declaring that we come in all styles and manners, with varied "aptitudes and propensities." One place this is most evident is in how we think, and therefore how we listen. It is sobering to conclude that even if we could agree upon shared modes of analytic listening, we could not predict that we will hear the same things. Every case presentation reminds us that we are much more likely to agree even on matters of theory than we ever will on how we hear clinical material. Poland's (1992) idea of the subjectivity of the analytic surface is amply confirmed. The analytic surface is a highly personalized construction.

If the weakness of psychoanalytic listening is its subjectivity, turned upside down subjectivity becomes its strength. Psychoanalytic listening is subtle, refined, and purposefully tuned to

the subjectivity in self and other. It differs powerfully from most ordinary conversational listening in two decisive respects. First, the medium of exchange is predominantly auditory and minimally visual and physical. While it would be absurd to think of analyzing a patient we cannot hear (excluding the possibility of a written analysis), the idea of analyzing a patient we cannot see is quite feasible. Blind analysts may be rare, but they do exist and work effectively.

Words evoke the personal in speaker and listener, especially in the absence of explicit visual clues. Most of us remember the heyday of radio drama. Everyone has an image of Fibber McGee's closet or the "bad guys" on *The Lone Ranger*. The joy and power of radio is that we make these images our own because they have no external visual definition. Through words, we regularly create images of things we have *never* seen, such as another person's dreams. Because listening directly to spoken speech cannot be done at much distance, the use of speech in psychoanalysis also dictates a bodily proximity which potentiates subjectivity.

While ordinary conversational listening and psychoanalytic listening may both occur in intimate bodily context, the purpose of analytic listening marks the second critical difference between them. In analysis, our listening modes evoke the subjective, and hold it at arm's length. And with an analytically informed mind, we also listen for systematic implications: we listen to evoke, articulate, and explore the subjective.

It might seem that in emphasizing the significance of the spoken word as the medium of exchange, I invite the idea that the ideal conditions for analytic listening would be by telephone. This is an interesting possibility, but for myself is simply not the case. Beyond the fact that the physical presence of the patient makes an enormous difference literally and symbolically, for me there is another factor. What I have called my base-line listening mode is in fact not continuously active. It can be disrupted by a variety of conditions ranging from preoccupation, anxiety, an-

noyance, loud noise, and interesting visual displays (including an animated face) to the complete absence of ambient sound. On the other hand, it is facilitated by a relaxed posture, diffuse gaze, subdued background noise, and the sensation of even respiration. Freedman's (1983) observation that our receiving mode depends on personally distinctive sensorimotor patterns is absolutely true for me. For whatever reasons, I find it impossible to achieve this over the telephone.

I will conclude with a comment about the position of listening in the analytic process. Speaking about constructing meaning, Freedman places listening at the heart of analysis. I think it may be placed at the center in another equally significant respect: the value to the patient of the gradual assumption of these distinctly analytic listening modes. Here is an example. A patient lies on the couch and hands a check back over his head. A hand reaches over and takes the check. Moments pass, and the analyst says, "a silent exchange." The patient is stunned, not by what was said, but by the vantage point from which the analyst must have listened to the "silent exchange." The analyst was both inside and outside, there and at a distance. The patient gains knowledge, but also a perspective capable of generating new knowledge. Whether by identification, modeling, or practice, the patient creates within himself/herself a replica of the analyst's modes of listening: evoking and holding subjectivity at a distance.

These considerations provide a different slant on the idea of the patient's identification with the more benign superego of the analyst (Sandler, 1983). One may argue that something beyond a more tolerant self-judgment has been learned, namely, a powerful capacity to pay attention to oneself. While clearly this must relate to the notion of a self-analytic function, it does not seem identical to it, for the latter seems to involve a more deliberate effort at reflection (Sonnenberg, 1991). Perhaps most crucial is the patient's simple capacity to "listen to" himself/herself with an open mind. This may be the most influential and durable legacy of our therapeutic work.

SUMMARY

As Gardner notes, we are better at designating how we ought to listen than at capturing how we actually listen. In this paper I have described some features of how I listen. Much of my listening occurs out of awareness and involves both tagging and sorting what I have heard and anticipating what I expect to hear. This mode, which I have characterized as "listening alertly from a distance," is mostly automatic and highly personal. Superimposed over this is a more conscious and directed mode. I listen to material through various filters which highlight what I regard as clinically relevant material, such as that relating to the transference. I have called this mode "listening for implications." Taken together, my two modes of listening are designed to evoke, articulate, and explore my patient's subjectivity. Concluding remarks addressed the inseparability of how we listen from how we think, and the powerful legacy created by the patient's gradual taking on of these modes of reflective listening.

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2700 Marshall Court
Madison, WI 53705

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

The Evolution of Patients' Theories of Pathogenesis

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To cite this article: Steven H. Goldberg (1994) The Evolution of Patients' Theories of Pathogenesis, The Psychoanalytic Quarterly, 63:1, 54-83, DOI: 10.1080/21674086.1994.11927406

To link to this article: https://doi.org/10.1080/21674086.1994.11927406

Published online: 27 Nov 2017.

Psychoanalytic Quarterly, LXIII, 1994

THE EVOLUTION OF PATIENTS' THEORIES OF PATHOGENESIS

BY STEVEN H. GOLDBERG, M.D.

The author views the patient's theory of pathogenesis as a compromise formation to which both patient and analyst contribute in important ways. Unlike conventional autobiography or case histories, the patient's theory of pathogenesis is an ever-evolving product of the analytic collaboration that is subject to ongoing analysis and self-inquiry. Like any explanatory theory, it both opens and constrains interpretive possibilities. The collaborative attempt to arrive at the best possible explanatory narratives entails both uncovering and joint construction. Explanatory efforts that are anchored in consensually agreed-upon present experiences of resistances and transferences are more closely related to therapeutic action and are more likely to be verifiable than explanatory theories tied to distant past events. The open-ended nature of the life historical and explanatory narratives leads to an emphasis on continued self-analytic activities after termination.

INTRODUCTION

The complexities of the life historical narrative presented by the patient and subsequently modified and elaborated in the course of psychoanalytic exploration have been a central concern for many psychoanalytic authors. Although Freud saw memories as being subject to change and distortion, he also maintained the belief that analytic work, through reconstruction, could ap-

The author wishes to thank Dr. Edward Weinshel for his invaluable suggestions during the preparation of this paper.

proach "a picture of the patient's forgotten years that shall be alike trustworthy and in all essential respects complete" (1937b, p. 258). Kris (1956c), emphasizing the ongoing selection and remolding of memories, argued that it is not so much the events themselves, but the patterns constituted by the events and their subsequent internal transformations which are the objects of reconstructive work (p. 329). Kris also pointed out that reconstructive work "may acquire the function of a screen behind which relevant conflicts remain sheltered" (p. 306). More recently, Spence (1982, 1987), Schafer (1983, 1992), and others have discussed the relative, constructed, and incomplete nature of psychoanalytic life histories, also drawing attention to the subjectivity, participation, and purposes of the analyst in the progressive elaboration of these autobiographical accounts.

My own earlier contribution to this discussion (Goldberg, 1991) was to focus on the patient's theory of pathogenesis, viewing it as closely related to a corresponding view of his or her life history. In that paper, I emphasized the defensive functions of theories of pathogenesis to which patients hold tenaciously at the outset of their analytic treatments. I described two cases involving patients who entered analysis with relatively preformed, plausible, and coherent accounts of crucial life events that they believed accounted for the origins of their presenting problems. As questions concerning the completeness and adequacy of these accounts were raised, and as their defensive functions were understood, the patients were able to consider previously warded-off aspects of their life histories. They gained valuable insights into their reasons for clinging to incomplete and often distorted accounts, and they saw how these defensive activities were linked in important ways to their current problems. Relinquishing their investment in defensively motivated theories of pathogenesis was tied not only to increasing insight, but also to increased freedom from symptomatic and self-defeating behaviors.

While in the earlier paper I was considering only the early phases of my patients' analyses when the defensive functions of

their autobiographies and theories of pathogenesis were first subjected to analytic scrutiny, in the present study I examine the nature and functions of the life stories and theories of etiology of symptoms that derive from later phases of the analytic work, including termination. My emphasis is on the ever-evolving, open-ended, and necessarily collaborative nature of the patient's theory of pathogenesis, focusing particular attention on the contributions from the analyst. My discussion both draws upon and is intended to contribute to recent discussions concerning the nature and epistemologic status of psychoanalytic life histories. It also provides an illustration and conceptual point of departure from which to view a number of recent controversies centering upon the subjectivity and contributions of the analyst to the interpretive process (e.g., Boesky, 1990; Cooper, 1987; Hoffman, 1983, 1991).

Any life story and corresponding explanation of symptom formation are incomplete and provisional, no matter how thorough and successful the analysis. The autobiographical account is always unique to that particular analytic collaboration. The narrative that is developed in the analysis is, in important respects, co-authored, and the picture of early life obtained is as much a joint construction as it is discovered or uncovered. Changes in the life history and theory of pathogenesis reflect shifts in prevailing resistances, but also suggest the operation of new ones, which are part of any narrative account of the personal past. This may be as true for the resistances of the analyst as for those of the analysand. The theory of pathogenesis may be viewed as a shared compromise formation. The closer the correspondence between the patient's explanatory theory and current resistances and transferences, the greater the degree of confidence we can have in its validity and the closer its connection with therapeutic results. Even so, theories of pathogenesis, like any explanatory narrative, both expand and constrain understanding. Theories of pathogenesis extending into the distant past, involving extensive and detailed reconstructions, while enticing because of their potential elegance and compre-

hensiveness, are less likely to be accurate and are difficult to verify. Because of the essential incompleteness of any account of the life history and development of symptoms, considerable importance must be placed on the capacity for continuing self-inquiry after termination as phenomena come to light which were not adequately mastered by the formal analytic work.

At this point, I present an extended case example, tracing the patient's theory of pathogenesis through its various transformations leading up to and including the termination phase of a successful analysis. This will be followed by a discussion of the case and then by consideration of some broader theoretical issues.

Case Report[1]

Ms. B is a thirty-seven-year-old professional woman who undertook analysis in the hope of improving her relationships with men and of enhancing her self-esteem. In her relationships with men, she described feeling at times undeserving, defective, and an object of ridicule, while at other times feeling mistreated, bright, accomplished, and worthy of respect and love. Her father was a successful trial attorney, who would fly into rages for no clear reason, punishing the children severely and without explanation. Though generally described as critical of Ms. B, he could also be warm and at times seductive with her. Her mother was described as warm, entertaining, and attractive to men, though something of a victim who could not fully take care of herself. While initially Ms. B saw little of a positive nature to report about her father, she presented a conspicuously idealized view of her mother.

In the early months of the analysis, it was possible to discern Ms. B's theory of the pathogenesis of her major difficulties, a theory in which she seemed highly invested. She saw herself as

[1] The early phase of this patient's analysis was reported in Goldberg (1991).

having been sold short by her parents, especially by her father. She felt that their critical and devaluing views of her, later held by boyfriends and now possibly by me, had fully determined her present negative view of herself. She seemed to believe that her present difficulties could be completely explained by what she recalled of her past mistreatment. There seemed to be no sense of a psychological inner world which would mediate between these experiences and their subsequent elaboration into symptoms and other derivatives of psychic conflict. She saw herself as a damaged victim of the mistreatment by her parents, who had failed her emotionally and had not fostered in her the beginnings of a healthy sense of self-esteem. Blame was a central component in Ms. B's account of the etiology of her problems.

The analytic work was characterized initially by Ms. B's externalizing onto me conflicted motives of her own. She expected me to get rid of her for the smallest failure, something that she actually contemplated more than once doing to me. She spoke of horror stories about other people's therapists coming on to them sexually, and wondered about my intentions, only later becoming aware of at least one source of these scenarios in her own wishes and fantasies. As she continued to blame her parents for her low self-esteem and difficulties with men, I began to inquire about the continued tenacity of these beliefs about herself, even in the face of many subsequent experiences of being treated appreciatively and respectfully. As I raised the possibility that these beliefs might serve additional purposes, she began to wonder what she might get out of continuing to blame her parents and to see herself as their innocent victim. Over time, she was gradually able to see that this constituted a way of hiding and of disowning responsibility for her own inner life.

In this context, and after a conversation with her mother in which she felt both disappointed in her and pleased to be surpassing her in various ways, Ms. B began to recount experiences of warmth and closeness with her father when she was a little girl. Although at this point the memories were rather vague, she recalled times when he would show her off at his office and at

court, conveying to her the distinct feeling that she was his favorite. Even later, during adolescence, when their relationship had become more troubled, they shared enjoyable times together. This was in contrast to the deteriorating relationship between her parents. Here Ms. B seemed to be alluding to memories of a special and close relationship with her father, along with the conflict that this engendered in relation to her mother, all of which had been screened by memories of a traumatic relationship with her father. She recognized that it was easier to blame her problems on horrible parents who mistreated her than to acknowledge the greater complexity of the situation. Here was evidence of a more complex and open view of the genesis of her difficulties, in which her own wishes and defensive selections and alterations of memory played a significant role.

During the subsequent course of the first year of analysis, we were able to discern certain projections in Ms. B's view of me and of the other important people in her life. In a number of instances, hostile and exploitative attitudes which she attributed to me and to others turned out to represent her own warded-off feelings. As this became clear, it led her to re-examine past relationships with others, including her parents. As a result, she found it more difficult to claim her innocence in such self-justifying ways, and to maintain that her difficulties were a direct result of her parents' mistreatment, without the mediation of her inner world. She increasingly saw that some of the attitudes she reviled in her father actually characterized her own behavior toward others, contributing in important ways to her difficulties in relationships. For example, for the first time she began to see the impossible expectations she harbored toward the men in her life, rejecting what they could offer her while holding out for what they could not. Insight into the purposes of these identifications was to be gained later.

As a result of the analytic collaboration, Ms. B began to appreciate the role of her projections and distortions in clouding her views of many of the important people in her life. She

understood that this applied with particular poignancy to her father. She was beginning to allow herself to remember some of the more positive interactions with him. She was also becoming aware of the pain that accompanied these shifts in perspective. "That opens up wounds—feelings I spare myself by always being angry at him." A more complex, ambivalent, and three-dimensional view of her father and of his impact on her seemed to be emerging. By the end of the first year of analysis, there was an increased awareness of an inner world of wishes and of defenses against them, along with a greater openness to reconsidering the theory of pathogenesis which she had initially articulated.

As Ms. B developed a strongly positive and eroticized transference, we began to notice the demanding and greedy nature of her love. Initially caught up in a positive countertransference, and having to some extent bought into her account of victimization and trauma, I was reluctant to fully appreciate these aspects of her behavior. Eventually, I was able to recognize this avoidance on my part, but only after Ms. B became more strident in her demands. For example, she became irate at my not being able to immediately accommodate her request to change one of her analytic hours on an ongoing basis. She expected me to be totally and unconditionally devoted to her, as she felt she was to me. For me to be less committed would imply that she was less than special to me, an idea she found extremely distressing. She spoke of wanting to be the most important, to be chosen above other patients; otherwise, she would feel worthless and rejected. We traced how she had often felt this way in previous relationships, which frequently led her to destructive and even self-destructive actions, such as running away from potentially rewarding connections. In fact, she spoke of the possibility of quitting her analysis over this issue, although she recognized the importance of trying to work it out and to understand why she felt such a strong need to flee.

As we explored possible origins of this belief that to be less than the most special would mean feeling worthless and re-

jected, Ms. B revealed in greater detail her recollections of having had, as a child, something very special with her father, and then of having lost it. It seemed to become clear that her intense wish to be special and to be accepted by me served the purpose of trying to re-create something very precious to her in relation to her father, which she felt she had lost, involuntarily and unexpectedly. She wanted to believe that there was some way to recover this situation, if only she could be more perfect, if only she could gain possession of some secret, which other women knew but which she did not. This futile quest to be the perfect daughter of an idealized and adoring father emerged as a salient transference paradigm, directed not only toward me, but also toward potentially available men in her life. Here was a further stage in the evolution of her theory of pathogenesis, i.e., the idea that a sudden and traumatic loss of a gratifying relationship with her father had led to greedy, futile, and ultimately self-defeating efforts to recapture this lost experience.

Subsequent events in the analysis led us to understand that one of Ms. B's reactions to this sense of loss was to feel entitled to reparation for her narcissistic injury. She would act on this feeling and, not surprisingly, would drive people away. This became clear in relation to a possible increase in fee, which was based upon a change for the better in her financial situation. Ms. B made it clear that she had no intention of paying the increase, and she seemed quite willing to continue to pay the significantly reduced fee that we had negotiated at the outset of the analysis. I pointed out that she felt she deserved the reduced fee, despite the change in her situation and despite our original agreement, and I indicated rather pointedly that I was wondering how to understand this. She spoke of her feeling of deprivation, but then added that perhaps she made it seem that way. She spoke of how she felt she had nothing and everybody else had everything, in response to which I commented that by seeing it that way, she could continue to feel justified in her demands. She withdrew her objection to the change in fee and expressed gratitude that I had been willing to confront her with

her attitude which she now recognized to be one of greed and entitlement. Previously, she had been so adept at seeing this in others, but here it was in herself. Subsequently, Ms. B recognized that in wanting me to "pay," she wanted me to take responsibility for her problems. "I want to blame somebody else, I want somebody else to pay. I feel like life owes me something."

Significantly, following this session, Ms. B took the initiative in attempting to resolve a longstanding dispute with her father, characterized by intense mutual blame and recrimination. Increasingly, it became clear that she saw herself less as the victim of a family drama and more as a participant in determining her own fate. Her attention seemed to be shifting away from exclusive focus on the mistreatment she felt she had received from her father, toward a perspective that could encompass the various ways in which she had interpreted and reacted to the situation. Her attitudes of entitlement, of blame, and of the right to reparation—initially seen in the transference but increasingly recognized in past relationships—took center stage in terms of understanding the basis for her current difficulties. Although there was still considerable anger toward and blame of her parents, she now saw herself as a much more active participant in the drama. Her sense of a powerful fate acting against her was giving way to seeing her own contributions to that fate.

Ms. B began to speak of having dispelled certain myths and unrealistic expectations about her analysis. She was then able to talk about how she had used the analytic relationship to substitute for other social and love relationships, and about how she had been holding out for something that she knew I could not provide for her. She was able to connect this experience to her disappointment that neither of her parents had been able to provide what she had wanted from them. She seemed more realistic and more forgiving about their actual shortcomings, but she also seemed to appreciate her own role in having had unrealistic expectations and of having rejected certain things that her parents had genuinely tried to provide for her.

In further examination of Ms. B's childhood relationships,

her mother, who had been a shadowy figure, emerged somewhat from her obscurity. As it became clear to me that it was more comfortable for Ms. B to blame her father than her mother, I began to wonder to what extent earlier disappointments in her mother were being concealed by subsequent disappointments in her father. It seemed likely that behind the disappointing father was the specter of a disappointing mother. I attempted to explore this issue when, amid Ms. B's focusing on disappointments in her father, I said that, after all, she had two parents, and I asked about the absence of her mother in our discussion. Ms. B responded that she was less used to seeing her mother as a source of her problems than as something of a protector. She added that perhaps this was simplistic and incorrect. She went on to mention how her "attachment" to both parents was tentative at times, and that her mother could be quite self-preoccupied and unpredictable. She then observed that her "transference" to me seemed related to her father. She had never thought that it might be related to her mother, but seemed interested in considering this possibility.

As mother and maternal transference became more a focus of attention, Ms. B emphasized how she could not compete openly with her mother, not only because she was so entertaining and socially successful, but also because, with father being erratic and unreliable, she was "the only game in town." Ms. B could not risk losing her. The reality of her special relationship with father, even as the parents' marriage was crumbling, also contributed to the danger of competition. For the first time, Ms. B discussed the contempt she felt toward her mother for her dependency and her helpless attitude in the marriage. She also spoke about her envy of her mother's social skills. She now felt guilty about her contempt and about having wished that her mother were not so popular and engaging. She connected this guilt to her former avoidance of efforts to make full use of her own affability and wit. She recognized how much her inability to identify with her mother's positive aspects and to allow herself to learn what her mother had to teach had interfered with healthy

development of her self-esteem and comfort with her femininity. As her mother became less of a negative figure in her eyes, she felt correspondingly more free to be like her. She began to experiment with social situations which she had formerly avoided, and felt more able to enjoy being spontaneously playful in relationships. Increasingly, she could enjoy both learning from other women and appropriately competing with them. Not surprisingly, relationships with women friends deepened substantially.

As this work proceeded, her mother emerged in a different and, certainly, in a more complex light. This shift enabled Ms. B to consider the connection between her relationship with her mother and the development of her difficulties. She was then in a better position to gain access to her feelings of anger, envy, competitiveness, disappointment, and guilt, and their attendant conflicts and attempted solutions in relation to her mother. In retrospect I believe that, prior to this point in the analysis, Ms. B and I had, to a certain degree, avoided sufficient exploration of manifestations of maternal transference. Both of us were so captured by the father transference that opportunities to explore the impact of Ms. B's relationship with her mother had been underemphasized. It is also undoubtedly the case that, by this point in the analysis, Ms. B unconsciously felt more free to allow this material to be included in her associations and reflections in more poignant and meaningful ways, to which I, in turn, responded.

After we had set a date for termination, an important development in Ms. B's re-evaluation of her relationship with her father occurred when she described a conversation with him in which he enumerated a number of longstanding grudges against her, which she felt were unreasonable. Her temptation had been to counter his arguments, though she refrained from doing so, for reasons she could not identify. She described how he had not quite made sense, how there was something rambling and at times almost incoherent in his speech. She was upset by the conversation and said that she was glad there was

an opportunity to talk about it prior to our stopping. Although in the past I had often wondered about the nature of the father's psychopathology and had several times raised the question, nothing very productive had emerged. Here, however, I had the distinct impression that there was something Ms. B was afraid of seeing, or afraid of taking seriously, in thinking about her father's behavior. When I suggested this to her, she responded that she had sensed something, but had been afraid to notice it or to appreciate its full impact. It was as though her father were going in and out of touch with reality. She was reluctant to acknowledge how disturbed he seemed. She was afraid to accuse him of being crazy. She was afraid of criticism—from me, from the world, from him. She could see how she was protecting him. "If I admit how crazy he is, then that raises even more questions about my childhood. And I don't want to admit it, even to myself."

This information raised a number of questions. Was her father currently psychotic, and if so, had he been psychotic or intermittently so when Ms. B was a child? If he had been psychotic, what was the nature of their early relationship, and what was the nature of the subsequent disappointment? Here she highlighted a theme of denying, overlooking, and distorting reality in her family. With termination approaching, she seemed to want to seize the opportunity to take another look. She seemed to wonder if she could tolerate it, and implicitly to wonder if I could. Explaining was given particular meaning in this family; it was a way of denying or otherwise making excuses for father's erratic behavior, as well as mother's compliance. With the help of analysis, Ms. B was continuing to open up to self-inspection those aspects of her experience that had formerly been closed off. Interestingly, and I believe quite importantly, she did not press for closure, for a final answer on these points. She seemed satisfied to have been able to raise the question in this way, to take her own question seriously and to experience me as doing the same.

As the termination became imminent, and as she increasingly

felt that she had accomplished many of her goals for the analysis, Ms. B wondered if she were "*closing the suitcase*," protecting herself from opening up new topics, perhaps out of fear that there wouldn't be time to deal with them. She wondered if it were reasonable to be terminating at this point, whether enough had been accomplished and understood. She dreamed that I was supervising a female student analyst who was analyzing her. The student was faltering somewhat, but I seemed to stand behind her and to have confidence that she would muddle through, which she was able to do. In associating to the dream, Ms. B saw herself as the student analyst. "In various ways, you've already told me you support me in this. I get the sense that you feel that *the struggle is as important as the final answer, that the process itself is valued above all*." And later, "I still have unanswered questions, but who doesn't, and one could be here forever."

Many questions regarding Ms. B's theory of pathogenesis and her life history remained unanswered. This seemed tolerable to her—things did not have to be contained in such neat packages and pat explanations as previously. She had less tendency to interfere with her own process of continuing self-observation, which might subsequently lead to new perspectives and perhaps partial answers to these questions. She seemed to have some sense of the necessity for continued self-inquiry and to demonstrate at least some promise of pursuing aspects of the analytic work on her own, beyond the formal termination.

DISCUSSION

In the course of this successfully terminated analysis, my patient and I had come up with a life historical narrative that seemed to elucidate the genetic origins of her difficulties and to establish important continuities between early life experiences, their subsequent elaboration into symptomatic compromise formations, and their present functioning within the analysis and without. This account seemed to both of us to be reasonably plausible,

coherent, and psychoanalytically informed. Much of it had been replayed in the transference, to the extent that we were able to observe and to understand it. At the same time, how we each understood the evolving transference had a considerable influence on how we came to view the past. Increasingly, as the analysis proceeded, past and present seemed mutually to inform each other and to converge on the life historical narrative being developed.

It was also quite apparent that there were many unanswered questions and areas of only partial understanding. By the time of termination, Ms. B's attitude toward the etiology of her difficulties was one of openness, of comfort with the acknowledged limitations of the view at which we had arrived, and of receptiveness toward potential new ways of understanding her past and present. Compared with the early phases of the analysis, Ms. B was both more interested in her personal history and less tenaciously holding to one particular version of it. She came to see it more as a paradigm, and less as bedrock truth. She became conscious of herself as actively constructing narratives about her life. And she became aware of these narratives as alive in the present, in the sense of serving certain wishful and defensive purposes.

Many questions could be raised about the nature of our joint collaboration in particular versions of her life history and theory of pathogenesis as they developed in the course of the analysis. First of all, in retrospect, and even after studying detailed process notes, I find it difficult to be certain of the relative contributions from the patient and from myself. The technical precept to which I was attempting to adhere was that of interpreting Ms. B's resistances as I understood them, allowing her further to develop the inquiry. At the time, I was not aware of pursuing a particular point of view or a particular storyline, by and large preferring to follow her lead. Often I could not have predicted her responses to my interventions, and was surprised by the results. Thus, as resistances were interpreted and transferences were described, much of the material that emerged had

the quality of being uncovered. This included both new memories and new ways of interpreting old memories. However, I realize in retrospect that this is a limited view. How I conceptualized the resistances—which ones I chose to comment on and when, which questions I raised or failed to raise, and which aspects of transference I was aware or unaware of, and did or did not choose to interpret to Ms. B—all contributed in important ways to the evolving narrative. As much as I attempted to allow Ms. B to tell her own story and to limit my participation to opening up new windows for her exploration, I believe that, in both subtle and not so subtle ways, my own participation permeated many aspects of her story. For these reasons, it makes sense to me to view the story as jointly constructed, a unique product of our particular collaboration.

In considering my own contribution to the narrative, my own theoretical commitments and predilections, and my own notions regarding pathogenesis and technique, acknowledged and otherwise, must have played important roles. Also of note were my various resistances and countertransferences, not to mention the impact of my individual character and analytic style on the emerging analytic process. In connection with these aspects of my own psychology, and from the vantage point of studying the case in retrospect, I am able to see certain ways in which I participated with Ms. B in reaching for premature closure on some aspects of her narrative. I can also see my failure to ask, or to pursue assiduously enough, certain questions. Undoubtedly, if I were to return to study the case several years from now, new ideas and avenues of inquiry would similarly occur to me.

In the case report, I have attempted to highlight certain moments in the analysis when significant shifts occurred in Ms. B's view of her life history and explanatory theory of pathogenesis. These moments coincided with shifts in Ms. B's prevailing resistances, which often corresponded with shifts in my own internal freedom to further the inquiry. Each of these reorganizations later turned out to embody new resistances, requiring additional efforts from both of us in order to further the analytic

process. At no point was there the sense of a final answer; rather, there was the conviction of having engaged in a dialectical process.

These issues can be illustrated in the area of the recognition and interpretation of Ms. B's maternal transference. In retrospect, I believe that the analytic work in this area was initially constrained by a degree of defensive collusion, in which these issues, though discussed and investigated, were not the focus of attention. I believe this occurred for a number of reasons. First, from Ms. B's side, there was greater comfort in seeing her father as the main problem, protecting her relationship with her mother by screening disappointments and conflicted relations with her. In effect, by blaming her father she avoided dealing with the most painful aspects of her relationships with both parents, which she unconsciously attempted to keep out of the analysis. Also, owing to the relative ease with which issues of conflict with father were pursued and elucidated with increasing insight and symptomatic improvement, a certain inertia developed in the analytic work.

From my side, too, several factors were operating to constrain my attempts to investigate this area. First, a great deal was being learned about her disappointments in her father, and the analysis was going reasonably well; it made sense to stick with a line of inquiry that seemed useful and productive. Second, it was difficult for me, particularly early in the analysis, to comfortably experience myself as being of the opposite gender, so that certain maternal aspects of the transference were initially underemphasized. And finally, I had internal resistances against dealing with certain aspects of my own history; unresolved conflicts were opened up in uncomfortable ways when I eventually pursued these avenues more fully with Ms. B.

Rather than regard this kind of sequence as a limitation of analytic work, I prefer to think of it as an intrinsic aspect of psychoanalytic interaction. Analysand and analyst repeatedly agree to focus on certain aspects of the material and not on others; these choices depend not only on heuristic or tactical

considerations, but also on resistances and complex compromise formations in both participants. That is, both participants agree to narrow the inquiry along certain dimensions. It is only retrospectively, if and when analysis and self-analysis have resulted in sufficient shifts in resistances, that the constraints are loosened and further evolution of the life history and theory of pathogenesis takes place.

The narrative with which we were working was thus constrained by factors coming both from Ms. B and from myself and can best be viewed as an evolving compromise formation involving some complicated unconscious negotiations between what each of us, at each moment of the analytic work, was able to see and to raise for questioning. Any life history or theory of pathogenesis serves defensive functions and constrains access to other interpretive and reconstructive possibilities. Each participant in the process is loath to give up his or her preferred explanatory possibilities, and yet, to some extent, this must occur on both sides if optimal analytic work is to take place.

THEORETICAL DISCUSSION

The case material and the changes in the patient's theory of pathogenesis over the course of the analysis raise a range of questions, to which Ms. B had alluded when she wondered if she were "closing the suitcase" too soon. Which aspects of Ms. B's life history had been relatively fully developed and understood, and which continued to pose questions, problems, and areas of obvious incompleteness? Did the termination represent a closing of the suitcase of self-discovery, or would it remain open to continued efforts at unpacking and re-evaluating its contents? To what extent would the psychoanalytic life history and explanatory constructions arrived at in the course of the work be subject to further modification? Or had the two of us colluded in accepting premature closure on certain issues prior to the decision to terminate?

Using the analysis of Ms. B as an example, I have tried to illustrate the value of considering how and to what extent the explanatory contents of the suitcase had already been limited. In retrospect, it is possible to consider other narratives that might have been pursued and jointly constructed, other resistances and strands of the transference that might have been more fully investigated, even within the confines of the particular theoretical orientation in which I had been trained and in which I was working. But what if I had had other variations of psychoanalytic theory in mind? From such a different vantage point, the very data to be explained would be different (Bernardi, 1989; Schafer, 1985). And what about those questions that I could not raise or could not even consider at that time, whether because of my own internal resistances or because of lack of knowledge and experience?

This kind of incompleteness, of emphasis on one rather than another aspect of the material, is characteristic of all analyses, and is part of all interpretation and reconstruction. This issue was adumbrated by Freud (1937a), when he defined the *essential incompleteness of the analytic task*, focusing on limitations attributable to certain resistances within the patient, as well as limitations related to the fact that only those conflicts that are dynamically active at the time can enter into the work of an analysis. But how does one judge definitively what is dynamically active and what is not? This depends in part on what the analyst and analysand are open to hearing and pursuing. What is active for one analyst-analysand pair may be latent for another. Building on Freud's argument, I wish to emphasize certain limitations that are related not only to the resistances of the patient, but also to those of the analyst. These include the blinders created by the patient's and analyst's potentially constricting theories of pathogenesis.

Consideration of the analyst's contribution to the evolution of the patient's theory of pathogenesis leads to the following question. To what extent is the patient's emerging life history, the basis for the patient's theory of pathogenesis, uncovered, and to

what extent is it co-authored? All analysts are familiar with clinical moments in which the patient comes up with some new memory or way of putting disparate elements together that comes very much as a surprise to both participants, and the subjective experience is one of discovery or of uncovering. And frequently the experience of the analyst, especially when he or she is painstakingly identifying and interpreting the patient's resistances, is one of gradually and progressively removing obstacles to the patient's recollection and reconnection, consistent with the notion of "dis-covering" something preformed and there to be uncovered. This orientation is consistent with the natural science, positivist point of view, in which it is assumed that a veridical past can be recaptured through the psychoanalytic method. Proponents of this point of view (e.g., Freud, 1937b; Hanly, 1990; Arlow, 1991) speak of "reconstructing" the past, and tend to minimize the role of the observer and of the observer's interpretive biases and predilections in the process of uncovering past psychic, and to some extent, material reality.

An alternative orientation would emphasize the deceptiveness of the above point of view, and would contend that none of the analysand's productions can be viewed as isolated from or unaffected by the analyst's participation and subjectivity. What the analyst views as the data to be explained, what the analyst chooses to place in the foreground of consideration and what in the background, what questions the analyst does or does not ask, all contribute in ineluctable ways to the development of the patient's associations, life historical narrative, and explanatory understandings. This approach views the life historical narrative as coauthored and as jointly constructed, and corresponds to the hermeneutic, or constructivist, point of view. Proponents of this view (e.g., Ricoeur, 1977; Schafer, 1976, 1983, 1992; Spence, 1982, 1987; Stern, 1985) speak of "construction" rather than of "reconstruction," since they regard the latter as associated with an obsolete positivistic view of the past. (Schafer uses the term "reconstruction," but his usage makes clear his differences from the traditional meaning of this term.) Advocates of this position

emphasize that the past can only be known through present wishes, projects, and purposes; constructions of the past are interpenetrated with the subjectivity of the analyst as well as of the patient. Present narrative strategies control our views of the past, and criteria of coherence and comprehensiveness supersede any attempt to recapture a veridical past.

I believe it is possible to advance a position intermediate between the two polar views just presented, and I believe that neither of the above orientations alone does justice to clinical experience. As an empirical matter, our view of the patient's past is always a very limited one, and it seems doubtful whether we can often, or perhaps even ever, arrive at Freud's goal of a trustworthy and essentially complete view. We feel most confident about understanding the patient's present psychic reality—extrapolations to the past seem more tenuous and uncertain (Poland, 1992; Sandler and Sandler, 1983, 1984; Wallerstein, 1988, 1990, 1992). Along with the patient, we arrive at a "story" of the patient's past and of the development of the patient's symptoms. But clearly it is a very special story, arrived at only after an extensive and rigorous collaborative effort to advance an inquiry. In addition to narrative criteria of coherence, comprehensiveness, and plausibility, we seek a view of the past which provides the best available explanations and which serves to further the ongoing investigative process. One view of the past is superseded by another, and a dialectical process is invoked which moves toward "approximations that have ever greater cohesion and explanatory power" (Blum, 1980, p. 40). In addition, these views of the past are constrained by the conscience of the analyst in his or her ongoing struggle to find hypotheses that best fit the data (Calef and Weinshel, 1980) and by the conscience and "self-honesty" (Hanly, 1990) of the analysand.

While I agree with Spence and others that all interpretations have elements of subjectivity and creativity, and certainly that they are constrained by narrative strategies, I differ in emphasizing that the goal of interpretation and construction is to fur-

ther the process of self-honesty and self-observation. *It is not that we abandon striving for historical accuracy in our collaboration with our patients, but rather that we acknowledge the limitations inherent in such striving.* Although the patient has only one past, from the vantage point of the present there are many possible versions of it. Each life historical narrative version conveys a partial truth. Although recapturing the patient's past seems unattainable, patient and analyst initiate an unending process of honest self-observation, leading to views of the past that progressively encompass as much as possible of the available and ever-changing evidence.

Viewing uncovering and constructing as mutually exclusive alternatives does not do justice to the clinical task, in which both may have important roles. There is value in retaining both perspectives. Clinical work may be viewed as the dialectical interaction of these approaches to the past (or present). Efforts at new constructions may be enhanced by what has been uncovered, and new uncovering may arise in the wake of fresh constructions. Eliminating either perspective may limit interpretive possibilities.

While the hermeneutic arguments lead to an emphasis on the relative and indeterminate nature of the life history and theories of pathogenesis, my emphasis is on the essential *incompleteness* of these histories and theories, and on the *dynamic* factors which lead to one or another way of constraining historical and explanatory freedom. I propose that, once the analytic process is underway, *the patient's theory of pathogenesis, and the life historical narrative on which it is based, may be viewed as compromise formations to which both patient and analyst have made important contributions.* And no matter how careful, painstaking, and extensive the analytic work has been, the patient's theory of pathogenesis, and the autobiography in which it is embedded, continue to serve defensive, wishful, and adaptive purposes for both participants. This view is parallel to the position of Boesky (1990), who observes that, rather than being merely discovered independently of the observation and activity of the analyst, resistances are best

viewed as joint creations. An important implication of this point of view is that patients' theories of pathogenesis are analyzed in the same way as other expressions of intrapsychic conflict.

Autobiography in general, including construction of a personal myth (Kris, 1956b) or a personal theory of pathogenesis, by its very nature smooths out inconsistencies, blurs ambiguities, fills in gaps, and eliminates the rough edges of its raw materials. Yet psychoanalysis is uniquely oriented toward exploring precisely these ambiguities, discontinuities, inconsistencies, and gaps. While autobiography is static and sealed, analysis is dynamic, changing, and open. While closure is necessary for compelling autobiography, and perhaps also for case-history writing, it is an ever-present danger in clinical psychoanalysis. Analysis operates between the two poles of imposing a pre-existing storyline and listening from the ideal position of evenly suspended, nondirected attention. On the one hand, both patient and analyst want and need to know how to piece together the patient's life history, including the history of the patient's symptoms, into a coherent narrative. On the other hand, too much investment in that narrative, and too little attention to those aspects of the case that do not fit the emergent storyline, are anathema to analytic work and to subsequent attempts at self-analysis. Attempts to reconstruct the patient's life history should be seen as forming a dialectic with attempts to question, to revise, and to undermine that reconstruction. Schafer (1992) speaks of the analyst's role of destabilizing, deconstructing, and defamiliarizing the patient's narrative, as a means of generating new meanings and integrations. Those new constructions, he goes on to say, have among their virtues being "both more confident and more provisional than those they have replaced" (p. 157).

Given the incomplete and ever-evolving view of the patient's life history and development of symptoms, how are we to account for the therapeutic results? And is there reason to believe that one or another view of the past and of the development of symptoms is associated with better analytic results than other

possible views? We usually associate symptom relief with adequate understanding of the past and present meanings and unconscious fantasies pertaining to the symptom, though we know from Glover's 1931 contribution that premature and even false interpretations may lead to therapeutic results. But what does it mean when we take the point of view that such understanding, particularly of the past meanings and determinants of the symptom, is necessarily and intrinsically incomplete, as well as permeated with contributions from the analyst? These are important and unsettled questions for the theory of therapeutic results, though, except for a few comments, they are beyond the scope of this paper. One approach to the problem has been to emphasize the "common ground" (Wallerstein, 1988, 1990, 1992) of understanding, especially of those mental contents closest to the data of observation, embedded within the various theoretical approaches to psychoanalysis. From this point of view, genetic and dynamic interpretations deriving from a number of explanatory theories would communicate a close enough understanding of the patient's inner experience (Kohut, 1984) to assist the patient in understanding the unconscious situation and to gain insight conducive to furthering analytic work.

Another approach is to espouse a pluralistic view regarding interpretation, and to argue that there is more than one way to understand accurately and truthfully the nature and history of the patient's symptoms (e.g., Schafer, 1983, 1992; Strenger, 1991). These views emphasize not the "common ground," but rather the notion that quite different ways of understanding and explaining the patient's difficulties are true yet are not reducible to each other, though they may mutually enrich each other. In this view there is no one-to-one correspondence between relief of a symptom and interpretation of the underlying unconscious fantasy system; rather, therapeutic effectiveness is associated with one of a number of "correct" understandings. Note that this pluralistic view differs from a more radically relativistic position which emphasizes the usefulness of the interpretation,

dispensing entirely with more conventional notions of accuracy and truth (Strenger, 1991).

What does seem clear is the notion that a less than complete understanding of the factors underlying the patient's symptoms is compatible with quite satisfactory analytic results. I suggest that those aspects of the patient's theory of pathogenesis arrived at by termination—aspects closest to resistances and transferences, which may be studied in the immediate clinical interaction, and which come closest to explaining the present functioning of the patient's symptoms and other pathological compromises—are closely tied to analytic change. Those aspects of a theory of pathogenesis which are more distant in time and which are most distant from what can be directly studied in the analytic interaction are least verifiable, most subject to suggestive influence, and may be most dispensable as far as analytic results are concerned.

If, as I have argued, the life history is as much constructed as uncovered, and, along with the explanatory theory of pathogenesis, is necessarily incomplete as well as wish fulfilling and defensive, then what is the relationship between the theory of pathogenesis at the outset of the analysis and that which is arrived at by termination? I would like to highlight several differences, all related to the analytic work with the patient's, and the analyst's, resistances. The first is that analytic work results in shifts in resistances against remembering. For example, Ms. B gradually brought into the analysis warded-off memories of certain good times with her father, and of certain good feelings that she once had about him—these were absent from her initial account. She also became aware of competitive and hostile feelings that, as a child, she had had toward her mother, as well as of disappointments in her—also previously warded off from her awareness. These memories were gradually integrated into her autobiography and into her evolving theory of pathogenesis.

The second difference is that the patient's need to maintain a single, monolithic theory of pathogenesis is attenuated. The pa-

tient gains insight into the defensive, tendentious nature of personal memories, and begins to appreciate the complexity of forces operative in early life and in symptom formation. Insight is used less in the service of defense (Horowitz, 1987; Kris, 1956a) and more in the service of a true expansion of understanding. The patient becomes able to entertain multiple points of view on the life history, including the history of symptom development. The patient is less likely to "close the suitcase," and is more likely to see psychoanalytic life history as tentative, partial, and subject to revision and continued questioning. Rather than maintaining a static view of the past, the patient becomes aware of the continued need for reconnecting, reintegrating, and reinterpreting the past (Loewald, 1978). Rather than assuming that there is a truth that the analyst has, or that is somehow there to be discovered, the patient accepts responsibility for continued self-inquiry and for pursuing some version of analytic work beyond formal termination.

Franklin (1990) has captured this idea in his concept of "essential neutrality," which conveys an attitude of tentativeness, open-endedness, and acceptance of limitations that has always characterized one strand of analytic thought and practice. Ideally, this attitude increasingly characterizes both analyst and patient as successful analytic work is accomplished. But, of course, this is an ideal. There are potent forces acting on both participants to accept premature closure and to turn to a more static and closed version of the past. Both participants must struggle with "*the bullying need for closure*" (Friedman, 1988, p. 466). On the one hand, we struggle, along with our patients, to elucidate as much as possible the genetic origins and current functioning of intrapsychic conflict. We cannot allow our open-mindedness to serve as resistance against communicating to the patient our best possible understanding, which we have the responsibility to convey (Raphling, 1992). On the other hand, we try to help patients to see, and to tolerate, areas in which these understandings are incomplete and subject to premature closure.

A third change, related to the second, is attributable to the

"defamiliarization, destabilization, and deconstruction" (Schafer, 1992) of the analysand's initial and subsequent life histories and theories of pathogenesis. A dialectical process is initiated by the analyst's questions and interpretations, leading to a new narrative version of the life history and of how the symptoms originated. This new narrative version is then subject to another round of questioning on the part of the analyst, a new version of the narrative emerges, and so on (Lacan, 1952; Loewenstein, 1992). To some degree, this process may be internalized by the patient, who treats his or her best understanding of the past and its influence on the present as incomplete and provisional. This internalized process is intrinsic to continued self-inquiry.

A fourth change is related to the analysand's developing a greater sense of responsibility for his or her life history. Externalization and blame become less prominent, as the patient acquires more understanding of the psychological inner world which has participated in creating conflict and symptom. That inner world now encompasses a compelling sense of the contribution of unconscious mental life, and an appreciation of its living influence on the present (Loewald, 1978). At the same time, the patient is more open to appreciating the role of traumatic factors from the outside, without the defensive need to overlook or minimize their presence.

A final characteristic of the evolution of patients' theories of pathogenesis is that later versions are likely to be mutative. In opening up new areas of self-understanding and allowing for increased ego control, they allow for new adaptations and for less constricting compromise formations. Theories of pathogenesis initially brought by the patient to the analytic process, which externalize blame and responsibility, often represent dead ends for the patient: the patient feels victimized and unable to affect his or her fate. By contrast, later explanatory theories and views of life history allow greater flexibility and latitude for conscious choice and decision making.

As an outcome of the collaborative exchange between patient and analyst in their efforts to refine their understanding of the

patient's difficulties, the patient may become as invested in the process of gaining increasing insight as in the contents of that insight. This aspect of the interaction may itself become a powerful and mutative experience. The patient experiences the analyst's willingness to raise questions, including questions about his or her own formulations, as well as experiencing the analyst's capacity to tolerate uncertainty. The patient also observes the analyst's methodical, persistent, and unwavering pursuit of the best possible understanding. These are aspects of the analytic attitude that may be internalized by the patient and may reinforce the patient's native capacities for self-observation and problem-solving.

An acceptance of the limitations of the life historical and explanatory narratives arrived at by the end of a reasonably successful analysis highlights the importance of the development of a capacity for continued self-inquiry on the part of the analysand. The analyst's attitude of open-endedness toward the life history and theory of pathogenesis, and his or her view of the analysis as an ongoing process that does not end with formal termination (Weinshel and Renik, 1992), are among a number of factors which assist the analysand in maintaining those ego capacities necessary for continued self-inquiry.

SUMMARY

A case summary was presented in order to demonstrate the ever-evolving, incomplete, and provisional nature of the patient's life history and theory of pathogenesis, as well as to highlight the important contributions by the analyst to these emerging narratives. Changes in the life history and theory of pathogenesis reflect shifts in the resistances of both analysand and analyst; they also reflect the operation of new resistances to opening and furthering the inquiry. The patient's theory of pathogenesis is viewed as the shared compromise formation of

patient and analyst, and represents a complex and ongoing negotiation between the two participants regarding what each is able to observe and to analyze at any given point. As with any explanatory narrative, patients' theories of pathogenesis both expand and constrain understanding. Both participants struggle with the tendency to reach for premature closure.

Consideration was given to the question of whether the life historical and explanatory narratives arrived at during the analysis represent the uncovering of a veridical past, or whether they may more accurately be viewed as new constructions, with a more tenuous connection to the historical past. I have argued for a position intermediate between the former (positivist) and the latter (hermeneutic) views, in which emphasis is placed on the process of the ongoing inquiry, guided by the analyst as "conscience" of the analysis, and by the integrity of the analysand. Each version of the life history and theory of pathogenesis arrived at during analysis represents a partial truth and serves to defend against awareness of other, potentially valuable, interpretive possibilities. Explanatory narratives most anchored in the immediacy of the clinical interaction are viewed as most closely tied to therapeutic results. Though recovery of a veridical past is unattainable, the analytic process results in an unending process of self-observation, leading to views of the past that encompass as much as possible of the available and ever-changing evidence.

The various ways in which patients' theories of pathogenesis arrived at by the end of successful analysis differ from those presented by patients at the outset were described. Given the incomplete nature of any explanatory view of the patient's past and development of symptoms, emphasis was placed on encouraging a capacity for ongoing and reliable self-analysis. The analyst's tenacity in the pursuit of greater understanding and tolerance of ambiguity and incompleteness may be internalized by the patient and may increasingly contribute to self-analytic possibilities.

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2116 Sutter St.
San Francisco, CA 94115

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Bullfight: The *Afición*

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To cite this article: Cecilio Paniagua (1994) Bullfight: The *Afición*, The Psychoanalytic Quarterly, 63:1, 84-100, DOI: 10.1080/21674086.1994.11927407

To link to this article: https://doi.org/10.1080/21674086.1994.11927407

Published online: 27 Nov 2017.

Psychoanalytic Quarterly, LXIII, 1994

BULLFIGHT: THE *AFICIÓN*

BY CECILIO PANIAGUA, M.D.

Bullfighting, as a spectacle, provides a special frame for projections, externalizations, and identifications. The central appeal of bullfighting is sadistic gratification, which seems to be of a mostly parricidal nature. The public experiences intense ambivalence toward the protagonists of the fight, who exert attraction for the id as well as for the superego. The existence of intrasystemic conflicts is pointed out. The history of bullfighting reflects the evolution of collective compromise formations between the fulfillment of sadistic drives and superego sensitivities, as influenced by changing social tolerance. The author reviews the most common rationalizations of the spectators, the sexual prototypes in bullfighting, the manifestations of envy toward the bullfighter, and the public's narcissistic regression due to the grandiose identification with him. Some associations from patients are commented upon.

> How is one to write dramas after watching this?
>
> ALEXANDRE DUMAS (1847)

INTRODUCTION

There are virtually no clinical papers about the psychology of bullfighters. To my knowledge, there has been only one published report in psychoanalytic journals on the treatment of a bullfighter (an unsuccessful bullfighter) (Guarner, 1970). This profession does not attract people who are prone to using in-

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Presented at the Department of Psychiatry, Thomas Jefferson Medical College, Philadelphia, February 24, 1993.

trospection, rather than acting, as a conflict-solving measure. Most of what we know about the torero's deep psychology is inferred from biographical sketches and anecdotes (see Paniagua, 1992).

Literary and folkloric accounts, however, provide a wealth of information about the crowd's (the *afición*) reactions to the bullfighting spectacle. Also, in Spain it is very common to obtain from analytic patients associations, dreams, and metaphors about bullfighting, regardless of their manifest tastes for the fiesta. As a matter of fact, I would have a hard time thinking of analysands who have not dreamed of being chased by a bull, or have not associated about being an aficionado in the plaza, or have not compared themselves to a torero, or have not used bullfighting terminology, etc. All the Spanish colleagues I have consulted agree with this observation.

In Spain and in other countries with Spanish roots, bullfighting is the collective manifestation par excellence of culturally sanctioned sadism. This manifestation may be a vehicle for other partial instincts as well. Other nations have arrived at different cultural compromise formations concerning sadism in their customs, sports, festivals, etc. However, there are few in which man puts his life as clearly at risk as he does in bullfighting.

Social tolerance for sadistic manifestations has varied with geography and with the ages. I think that sadistic drives per se do not change in the general population with their degree of social acceptability; the dispositions that may vary are, first, social sensitivity and permissiveness toward the undisguised actualization of the sadistic drives, and, second, cultural facilitation of certain psychological defenses over others. Intolerant times toward cruel and bloody practices seem to foster the use of mechanisms such as repression and displacement of aggression, sublimations, and reaction formations. The Spanish novelist Blasco Ibáñez (1908), conscious of this historical variability, wrote with irony: "The children of those who used to attend with deep religious enthusiasm the burning of heretics and of

those who sympathized with Jews devoted themselves to attending and noisily enjoying the fight of man against the bull, in which death comes to the torero only once in a while. Now, is this not progress?" (p. 223).

The history of bullfighting bears witness to these kinds of shifting collective compromise formations. In the mid-sixteenth century, Pope Pius V forbade taurine festivals (*agitatio taurorum*) on penalty of excommunication. King Philip II urged his successor, Pope Gregory XIII, to lift that sanction. He agreed to it. Philip II's request was based not on love for bullfighting, but on the fact that these fiestas did not abate despite prohibition. They continued being attended by many aficionados (among them, a good number of disguised clergymen), who ignored the threat of excommunication. The King contended in his letter that forbidding this spectacle would mean "doing grave violence" to his subjects. There were later attempts from Rome to condemn bullfighting, but none of them ever succeeded in eradicating the Spaniards' passion for their "national fiesta." It is significant that the Inquisition, ordinarily so uncompromising, did not interfere with the celebration of taurine spectacles.

In modern times there have been in Europe numerous campaigns against bullfighting. The argument most commonly adduced has been that the fiesta exerts a bad influence on the citizenry. It is asserted that this kind of show "teaches" individuals to be aggressive. I believe most psychoanalysts would agree that banning bullfighting would not eliminate aggressivity or sadistic drives. It might change their visible manifestations, perhaps quite dramatically, but not the original tendencies. These would have to be processed in other ways, either through different outlets or inhibition of their aims. The end-products of the transformations of sadistic tendencies could then be rather benign, but not necessarily. I am afraid that, at least for now, psychoanalysis cannot have much else to say on this issue.

At times, the opinion of "experts" has been requested on whether bullfighting fosters the raw expression of aggressive tendencies that could have been sublimated or channeled into

socially useful activities, or whether, on the contrary, it neutralizes their destructive potential through a partial discharge (after all, the only things the aficionado can do these days is to have murderous fantasies, yell, and, at the most, throw his cushion into the bullring). Undoubtedly, going to the bullfight may serve both purposes. I will note here that interest in the fiesta of the bulls did not diminish during the Spanish Civil War—that sadistic orgy. Did the institution of bullfighting promote cruelty at that time in the general population? Maybe. However, I believe we all could think of nations capable of considerable sadism in war (and in peace) that do not have any comparable traditions. My opinion is that this type of general question cannot have good answers without sociological and historical studies beyond the analyst's competence.

THE *AFICIÓN'S* PSYCHOLOGY

> The god of our fathers . . . was worshipped as a bull. That provides food for all sorts of thoughts which it is not yet time to set down on paper. . . .
>
> SIGMUND FREUD (1901, p. 333)

It is not unusual that the *fiesta de los toros* attracts—and repels—so many people, for it constitutes a unique screen for the projection of certain repressed instinctual drives, and for the externalized representation of internal conflicts, some of which replicate the torero's own dynamics.

The main appeal of bullfighting seems to be sadistic gratification. The bull's pain and death are taken for granted. The *afición*, or taurophile people, know that the horses and the bullfighters may have the same fate. Concerning the horses, there was an (extant) legal provision in 1927 stipulating that they could not come into the bullring without a protective covering in order to prevent them from being disemboweled by the bull with excessive frequency. A good part of the *afición* felt then that the fiesta had lost much of its charm.

The majority of the public at a corrida would reject the idea that they go to the bullfight with the bloody purpose of watching "*Ese chorro que ilumina / Los tendidos y se vuelca / Sobre la pana y el cuero / De muchedumbre sedienta*" ("That gush that illuminates / The rows and spills / Over the corduroy and the leather / Of the thirsty crowd"), as García Lorca (1935, p. 540) put it in his *Tears for Ignacio Sánchez Mejías* (a famous bullfighter). Neither would they accept the idea that their intention was to look at the suffering and death of the animals. Blasco Ibáñez (1908) wrote sagaciously of the *afición*, "They all screamed with vehement tenderness for the animal's pain, as though they had not paid to witness its death" (p. 268). Already in Pepe-Illo's classical book *La Tauromaquia* (Delgado, 1796), one can read that the final stage of the sword "is what fills the spectators with pleasure and satisfies them most thoroughly" (p. 84). The *afición* would be even more revolted by the thought that they had attended the corrida to see a goring. They would be partly in the right. Certainly, it is not the *only* motivation for the vast majority. They would adduce conscious reasons, such as esthetic motivations, much more presentable to the superego. In addition, they would state that they really suffer with the infliction of pain and that they feel dismayed when a torero gets injured by the bull (which, incidentally, happens in one out of six corridas, according to statistics). Of course, these responses should be considered reactive—or, at least, additional—to the sadistic wishes which usually are not conscious. I must say that I have been able to discern definite reaction formations against different forms of sadism in every (Spanish) clinical case with strong disgust or intense antagonism to the fiesta. Perhaps this will not surprise any analyst.

The *afición* demands that the torero bring himself close to the bull, which is to say that the public demands that the bullfighter risk his life. "The public gives the gorings," goes a popular saying. The bullfighter Silvela said perceptively, "I desired to get gored to please as soon as possible the *afición*" (López Pinillos, 1987, p. 62). Belmonte commented, "Joselito [a rival bullfighter]

and I filled the plazas again and again, and since we were not killed by a bull, the public began to feel disappointed" (Chaves Nogales, 1935, p. 262). There is a well-known anecdote about Ramón Valle-Inclán, a Spanish dramatist, who, after praising Juan Belmonte, told him, "Juanito, the only thing missing is that you'll have to die in the bullring!" Belmonte answered, "I'll do my best, Don Ramón!" When Varelito got fatally gored, he shouted to the public on his way out of the ring, "I finally got it! You brought it about!" Roger Valencia II spattered the public with blood from his wound, yelling, "Here! This is what you wanted!" (Claramunt, in Cossío, 1982, p. 50).

Tourists are often struck by the ritualized nature of the sequence of *suertes* or stages in the bullfight. Instituted a century and a half ago, the *suertes* represent a compromise formation which limits manifest sadism. To take a look at the bullfighting fiestas of yesteryear, all one needs to do is to read Moratín (1776), or glance over Goya's etchings of *Tauromaquia*. The chroniclers of the sixteenth century already described the torture of the bull as "a very pretty spectacle" (Claramunt, 1989, p. 112). As recently as 1904, fights were celebrated between bulls and other wild beasts. "Cowardly" bulls were "punished" by having to face a pack of bulldogs. This custom was eventually replaced by a more benign one: the *banderillas de fuego* (barbed darts with attached firecrackers). Originally, the *banderillas* were small harpoons that were thrown at the bull by the toreros as well as by the spectators. Mob killing of the bull after it was hamstrung was considered great entertainment. Until not long ago it was common for children to climb down to the *ruedo* (the ring) after the corrida to soak their sandals in the bull's blood. In *My Travels in Spain*, a rather popular book written by an anonymous Dutch author (M., 1700), we can read the following: "The desire this nation manifests to kill the bulls is incredible. If by chance the poor animal goes near the front rows, the crowd will poke its body a thousand times with their swords, and when they pull it down they want to cut its tail or its private parts, which they take in their kerchiefs as token of

some famous victory" (pp. 246-247). Other popular entertainments were throwing bulls over a cliff and tipping their horns with flaming balls of resin. The sadism of present-day bullfighting seems pale compared with the practices of yesteryear.

The fiesta of the bulls represents a displaced and ceremonial violation of a shared superego imperative; it is an aggressive excess that has become sanctioned and regimented. This cultural form of transgression has been the subject of different compromise formations throughout the centuries. The historical evolution of the regulations in bullfighting spectacles reflects the attempts to bring about adaptive compromise formations between the sadistic wishes of the population and its changing sensitivity to blood, cruelty, and death. These days, the sensitivity of a majority of aficionados will be offended if there is too much blood, if the animals are made to suffer excessively, or if the man runs enormous risks. On the other hand, if the sadistic gratification is small, the fiesta's appeal vanishes. Actually, in countries where the bull's horns are tipped with wooden balls for protection, and where the fight does not end with the animal's death (as in Portugal), the fiesta is not as popular.

Danger to the torero is an essential source of attraction in bullfighting. Certainly, the cultural climate and the fashion of the times dictate the degree of danger to the man the *afición* demands, on one hand, and is prepared to tolerate, on the other. The bullfighter has to adapt accordingly. Not long ago, a prestigious breeder of wild bulls nostalgically attributed what he felt was the decadence of the Spanish national fiesta to the following: "Before, the mischievous bulls, those that thrust their horns most vigorously, were the ones selected as studs. Before, the bulls were bred to kill the toreros, but now they are bred to allow them to triumph without danger" (Córdoba, 1986, p. 70). *O tempora! O mores!*

Different societies offer different traditions as vehicles for the manifestation of sadism. In bullfighting the expression of sadism gets facilitated through the mechanism of isolation of affect, in the *afición* no less than in the torero (see Paniagua, 1992,

p. 485). This form of defense seems quite permeable to cultural influence. Thus, a person raised in a culture where bullfighting does not exist will have a harder time attending a corrida "desensitized." In Spain, during the Napoleonic invasion, French officers—the same ones who participated in public executions—reported feeling horrified by the bullfighting spectacles. The French novelist Théophile Gautier (1845), in his book *Travel to Spain*, commented: "Habit is everything, and the bloody aspect of the corridas—the aspect that strikes foreigners the most—is the one that concerns the Spaniards the least. Their attention goes to the merit in the moves and the skill displayed by the bullfighters" (p. 136). In other societies isolation of affect makes possible the nontraumatic contemplation of different violent spectacles, such as cockfighting, fox hunting, boxing, etc. A lover of the bullfights may well find himself or herself psychologically unprotected watching these other spectacles. In my experience, the foreigner's repugnance for bullfights usually lacks the definite reactive quality discernible in my Spanish patients, and is often related solely to the traumatic perception of the spectacle.

However, it also happens that a foreigner may overcome his or her initial repugnance and soon become a fervent aficionado. It is as though the surrounding appreciation for the spectacle gives a green light to repressed sadism. In 1830, Prosper Mérimée, the French author of *Carmen*, wrote in a letter to a friend: "It is true that there is nothing more cruel and savage than the corridas. I went to a bullfight out of curiosity, only to see all there is to see. And well! Now I experience ineffable pleasure watching the bull stuck with the pike, the disembowelment of a horse, the tossing of a man. . . . One gets emotionally involved with a bull, with a horse, with a man, ten times, a thousand times more than with a character in any tragedy" (Mérimée, 1830-1853, pp. 30-31).

In the bullring the mood of the public fluctuates very much. The *afición* cheers and condemns, applauds and boos, gets enthusiastic and gets indignant. Sometimes, the subject of this odd

treatment is a single torero in a single performance or *faena*. Perhaps nothing is more characteristic of the public's emotional response toward the bullfighter than its ambivalence. Indeed, the torero becomes the projective screen of clashing wishes. Belmonte said that the *afición* came to see his bullfighting "expecting or dreading to see [him] killed by a bull" (Chaves Nogales, 1935, p. 148). It would have been psychologically more perceptive to state that the *afición* came to see him expecting *and* dreading that he might be killed. Indeed, each time the bull breaks into a run, the aficionado experiences two clashing wishes: that the torero gets gored, and that he gets out unharmed. I think we could say that these conflicting wishes satisfy in the spectator two different psychic agencies: id and superego. The *afición's* preferences for risk-taking practices in bullfights are dictated by modulations in this ambivalence.

Now, I will comment very briefly on the collective psychology of two historical reactions. After Joselito's death, Belmonte said that the *afición* became rather conscientious about the risks taken by the bullfighters. It was a case of generalization of remorse. However, after Manolete's mortal goring, Dominguín tells that he received fierce insults each time he stepped into the ring. Part of the *afición* had laid blame for the fatal accident on Dominguín's slowness to maneuver the bull away from his injured colleague. The public wanted to make him responsible for the tragedy, thus relieving themselves of the guilt produced by their own fulfilled murderous wishes.

Secretly, the public enjoys the thought of deploring mishaps, crying over the victims and feeling horrified by gory incidents. The *afición* feels attracted by the uncanny in bullfighting because it is an appropriate scenario for projective representation of unconscious sadistic, parricidal, and fratricidal dramas of the infantile past. Freud's (1919) formulation on this type of attraction was that "an uncanny experience occurs either when infantile complexes which have been repressed are once more revived by some impression, or when primitive beliefs which have been surmounted seem once more to be confirmed" (p. 249). Of

course, there might also be masochistic excitation aroused by anxiety and other kinds of suffering. A female patient of mine experienced what she called "mini-corridas" at the corridas. This was a play on words, since *corrida* means bullfight, but is also slang for orgasm.

In addition to the *afición's* ambivalence toward the bullfighter, there is ambivalence toward the bull as well. There are identifications with the animal. Miguel Hernández's sonnet, "Like the bull I was born to mourn" comes to mind. The bull's torture and sacrifice are objected to by the superego. An additional comment must be made here on an intrasystemic conflict, because the spectator's superego may take sides *simultaneously* with the torero, and approve of his aggression toward the bull if the latter is unconsciously seen as the embodiment of unacceptable drives. (It is generally said that the bull must be "punished" by the torero.) Kothari (1962) has written on the bullfight as symbolizing the killing of one's own objectionable impulses, "the beast in man" (p. 126). The spectator's superego can also form an alliance in fantasy with the animal's homicidal intentions whenever the bullfighter is seen as deserving retaliation for his sadistic and parricidal-like behavior. In both cases we have a common front of aggressive drives and punitive superego aspects opposed to compassionate superego aspects. One patient told me that bullfights will never be fair as long as there are not as many casualties among the toreros as among the animals.

Usually, the torero's image is a better target than the bull's for fratricidal and filicidal derivatives, although it can also be an appropriate screen for parricidal wishes if he is considered not as the weak one but as the wiser being, toying with and taking advantage of a stupid one. Desmonde (1952) pointed out that the bull might represent not only the hated father, but also the son whose sacrifice would expiate the parricide. Nevertheless, the bull seems a better object for parricidal projections, since in our childhood we experience the paternal figure, consciously or unconsciously, as big, dangerous, and possibly deadly. Fighting and killing the powerful bull would then fulfill a universal oe-

dipal wish. This was quite apparent in the case reported by Guarner (1970), and it is an association commonly made when dreams have bulls as manifest content. It seems significant that the corrida's change of stages (*cambio de suertes*), including the permission to kill the bull, is dictated neither by the toreros nor by the public, but by the plaza's president, a paternal figure. Thus, the paternal figure becomes split into the bull, the torero, the president. The guilt gets shifted and shared. Certainly, the bull as well as the bullfighter can be seen as aggressor *and* as victim. The public reacts in accordance with these shifting identifications.

It is important for the *afición* to know that the bull stands a chance to kill its killer; bullfighting is not hunting. In the eighteenth century the main method of bullfighting, the *rejoneo*, or fight by the gentlemen on horseback with the lance, gave way to the fight by the toreros, from the populace, on foot. This was revolutionary, a reflection of the social changes of the times. Making the relative strengths—and risks—more even, and transforming the fight into an occupation for common folks (which facilitated identifications in the majority) gave bullfighting its peculiar appeal. If the torero does not put his life at risk, the balance comes undone. "As soon as the danger disappears all one sees are butchers torturing a poor animal. Only the danger makes us forget the disgust for the blood and the strewn intestines," wrote Mérimée (1830-1853, p. 208).

The *afición* demands that the torero bring himself close to the animal's horns. This typical demand (*arrimarse*) is based not only on sadism but also on the need to counter the guilt evoked by the bull's fate, reminder of past guilts from childhood. The *afición* reacts these days with indignation whenever the picador (the bullfighter's mounted assistant) digs his pike too much or for too long in the animal's back, or if the matador kills clumsily or in a cowardly manner, inflicting "unnecessary" suffering on the bull. It is common then to hear the *afición* hurl insults like, "butcher!," "tormentor!," "assassin!" A character from the novel *Sangre y Arena* (Blasco Ibáñez, 1908), yells, "You're torturing an

animal that is worth more than you!" (p. 268). The *afición* also reacts with anger when it appears that the tips of the bull's horns have been "shaven," making the encounter less dangerous. Once more the precise balance in the fight between man and beast is upset, and this means a threat for the superego of the majority.

In this context, the most common soothing rationalizations are: the bull is a ferocious beast that wants to kill the torero (as though the animal had "chosen" to go to the plaza with such intent); or the bull has a pampered life until the day of the corrida; or, in an anthropomorphized projection, the bull is seen as having an "opportunity" to show its impressive appearance and class. Ortega y Gasset (1929) wrote: "Is it ethically preferable that the bull . . . dies in the meadow without showing its glorious bravery?" (p. 14). Also, it is argued that the bull is given an (anthropomorphized) chance to have a noble and fair fight. Tierno Galván (1951), an important Spanish intellectual, wrote: "The bull lives in the ring a glorious adventure crowned by the greatest concession that man can grant an animal: a forthright and equitable fight" (p. 54). We are reminded also that the animal's sacrifice has charitable results, since its meat customarily ends up in some welfare institution. It is argued additionally that the fiesta is per se a sort of school of courage and esthetic appreciation, inspiring to many artists.

The *afición* admires the bravery, the skill, and the art of the good bullfighter. In ovations to fine performances the public empathizes and identifies with the hero's glory. The torero personifies unconscious grandiose values of the majority. As the poet Adriano del Valle (in Olano, 1988, p. 15) wrote in "Dedication to Manolete": "*Cuando saliste a la plaza / Como un sol en su apogeo, / Siendo cumbre del toreo / Lo eras también de tu raza*" ("When you appeared in the bullring / Like a sun in its apogee, / You were bullfighting's summit / As well as your own people's"). Whenever the *afición* vibrates with the torero, there is a transient participation in his egocentric exaltation. This means a temporary regression via identification to the grandiose exhibitionism

of childhood narcissism. This type of dynamic is quite apparent in most folkloric manifestations of bullfighting.

Sometimes the identification with the torero and with the drama in the bullring has projective characteristics. The following impressions of Waldo Frank (1926), an American essayist, seem indicative of this: "The little man in gold is but a sparkle of fire, and the bull is only a tongue in that obscure flame of the Dionysian act of a hundred thousand souls. The dreams, the wishes and the sensual memories that get concentrated in that scene of drama arise from those souls that merge and become one with it" (p. 246).

However, this type of reaction has little to do with true object love. The torero knows, or he soon learns, that the *afición's* fervor of one afternoon may switch to antagonism, or worse, indifference, the following afternoon. Toreros frequently state that they fear goring less than the decline of their popularity. The torero is only a repository of the *afición's* passions; these can be transferred without any transition to objects with similar characteristics, i.e., to other bullfighters. The individual does not count much; what really counts are the identifications and the projections.

The privileged position of the star bullfighter (fame and wealth in his youth) produces admiration, but it also arouses envy—the inevitable reverse side of the same phenomenon. Belmonte commented: "I was not getting any gorings. I collected quite a bit of money, and the spectators came to think that I was defrauding them, that my bullfighting was without risks, and that I was getting rich *with impunity*" (Chaves Nogales, 1935, p. 236; italics added). Belmonte had clearly perceived the dynamics of this envy: a misfortune would have made the *afición* feel less envious. There is also another source of envy—the masculine self-image. The bullfighter usually seems superior due to his superlative courage. There are songs and a good number of popular sayings in Spanish folklore to this effect. Tierno Galván (1951) summarized it thus: "Anyone who watches a bullfight is making public confession of something that cannot be acknowl-

edged in different circumstances: that the torero is superior in manliness" (p. 44).

The spectator tries to repress unacceptable malevolent wishes toward the bullfighter and also attempts to ward off painful comparisons with the bullfighter's image. Conducive to this last purpose is the spectator's adoption of a compensatory attitude of superiority. Usually, he or she sets himself or herself up as judge of whatever happens in the bullring; he or she makes demands on the torero, and claims the prerogative of approval and applause, or of disapproval and insult. It is well known that in the plaza insults are particularly personalized and hurtful. It is not uncommon to go to the bullfight with the intention of witnessing a foretold fiasco and of enjoying the ridicule of a famous torero. The *afición's* sadistic impulses get satisfaction not only with blood. The bullfighter, whose success and income depend on the public's acceptance, has to win the *afición* over, and to conform to their opinions and wishes. It is probably significant that so many bullfighters have adopted childlike surnames, such as *Niño de . . . , Joselito, Paquirri, Machaquito, Pepete, Chicuelo, Finito, Dominguín, Morenito,* etc., all diminutives. Aficionados indicate that these nicknames are affectionate. This is only a partial truth, because, obviously, it is condescending and derogatory to call a man by a childish name. Some of these sobriquets sound definitely more ridiculing than affectionate, like *Cagancho* (shit wide), *Lagartijo* (small lizard), *Pataterillo* (little potato vendor), *Tragabuches* (belly filler), *Frascuelo* (little flask), *Desperdicios* (scraps), *Bocanegra* (black mouth), *Cara-ancha* (wide face), *Gordito* (fatty), *Bombita* (little bomb), etc.

Now a few words on the prototypical sexual symbology in bullfighting. Let me recite the following revealing stanzas from a *zarzuela: "Caballero cortesano, / Caballero de mi amor, / En la suerte de rejones / El que clava más alto el rejón . . . / Con su caballo bayo / Clava rejones, / Y clava de las hembras / Los corazones"* ("Courtly gentleman, / Gentleman of my love, / In the stage of lances / He is the one who thrusts highest the lance . . . / With his bay horse / He thrusts his lances, / Thrusting women's / Hearts"). Indeed,

the fighting of the bull can be experienced by the *afición*, consciously or unconsciously, as a libidinal act. This need not be always heterosexual; it can also be seen as homosexual. An example of the latter is the passage Hemingway (1960), that great aficionado, wrote of one of Ordóñez's gorings. The passage evokes a sadistic homosexual coitus: "As he took the bull from behind . . . his right horn drove into Antonio's left buttock. There is no less romantic nor more dangerous place to be gored. . . . I saw the horn go in and lift Antonio off the ground. . . . The wound was six inches deep in the gluteal muscle of the left leg. The horn had gone in just beside the rectum, almost touching it, and had ripped through the muscles" (pp. 59-61).

However, the libidinal ideas most commonly associated with bullfighting are those related to an amorous encounter between man and woman. Tierno Galván (1951) adduced numerous examples in the Spanish language of the bullfighting lexicon applied with sexual meaning, and he wrote the following (sexist) statement: "For the Spaniard the conquering and obtainment of a woman is like the conquest over a brave bull. . . . In the erotic relationships the woman is seen as an unruly and untamed entity who must be mastered with the same means and techniques used in bullfighting" (pp. 33-34). A different association heard in clinical practice refers to the dissimilar amatory capacity of the sexes: the bullfighter has to measure out his forces, whereas the bull, like the woman, has potency in excess.

The heterosexual relationship between the torero and the bull can also be seen from the opposite perspective. The vigorous animal can be perceived as representative of virility, and the bullfighter as feminine in his fragility (see Ingham, 1964). After all, in the torero's general milieu, his showy and close-fitting attire (the *traje de luces*), the pigtail, the jaunty gait, and the exhibitionistic attitude are characteristics traditionally attributed to women. The humorous lyrics of a *zarzuela* come to mind, in which a commentary on a bullfighter runs thus: "*Mire usté qué hechuras. / Mi´ usté qué posturas. / Mire usté qué facha de perfil. / Un torero más bonito y más plantao / No lo encuentro ni buscao / Con un*

candil. / Mire usté qué tufos, / Mi´ usté qué coleta, / Mire usté qué glúteo tan marcao. . . " ("Look at his frame. / Look at his postures. / Look at his appearance in profile. / A prettier and shapelier torero / I could not find even if I searched / With a lamp. / Look at his curls, / Look at his pigtail, / Look at his gluteus so contoured . . ."). A more explicit testimony of this particular libidinal interpretation of the bullfight is given by Frank (1926), in his travel book *Virgin Spain*: "This close encounter is . . . a sexual symbol. . . . The man gets transmogrified into a woman. The bull is the male, and the exquisite torero, demurely inciting the bull and dominating his attacks with concealed passion, is the female" (p. 246).

Summing it up, I have tried to adduce some evidence of the bullfight's intense sadism, parricidal equivalents, grandiose identifications, and conspicuous sexual symbolism, all warded off through culture-dependent defenses, and conveyed through highly esthetic means. It is not surprising that, as it is often repeated, bullfighting is an "inexcusable but irresistible spectacle."

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

William G. Niederland, M.D. 1905-1993

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To cite this article: Jacob A. Arlow (1994) William G. Niederland, M.D. 1905-1993, The Psychoanalytic Quarterly, 63:1, 101-103, DOI: 10.1080/21674086.1994.11927408

To link to this article: https://doi.org/10.1080/21674086.1994.11927408

Published online: 27 Nov 2017.

Psychoanalytic Quarterly, LXIII, 1994

WILLIAM G. NIEDERLAND, M.D.

1905-1993

The Psychoanalytic Quarterly notes with profound sadness the passing of Dr. William G. Niederland, who for more than twenty years served as a member of the Editorial Board. The very mention of his name brings to mind the image of a genial, ebullient, enthusiastic friend and colleague, known and beloved by all. He was a man of heroic proportions, who overcame the most daunting obstacles to prevail and live out a life of satisfaction and creativity.

He was born in East Prussia, the son of an orthodox rabbi, and in early life was exposed to both the classic Talmudic education and to the secular learning of the *Realgymnasium* of Würzburg, Bavaria. After completing his medical studies at the University of Würzburg, he went on to an internship and residency in medicine. For years he served as an officer of the Department of Health for the industrial region of the Ruhr. By the time he began his psychiatric training in 1932, he already had to his credit two major medical discoveries. The first was a microchemical reaction in the seminal fluid, a test that was of great importance in forensic medicine and was known in the German medical legal literature as the Niederland reaction until the Nazis came to power. As late as 1933, Niederland received an award from the German Medical Association for his discovery of the traumatic genesis of Dupuytren's contracture and its relationship to hereditary rests in the palmar aponeurosis.

Shortly after Hitler came to power, Niederland left Germany for Genoa, Italy. He told an amusing story of how he reached his decision to emigrate. He was in a bookstore that was featuring the sale of Hitler's *Mein Kampf*, using a lifesize, cut-out pic-

ture of Hitler in its advertising campaign. Two elderly, respectable, middle-class matrons eyed the cut-out, and one said to the other, "See how handsome our Führer looks!" "If such respectable, middle-class citizens can be deluded by Hitler," Niederland said to himself, "it's time for me to get out of the country."

Without a valid passport, Niederland found himself stranded in Genoa. He took the Italian medical boards and began to practice medicine in Milan. In 1939, when Hitler and Mussolini forged the Rome-Berlin axis, Niederland left for England, where he signed on as a ship's doctor on the freighter, *Dardanus*. After sailing around the world twice, he took advantage of the *Dardanus*' anchorage at Manila to leave the ship and become a member of the faculty of the Medical School of the University of the Philippines. The *Dardanus* continued on its voyage through the China Sea, where it was sunk by the Japanese fleet, with the loss of its entire crew. Fortunately for all of us, Bill was able to make his way to the United States by way of San Francisco in 1940, finally settling in New York.

After his graduation from the New York Psychoanalytic Institute, Bill turned out a steady stream of publications, over two hundred books and articles. His most memorable contribution was the delineation of the survivor syndrome, which he was the first to describe and to name. Without departing from scientific objectivity, Niederland's work on the psychological sequelae of being concentration camp victims constitutes as effective and eloquent an indictment of the Nazi outrages as could come from the pen of any observer. In the same spirit, in 1946, when he taught at the University of Tampa, Florida, he developed an educational program with which to fight hate propaganda in the United States, in order to counter such organizations as the Ku Klux Klan. For this and similar work, he was richly honored by the University of Tampa, the Michigan Society for Psychiatry and Neurology, the American Academy of Human Services, and the American Medical Association (Physician's Recognition Award).

In a penetrating re-examination of the Schreber case, Dr.

Niederland really opened a new chapter in psychoanalytic scholarship. His book served as a point of departure for many fresh perspectives on the psychology of the paranoid personality. Because of his far-ranging curiosity and his rich erudition, analysts have learned a great deal about creativity and the creative personality from his studies of Goya, Schliemann, Edgar Allan Poe and the cartographer, Fra Mauro. In Niederland's writing, one meets up with Homer and Ovid, as well as with excerpts from the Babylonian Talmud. No matter what the subject—geography, beating fantasies, creative personalities—he drew richly from the cultures of the many languages at his command. His writing style reflected a certain innate sense of beauty. For example, in describing a transient, inconspicuous form of depression associated with the oncoming twilight at the close of day, he chose to call this syndrome "Hesperian depression," after Hesperus, the evening star of Greek mythology.

Bill Niederland had a long and rich career as a teacher of psychoanalysis. He was associated with the Downstate, and later the New York University Psychoanalytic Institute from its very inception, and he was frequently sought after as a teacher in all parts of this country and Europe.

Dr. Niederland is survived by three sons, Allen of Roosevelt, New Jersey, Daniel of Munich, Germany, and James of Englewood, New Jersey, and by two grandchildren.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

The Work of Hans Loewald: An Introduction and Commentary. Edited by Gerald I. Fogel, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1991. 209 pp.

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To cite this article: David M. Hurst (1994) The Work of Hans Loewald: An Introduction and Commentary. Edited by Gerald I. Fogel, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1991. 209 pp., The Psychoanalytic Quarterly, 63:1, 107-167, DOI: 10.1080/21674086.1994.11927409

To link to this article: https://doi.org/10.1080/21674086.1994.11927409

BOOK REVIEWS

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THE WORK OF HANS LOEWALD: AN INTRODUCTION AND COMMENTARY. Edited by Gerald I. Fogel, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1991. 209 pp.

How does psychoanalysis work? One hundred years ago, Breuer and Freud wrote their "Preliminary Communication," announcing that the recovery of repressed traumatic memories relieves the symptoms of hysteria. The techniques they used a century ago evolved into the treatment we all practice today, but how does it work?

In December 1986, Gerald Fogel chaired a panel for The Association for Psychoanalytic Medicine on Hans Loewald's classic paper, "The Therapeutic Action of Psychoanalysis." The other panelists were Arnold Cooper, Lawrence Friedman, and Roy Schafer. This book resulted from the panel presentations and the discussion that followed.

Loewald asked Fogel to include two other papers which he thought would broaden the view of his thinking: "Superego and Time," first published in 1962, and "Psychoanalysis as an Art, and the Fantasy Character of the Psychoanalytic Situation," which first appeared in 1975.

Fogel manages to integrate these two articles into the book via an initial chapter, "Loewald's Integrated and Integrative Approach," and a final chapter, "Transcending the Limits of Revisionism and Classicism," which make this book the general introduction to Loewald's work that Fogel's title promises. The reader thereby gains perspective on the centerpiece of the book, "The Therapeutic Action of Psychoanalysis," by seeing it in relation to some of Loewald's other contributions, but the therapeutic action paper is so important and rich that I would have preferred that the whole book had been devoted to it. Fogel too remarks that "one can find almost everything in Loewald in [the therapeutic action paper]" (p. 159).

It is remarkable how Loewald manages to give an intimate view of his attitude toward the patient, the analyst, and their interaction in the analytic situation without presenting case material. Not only are case examples superfluous in Loewald's writing; when he gives clinical examples, they are distracting. Yet Loewald's theoretical

discussions seem thoroughly clinical. How can this be? Fogel wonders if "Loewald may be demonstrating . . . how we may usefully recover the authentic, original meaning of the term *metapsychology*" (p. 186). If metapsychology means theory that is abstracted and conceptualized beyond the level of generalizations about clinical experience, then Loewald's metapsychology must be said to be theory that stays closer to experience, a way of conceptualizing experience that remains recognizable as such, despite the absence of particular detailed examples (p. 175). Loewald studied philosophy with Heidegger before studying medicine and psychoanalysis. Perhaps this gave him an epistemologic security that most psychoanalysts lack.

I usually like to see clinical material because I want to feel as if I were there myself like a fly on the wall, or in the analyst's position, or in the patient's. But it is the art of Hans Loewald as a conceptual thinker and writer that allows him to engage us in his creative process in such a way as to make us a collaborator. Just as pictures are not needed to illustrate a novel, clinical material is not needed to illustrate Loewald's thinking.

I did not always feel this way. During my training twenty-five years ago, I respected Loewald's courage and was amazed by his remarkable ability to stay within the mainstream while seeming to take off in directions that might run him afoul or get him stuck in a backwater. But I did not understand very well what he was saying. What did he mean by "interaction"? Wasn't that social psychology, Sullivan and the interpersonal school, a departure from a proper intrapsychic focus? At that point, I deplored the lack of case examples which might have spelled out just what he meant and what he did not mean. Fogel's take on this issue would have been useful to me at that point. "Despite [Loewald's] appreciation of the interpersonal and intersubjective aspects of analysis, I do not easily imagine him trying to *alter technique*—for example, to increase his empathy or the analytic 'hold,' or to confront his analysands sooner with their projective identifications. His tone, demeanor, and modes of conceptualization convey to me a clinical stance that I associate with traditional methodology and technique" (p. 175).

When colleagues I respected would speak of Loewald's "therapeutic action" paper with admiration, I would read it again, always finding a bit more that spoke to me, supporting Fogel's view that

"repeated readings and a critical mass of clinical and theoretical experience are prerequisites for meaningful assimilation of [Loewald]" (p. 157).

It was not until reading Loewald in this present volume that I realized that his metapsychology provides a foundation for the structure of how I work. His theorizing interprets what I have incorporated intuitively into my personal vision of psychoanalytic practice. Obviously, I feel grateful to Gerald Fogel, and to Martin Silverman, *The Quarterly's* Book Review Editor, for asking me to review this book, thus leading me to read Loewald once again, and more carefully.

Loewald was among the earliest to take positions on the relevance and importance of immature ego states, preoedipal defenses, and preoedipal objects; and he was among the earliest to argue that the ego psychology of the time was too reductionistic, obsessive, and mechanistic—remote from clinical experience. He thought that the infantile and the instinctual were becoming lost in the intellectualized, overly mechanized conceptions of then current theory.

At the present time when interaction and the place of the relationship in psychoanalysis is getting so much attention, it amazes me that Loewald's "therapeutic action" paper, written in the late 'fifties, seems so current. It could be published tomorrow without changing a word and would be at the cutting edge of clinical and theoretical discussions.

Here are some of the reasons I think so. Loewald tells us in the second sentence of the "therapeutic action" paper that what he means by psychoanalytic process is the "significant interactions between patient and analyst that ultimately lead to structural changes in the patient's personality" (p. 15). A few lines down he explains that if the expression "structural changes in the patient's personality" means anything, it must mean that we assume that ego development is resumed in the therapeutic process in psychoanalysis, contingent on the relationship with the analyst. Two pages later he is explaining that in an analysis we have the opportunity to observe firsthand the interactions between patient and analyst that lead to ego integration as well as to ego disintegration.

Loewald tells us to keep our central focus on the "emerging core," to avoid molding the patient in our own image. Objectivity

and neutrality are terms always in danger of suggesting distance and aloofness. Loewald has the courage to speak of "love and respect for the individual and for individual development" (p. 25) as being the essence of objectivity and neutrality in our work.

The parent-child relationship is offered as a model. "The child, by internalizing aspects of the parents, also internalizes the parents' image of the child, an image that is mediated to the child in the thousand different ways of being handled bodily and emotionally." From this, "the child begins to experience himself as a centered unit by being centered upon. In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place" (p. 26).

In statements like that (and there are many more in the therapeutic action paper), Loewald puts into words what any good psychoanalyst knows but so few have written about. His metapsychology is at once theoretically cogent and experientially descriptive.

Arnold Cooper's enthusiastic précis of the paper necessitated much paraphrasing, which made me realize Loewald's own words are hard to improve upon. But Cooper serves the reader by summarizing what he believes to be the greatest contributions of the paper: (1) mental life begins with interactions, not with instincts; (2) object relations are internalized as representing the interaction process of the individual with his or her objects; (3) the empathic milieu of the child during development and the patient during analysis are the vital ingredients for the development of psychic health; (4) pathology is the imposing of secondary process in order to protect and isolate primary process from reality; (5) psychoanalysis is a treatment in which the process of ego development, arrested or distorted in neurosis, is resumed. The analyst helps revive the repressed unconscious of the patient by recognition of it. Through interpretation of transference and resistance, through the recovery of memories, and through reconstruction, the patient's unconscious activities are led into preconscious organization. The analyst works by being an emotionally related object, his or her tasks being empathic communication, uncovering, and guidance toward a new synthesis (p. 75).

Schafer's discussion is unique in this book for its criticism of Loewald. "In my view theory requires more precision and stability [than it gets from Loewald. One ought] not to slide over into idio-

syncratic statement" (p. 89). He complains that in Loewald's reworking of Freud's metapsychology, it becomes difficult to separate and distinguish between Freud's and Loewald's concepts. But he also admires Loewald's attempting to work into Freud's metapsychological ideas those taken from interpersonal, existential-phenomenological, and field theoretical sources; and he admires his attempting to revise Freud on instinctual drives, primary and secondary process, and narcissistic and object cathexis (p. 85). No longer are the flows and investments of psychic energy taking place in a closed system, he observes; now they are organizing actions of different sorts carried out on different levels of development. In place of Freud's mechanistic, objectivistic, rationalistic principles of knowledge characteristic of nineteenth century science, Loewald installs the "narrative cocreation of analytic data by analyst and analysand as, during the analysis, they shift forward and back over various levels of integration and relatedness."

Schafer says, amusingly, that Loewald "pours new wine into old bottles . . . leaking bottles at that" (p. 87). But he concludes with appreciation: "These concepts and their entailments are major and unique achievements in our difficult and changing field" (p. 89).

Lawrence Friedman praises Loewald's paper as one of two or three landmark papers on the subject of therapeutic action. He credits Loewald with having resolved a basic conundrum of analytic technique: the stirring up of the patient's wishes was something the analyst could neither accept nor avoid. Worse, the analyst was a Pied Piper who was going to drown the wishes he had aroused in a "sea of correction" (p. 94). Friedman notes that, in ordinary life, making promises we have no intention of keeping is called deceit.

According to Friedman, Loewald had two keys to this problem. Since transference was no longer a problem the patient had to "grow out of," it was no longer deceptive for the analyst to foster transference. "The patient is attached to the analyst because he can vaguely imagine an unprecedented, differentiated, much more real sort of satisfaction. . . . attachment and passion never cease to bathe the world in new meaning. . . . the same act that mobilizes hope also gives it a new turn" (p. 99).

The second key is that "structure . . . reflects the direction of process . . . towards higher levels of integration and differentiation. . . . unorganized motives turn out to be expeditions towards orga-

nized opportunities . . . discovered both by articulating our motives more finely and by noticing the definition they get from the world's responses" (p. 100).

Friedman is most appreciative of the phenomenologic accuracy of Loewald's description of the analytic experience and its theoretical coherence. He also makes these three points: (1) with all the softer interpersonal transactions that Loewald takes account of, he makes it clear that the finest differentiations are performed by precise interpretation; (2) notwithstanding the value of interpretation, patients treat themselves by talking to an interpreter, trying to make themselves known to someone who can explain; (3) the "analyst's skill frames a virtual image of the patient's potential . . . the patient learns to savor both his lust and his sensitivity, his memory and his freshness, renewing . . . his reflective freedom" (p. 104).

After what I have already said, it may be gratuitous to add that anyone with an interest in psychoanalytic theory and technique would benefit from a careful reading of this superb introduction and commentary on the work of Hans Loewald, lovingly edited by Gerald Fogel.

DAVID M. HURST (DENVER)

"FATHER, DON'T YOU SEE I'M BURNING?" REFLECTIONS ON SEX, NARCISSISM, SYMBOLISM, AND MURDER: FROM EVERYTHING TO NOTHING. By Leonard Shengold, M.D. New Haven/London: Yale University Press, 1991. 185 pp.

This book by Shengold gives us a psychoanalytic view of the life cycle from the everything of narcissistic undifferentiatedness from the primary object to the nothingness of death. It emphasizes the way powerful impulses and their frustrations and gratifications shape psychological processes and mental representations, which become observable via the psychoanalytic process. There is special emphasis within this on symbolism, narcissism, and aggression. The author takes us through the life cycle with a virtuoso display of psychoanalytic theorizing, intricately interwoven with clinical and especially literary illustrations. The book is a tour de force, deeply committed to human and psychoanalytic values, and richly rewarding in describing how psychoanalysts view the human condition.

Shengold uses the metaphor of the journey to describe mental

life from its beginnings in undifferentiated narcissistic fusion with the primary object, which he calls the everything experience, leading to differentiation, first through body experiences, to recognition of the reality of separation, with eventual recognition and acceptance of the realities of the body and of the external world. He traces the cognitive consequences of narcissism, that is, primitive all-or-nothing thinking, and its regressive return during times of deprivation and intense emotional conflict throughout life. Subsequent developmental phases are understood in relation to the yearning for everything and the fear of nothing, including opportunities for what Shengold refers to as the something provided by the capacity to care for others and for oneself that makes life and its deprivations tolerable and even pleasurable, rewarding, and fulfilling. Central to the author's thinking is his constant and steady emphasis on the vicissitudes of aggression, which he believes is underemphasized in recent psychoanalytic thinking. He places aggression on a par with sexuality in terms of its importance in mental life, although recognizing that there are differences in the biological origins of sex and aggression, and especially that there are only limited ways in which aggression can manifest itself in the clinical situation (noting Bird's[1] similar observations decades ago).

One of the best parts of Shengold's work, in this reviewer's opinion, is his ability to write from a psychoanalytic position that incorporates contributions from different psychoanalytic perspectives which in the hands of many other writers lead to competing, separate, and mainly incomplete theoretical and clinical approaches. Shengold weaves them together into an aggregate, comprehensive psychoanalytic theory, much as Rangell[2] has advocated. He borrows from Kleinian, Kohutian, Mahlerian, Kernbergian, narrative, structural, and other psychoanalytic ways of thinking in a manner that unifies and illuminates the psychoanalytic understanding of conscious and unconscious mental life. This is psychoanalytic writing and thinking at its best, without the fragmenting exaggeration of a part in place of the whole.

[1] Bird, B. (1972): Notes on transference: unusual phenomenon and hardest part of analysis. *J. Amer. Psychoanal. Assn.*, 20:267-301.

[2] Rangell, L. (1979): Contemporary issues in the theory of therapy. *J. Amer. Psychoanal. Assn.*, Suppl., 27:81-112.

Shengold writes within a highly sophisticated literary context that demands much of the reader and will certainly distract those who are unfamiliar or uncomfortable with such a context. Readers who can stay with the author's obvious virtuoso delight in richly illustrating his hypotheses with citations from Shakespeare, Ibsen, Wordsworth, and many others will be amply rewarded for their effort. The sections examining Lear's narcissistic retreat from impending death and Ibsen's soul murderers are especially vivid and compelling. Likewise, Freud the writer is never out of the picture.

Shengold examines symbolism in mental life, emphasizing especially the role of body experiences in the formation and maintenance of important unconscious symbols relevant to mental phenomena. In Shengold's thinking, preoedipal and especially early bodily experiences and their symbolic representation are never absent in important human emotional experience. Likewise, aggressive drive derivatives, particularly those in response to deprivations leading to aggressive activation of the wish for narcissistic everything experiences, are a central focus of the author's vision. Of particular interest is Shengold's exploration of the emotional trauma of adult life, the search for fulfilling experiences, what Shengold refers to as "the something between everything and the nothingness of death." He describes elegantly the yearning for narcissistic fulfillment in the face of the decline of old age, illustrated in Lear's regressive attempt to regain narcissistic contentment when contemplating impending death. For Shengold, aging reasserts the centrality of the body in relation to the steady decline in bodily functions, leading in a positive sense to a "struggle for soul—for identity and the capacity to love"—and in the negative, to the struggle to return to narcissism and the intensity of a need for everything.

Here, the author's use of Ibsen's characters to illustrate primarily the adult failure to sustain "something" and renounce regressive narcissistic yearnings, analogous to Kohut's[3] view of tragic man, is vividly and engrossingly portrayed and explored.

It is difficult to summarize the wide-ranging panoply of subjects Shengold takes up in this masterful series of essays. He writes in a unique style, heavy with literary examples, presenting a picture of

[3] Kohut, H. (1977): *The Restoration of the Self*. New York: Int. Univ. Press.

human development from narcissistic everything to the renunciation of aging. There is a prominent place for the development of satisfaction in the capacity for love of self and of others, often enhanced by experiences in the safety of what the author describes as the richly symbolic nature of the analytic place. This is a work to admire, although it does not offer specific answers to clinical problems or propose resolutions of theoretical controversies. Rather, these essays, which should be of interest to all analysts, provide a picture of the life cycle understood psychoanalytically through the eyes of a talented, poetic, and integrative clinician.

STEVEN T. LEVY (ATLANTA, GA)

THE PURLOINED SELF. INTERPERSONAL PERSPECTIVES IN PSYCHOANALYSIS. By Edgar A. Levenson, M.D. New York: William Alanson White Institute, 1991. 266 pp.

The contemporary Freudian—one who has remained with the evolution of Freud's analysis to the present—does not strongly identify with the authoritarian tone of Freud's statements. She imbibes rather the spirit of discovery that permeates his work, the attempts to chart the unknown, the striving for linkage with the scientific and intellectual communities. In that spirit she (or he) welcomes new perspectives that broaden, deepen, or condense existing knowledge or bring working assumptions into question. Though supportive of democratization and pluralism within our field, she is cautious of premature synthesis and eclecticism that bypasses constructive dialogue.

In his own response to growing eclecticism, Edgar Levenson in this remarkable collection of essays and papers (53% of his published titles since 1974) seeks to delineate the extensions and boundaries of his branch of the interpersonal school and to distinguish its tenets from the views of Freud and Sullivan. He recalls nostalgically earlier days of schism when analysts felt strongly enough about their theories to stake their careers on them. To highlight differences, Levenson proceeds from a rhetorical device he calls the orthodox analyst—a foil against which he defines the professional attitudes and methods of the interpersonalist.

The "orthodox" analyst who inhabits these pages cares little about his patients as people, ignores their daily problems, hears

much of what they say as false, and interjects abstractions about human nature which he accepts on authority. Informed consumers might consider consultation. By contrast, the analyst of the interpersonal school profoundly respects his patients, cares deeply about their experience of life, hears truth in their concerns, and breathes comments which enhance their human dignity and competence.

Such distinctions could strike some readers as overdrawn. It is probably not a conviction that humans are internally motivated that makes someone a poor clinician, and it is unlikely that gross insensitivity and indifference in an analyst would disappear with a change in theories. Yet differences are to be discovered here—both legitimate and substantive—that can help etch for us some of the unique contributions of the interpersonal school.

From Freud's perspective, infantile anxiety begins as tension from drive pressure. Through ego development this is gradually mastered and becomes a signal. When it cannot be adaptively integrated, it is defended against. One can observe what may be the differentiating of fear from anxiety when the crawler, upon encountering an unfamiliar situation, looks to the mother for aid in reality testing. Her calm facial expression indicates that it is safe to proceed despite the baby's anxiety. A look of alarm means to stop or retreat.

In Sullivan's own toddlerhood there was a mother who was initially supportive but who left him at thirty months and came back "changed."[1] It is conjectured that she had a psychotic episode. During her absence, his grandmother kept him off the stairs by placing a dead spider on them to produce anxiety—a spider to which he later associated after an anxiety dream. In Sullivan's theory of anxiety, the infant looks to the mother, finds her anxious, feels induced anxiety, concludes that something in him is frightening her, and develops Sullivanian defenses to protect her from that frightening part of himself. These later produce gaps in the narrative of the adult patient whom the interpersonalist sees as still protecting the therapist from feeling frightened. Thus the function of an inter-

[1] Perry, H. S. (1983): *Psychiatrist of America. The Life of Harry Stack Sullivan*. Cambridge: Harvard Univ. Press.

personalist's interpretation "is not so much to tell the patient something new, but to inform him that you are prepared to countenance what he has to tell you" (p. 177).

While in the Freudian model the infant's own propensity for anxiety is either soothed by the equanimity of the mother or accentuated by her nervousness, Sullivan postulated that anxiety is transmitted from mother to infant by contagion. He left it for his successors to work out how anxiety is produced in excess of the stimulus—by a parent's mere disapproval or withdrawal—and how it can be transmitted if it is not a cue but something instilled. Levenson argues against telepathic communication of deeper parental feelings on the grounds that this ignores the operation of Sullivanian defensive barriers in both parent and child.

For Levenson, Sullivan has bequeathed a paradox: if despite adequate parental defenses the child responds to their underlying anxiety, then the child must have his or her own readiness for anxiety and it is not transmitted. If on the other hand underlying anxiety is transmitted, then one must assume that parental defenses as conceived of by Sullivan routinely fail to operate toward offspring.

To resolve this, Levenson feels the contemporary interpersonalist must press on where Sullivan abandoned the communication paradigm. For Levenson, anxiety is the alarm that sounds within the child whenever incoming signals cannot be integrated with her or his current grasp of the world, or when "conflicting or incoherent messages are received." Anxiety accompanies the confusion or mystification that results from unclear communication. The mother "makes and breaks eye contact at the wrong frequency, too soon or too late, or fumbles breast-feeding" and "the child then is anxious because something is really going wrong and he cannot integrate it" (p. 139).

From this theoretical post, Levenson offers much to foster dialogue on technique. What the analyst perceives as distortion in the material results from the patient's only partially successful attempts to integrate (accommodate) into his or her world view something discordant that he or she has experienced or is experiencing. The result, though caricature-like, is a "telling approximation" (p. 227) of something which has actually confronted the patient and which

the patient has partially escaped through inattention. The analytic process then seeks to contact and explore the incompletely accommodated experience.

In treatment the patient's selective inattention is dealt with through free association or by detailed inquiry as developed by Sullivan. Between Sullivan and his trainees, this consisted of "relentless and unfocused questioning" (p. 195) regarding omitted details.[2] (Levenson's own ability to do this is amply demonstrated by his dissection of case material.) Between analyst and patient, it becomes the search for the purloined in Poe's sense—the salient information unnoticed but within view. Levenson shows that detailed inquiry resembles a method of hermeneutics closely enough to permit location of the interpersonal school within its domain.

If a patient in this process embraces verbal explanations of behavior, then the patient will have received benign authoritative psychotherapy. If the patient takes the corrective experience with the therapist—be it holding, admiring, confessional, or instructional—then he or she will have received benign relational psychotherapy. If, however, the therapist's detailed inquiry threatens the patient's defenses and produces anxiety, this anxiety will defeat attempts merely to explain or relate, and will evoke resistance in the form of transference which will produce re-enactments of the patient's cardinal issues in the therapy. If the therapist can then help the patient to recognize this—that "what we are talking about is simultaneously happening between us" (p. 205)—and if these two can be correlated, then the procedure can be called psychoanalytic.

To tabulate differences, Levenson departs early from Freudian thought by discarding the concepts of repression and the dynamic unconscious. He finds no connection with schools that regard unconscious fantasy itself as motivational, though writers who dichotomize psychoanalytic thinking as either drive or relational place him with the latter.[3] As they further conflate his work with that of Heinz Kohut, Levenson takes pains to elucidate fundamental dis-

[2] Kvarnes, R. & Parloff, G. (1976): *A Harry Stack Sullivan Case Seminar*. New York: Norton, p. 38.

[3] Greenberg, J. R. & Mitchell, S. A. (1983): *Object Relations in Psychoanalytic Theory*. Cambridge: Harvard Univ. Press.

tinctions that separate the interpersonal school from self psychology.

It is on the issues of reality and distortion that "Kohutians and inter-personalists part ways" (p. 232). Kohut's very attention to the uniqueness of his patient's internal experience means that the experience is different from Kohut's own and can be validated only through a suspension of disbelief, which Levenson regards as a "ploy" (p. 234). When Kohut refers to the patient's "own view of reality,"[4] Levenson understands that two realities are being kept in mind, a real one and the patient's idiosyncratic view of it. This focus on distortion excludes the possibility with which interpersonalists are most concerned: the "real repetition of an earlier event in the patient's life" (p. 234).

Such iterations correspond because the patient "is having the same experience of mystification" that he or she had before (p. 235). The repetition is due to a "powerful interpersonal matrix" which recreates a "psychologically safe milieu" through not permitting new experience to take place—even in therapy (p. 241). Levenson therefore believes that the analyst's "acknowledgment of the truth in the patient's perceptions of the real analyst might be necessary to the patient's cure" (p. 235).

Such acknowledgment, Levenson feels, cannot occur from Kohut's position that he is treating something IN the patient—something that makes her or him a patient rather than a real person with whom Kohut could more meaningfully interact. For this, a therapist must allow the patient at times to become the most important person in the therapist's life and allow his or her life to be radically changed by that person. Levenson illustrates what he sees as Kohut's failure to grasp this fundament by pointing to the same basic error in "The Two Analyses of Mr Z.," which he regards as "not all that different" (p. 251) from each other.

Many unanswered questions about the interpersonal school of course remain, and one could wish for a Levenson to answer them. How do we have a world view with which new experience is compared without the intrapsychic? Why do we enjoy puzzle-solving?

[4] Kohut, H. (1984): *How Does Analysis Cure?* Chicago/London: Univ. of Chicago Press, p. 173.

How do we differentiate ordinary variation from psychopathogenicity? But perhaps these and other questions must await another book.

Meanwhile, the message of the current volume peals out clear. From the interpersonal perspective we are never trying to get beyond present reality to a deeper reality, beyond manifest content to latent content, beyond the immediate to the genetic. Rather, we are living, hearing, thinking, relating, and healing in the current moment; what we need most to marvel at and to be inspired by is the creativity and courage with which our patients seek to engage us in the here and now.

JAMES S. ROBINSON (HOUSTON)

CONFLICT AND COMPROMISE: THERAPEUTIC IMPLICATIONS. (Workshop Series of the American Psychoanalytic Association, Monograph 7.) Edited by Scott Dowling, M.D. Madison, CT: International Universities Press, Inc., 1991. 238 pp.

The editor and authors of this anthology have set a clear and admirable project for themselves: to put modern structural theory to the test by applying it to a range of clinical situations and then to challenge those applications in a debate with proponents of object relations theory and self psychology. The debate is intended to test the proposition that structural theory, with its emphasis on conflict and compromise, is by itself adequate to account for the full range of phenomena encountered in psychoanalysis, as against the counterclaim that structural theory must be supplemented by other perspectives in order to explain and guide the treatment of more disturbed patients.

The debate follows the familiar Workshop format: a core group of papers, then a series of discussions, then responses from the original authors. In this case, the core group includes three papers which are primarily summaries of structural theory and three in which that theory is applied to clinical situations. The discussions include two contributions from structural theorists, one from an object relations theorist, and one from a self psychologist.

Jacob Arlow opens the theoretical section with a characteristically elegant overview of the idea of conflict as related to the ideas of trauma and deficit. He observes that the latter are not absent from

conflict theory, but embraced by it; trauma and deficit are part of "what makes it difficult or impossible for the ego to effect adequate compromise formations of childhood instinctual conflicts" (p. 6). Dale Boesky's essay explains the centrality of compromise formation in modern structural theory; he offers clinical vignettes to illustrate how sublimation, acting out, and identification can all be understood as varieties of compromise formation. In the process, he points out that in 1926 Freud identified object loss as one of the cardinal dangers giving rise to anxiety and thus to repression, and states that "since that time, structural theory has been an object relations theory" (p. 17). Robert Tyson discusses the ontogeny of conflict, proceeding from "developmental conflict" between the child's wishes and the parent's, through a process of internalization, to internal conflict as we know it in the adult.

The clinical papers are intended to show the usefulness of structural theory in a broad range of situations. Elizabeth Lloyd Mayer describes the treatment of a neurotic woman whose marital discord is shown to be occasioned by the disruption of a previously stable compromise formation when she becomes a mother. Ernest Kafka presents two case discussions, focusing on the early phases of psychoanalysis with character-disordered patients, to demonstrate how the interpretation of conflict in the transference can be used to elucidate conflicts in the patient's extra-analytic life and thus to render maladaptive behavior more ego-dystonic and more available for analysis. (These cases later serve as a focus for Paul Ornstein's criticism of "classical" psychoanalysis.) Martin Willick describes his use of structural theory in handling technical problems with a borderline patient. In a paradigmatic example, he reports that he chose to begin each session after learning that the patient would not do so. He is careful to note, "What guided me . . . was not some preconceived idea that I had to provide a 'holding environment,' or that my spoken word was to function like a 'transitional object' for her, or that she needed to use me as a 'selfobject.' " Instead, he reports, he offered a conflict-based interpretation that "she was unwilling to ask for these things [interest and attention] from me because my answer might be no" (p. 87).

In the Discussion section, Charles Brenner applauds and agrees with all of the papers, and he expands on the idea of transference as a compromise formation. Milton Bronstein, who also agrees with

the position elaborated in the core papers, adds the caution that the difference between neurotic and borderline patients is not as great as we tend to assume.

Frederick Vaquer, appearing as the spokesperson for object relations theory, states the challenge explicitly: "I believe it is necessary to supplement and complement the tenets of modern structural theory in order to adequately encompass behaviors exhibited by individuals experiencing disorders far more primitive than those we call neurotic" (p. 115). In the inverse of Arlow's argument, Vaquer states that object relations theory encompasses conflict and compromise. He offers a summary of that theory, drawing most heavily on the works of Wilfred Bion and Melanie Klein.

True to his argument, Vaquer spends little time disagreeing with the structural theorists; he has no dispute with their theory, and wishes only to extend it. Unfortunately, this approach deprives the reader of the opportunity to compare how two different theories would treat the same material. However, Vaquer's own case examples suggest that he might differ sharply from the structuralists in clinical practice. He interprets the manifest content of dreams as symbolic representations of mental processes, e.g., a woman eating lipstick and spitting out a brownish substance represents "libidinal zonal confusions with oral, anal, and vaginal condensation, agglutination, and agglomeration" (p. 125). It is not clear how such a line of interpretation derives from object relations theory, but it is clear that a classical analyst would not follow it.

With Paul Ornstein's lengthy discussion, we come to the heart of the argument. In proper self-psychological style, he begins by attempting an empathic restatement of the core papers. However, the authors will complain in their responses that he committed an empathic failure by not understanding them on their own terms, but distorting their communications to suit his needs.

Ornstein devotes most of his essay to a reinterpretation of the cases in the three clinical papers. In general, he argues that Mayer and Willick behaved appropriately with their patients, and need only a satisfactory theory to explain their actions, while Kafka erred because he failed to explore the subjective meaning of his patient's transference distortions: "His theory leads to the kind of interpretations in which he eschews the understanding of the patients' 'dis-

tortions' and 'prejudgments' from their own subjective perspectives as an avenue to their unconscious sources" (p. 146).

It is not at all clear from Ornstein's paper that self psychology and modern structural theory, with their radically different paradigms and language, would produce very different clinical techniques. An analyst guided by conflict theory would surely say that if Kafka proceeded as Ornstein described, he would have erred not by using the wrong theory, but by using poor technique, in failing to analyze the resistance. Kafka himself argues that Ornstein misunderstood and misrepresented his technique, creating a "straw structural analyst" (p. 206).

Thus, in this debate, as well as in Ornstein's discussions of the other clinical papers, it appears that the structuralists and the self psychologist are disagreeing not about what constitutes optimal technique but about how that technique should be understood theoretically. For the most part, the structural theorists argue that no new theoretical paradigm is needed to describe optimal technique, although Mayer agrees with Ornstein that "many things which analysts have subsumed under vague headings like *tact* and *timing* should not remain so vague or so extraneous to our formal theory of technique" (p. 204).

If this workshop gives a fair representation of the state of debate in psychoanalytic theory today, as I believe it does, what can we conclude about that debate? Several generalizations emerge from a reading of these papers: (1) skillful interpreters of different theoretical persuasions can always interpret the same clinical material differently; (2) structural theorists believe that their model encompasses the ideas of trauma, deficit, and object relations satisfactorily; (3) object relations theorists and self psychologists believe that structural theory is not incorrect, but is limited in its scope and in the kinds of patients with whom it can be useful; (4) it is not clear whether different theories lead to different techniques—these papers suggest, perhaps surprisingly, that the technique derived from object relations theory diverges more radically from "classical" technique than self-psychological technique does; (5) selected case reports and vignettes will not serve to settle theoretical differences, because the material is insufficient and highly filtered and because disagreements often concern levels of abstraction far removed from

clinical data; (6) psychoanalysts have barely reached consensus on criteria for the clinical validation of a single interpretation and are nowhere near agreeing on a method for validating theoretical paradigms.

By demonstrating these arguments in a clear and readable form, the book serves a useful function, though several of the papers are unnecessary for this purpose. This volume will be enlightening to candidates and other students of the field who want a concise and clinically relevant presentation of the state of psychoanalytic theory today, and will be interesting to those metatheoreticians who attend to the question of how we conduct our debates. For mature, practicing psychoanalysts, it offers only a chance to revisit some frustratingly familiar controversies.

KEVIN V. KELLY (NEW YORK)

SHAME AND THE SELF. By Francis J. Broucek. New York/London: The Guilford Press, 1991. 168 pp.

SHAME. THE EXPOSED SELF. By Michael Lewis. New York/Toronto: The Free Press, 1992. 275 pp.

Psychoanalysts from 1926 to 1960 were largely preoccupied with psychoneuroses derived from drive distortion and intrapsychic structural conflict manifested by unconscious fantasy, anxiety, and guilt. Since then, in successive waves analysts have focused on personality and character problems involving self-esteem regulation (narcissism); sexual, physical, and psychological abuse and other traumas (the Holocaust, Vietnam); and *shame*. The two books reviewed here, Francis Broucek's *Shame and the Self*, and Michael Lewis's *Shame: the Exposed Self*, are part of a rapidly growing number of books devoted to explicating the role of shame in human affairs. Both books relate shame to contemporary issues of self and self-worth and to abuse; both emphasize the interplay of intrapsychic and intersubjective factors in the development, function, and consequences of shame. Both are well written, informative, and easy for me to recommend to readers across the range of mental health professions. For the smaller group of those primarily concerned with psychoanalysis both books and, in fact, the whole current emphasis on shame are likely to receive a more skeptical re-

ception, one that suggests we already know clinically and theoretically what we need to know about shame. While both books contain extensive references to clinical material, neither bases its theory or findings largely on experience drawn primarily from psychoanalysis. Both authors rely heavily on a developmentalist perspective and, while this viewpoint is highly valued by many practicing analysts, others feel it adds little to a perspective based on integration, conflict, and compromise formation. Lewis is best known as a well-respected, widely published researcher whose studies explore the development of cognition, affect, and the acquisition of self. Broucek's writings have appeared within the psychoanalytic literature, where he is known as an independent thinker about self, the seeking of competence, and new conceptions of affect theory. I believe that, regardless of bias, all practicing psychoanalysts will find themselves challenged by both authors to reconsider some of what they hear, feel, and say.

Both books begin with extensive references to the development of shame in infancy and early childhood, but each offers a strikingly contrasting formulation. For Lewis, joy, sadness, anger, disgust, interest, and fear are primary emotions, while shame is not. Two prior developments must occur before shame is experienced. First, the child must have a self-conscious awareness of himself or herself, of his or her own cognition and emotions (subjective self-awareness), and an experience of being viewed (objective self-awareness). With these developments, the child begins to experience exposed emotions: embarrassment, empathy, and envy. The second development is crucial for shame. It combines the capacity for appreciating standards and rules, for evaluation of performance based on these standards, and for attributing to the self either specific or global success or failure. Global success leads to hubris, specific success to pride. Global failure results in shame, specific failure to guilt and regret. Thus, what Lewis calls a cognitive attributional theory involves a hierarchical arrangement of affective and cognitive development for shame to be experienced.

Broucek believes shame occurs earlier in the infantile period, as an accompaniment to the development of the sense of self. He follows Tomkins in regarding as a shame response the slumping posture, head drooping, and eye averting of infants whose intent

has failed subsequent to their interest having been activated. He rejects Tomkins's claim that this is an innate barrier to the affects of excitement or joy, citing instances in which excitement or joy are interrupted and affects other than shame arise. Broucek's alternative suggestion is that these early sources of shame or guilt are the result of the infant's experiences of *interpersonal* inefficacy. In this way Broucek ties together the positive development of the sense of self based on efficacy, particularly in interpersonal relations, with shame when failures occur. Shame thereby lies close to the heart of the sense of self.

In addition to an innate connection to the sense of self, Broucek also claims for shame an innate connection to sexuality. He speculates that shame is the primary built-in inhibiting, constraining, and directing force of erotic life. Broucek presents an interesting argument with Freud: it is not civilization that developed to inhibit unrestrained sexual drive, but the innate constraints on sexuality by shame have been instrumental in building civilization. He cites as support for his contention that when culture undermines this important function of shame by making adolescents ashamed of feeling shame and behaving reticently, loveless sexual activity is promoted at very early ages. "I personally believe that the greatly increased incidence of depression, along with a pervasive sense of hopelessness and the feeling that life has lost its meaning, which is epidemic among adolescents these days, is traceable in part to the violation of the protective function of shame in ensuring the still psychically immature individual will not be thrown into greater physical intimacy than he or she is psychologically prepared to handle" (pp. 111-112).

Throughout each book, its author struggles with the polymorphous nature of shame, its relationship to embarrassment, humiliation, shyness, guilt, and, especially for Lewis, a shame-anger, shame-rage, and shame-depression spiral. If shame predates a self-evaluative capacity, then "the affect of shame must be activated without the feeling of shame" (Broucek, p. 6). If a sense of self being exposed to observation is coincident with the emergence of embarrassment (Lewis, p. 88), then embarrassment is an innate but later arising affect, the purpose of which is to limit self-scrutiny that can paralyze functioning, as "when one or both parties engaging in

sexual behavior focus upon how they are doing rather than upon the stimulus sensation" (p. 88).

A major contribution of Broucek's book is the exploration of "objectification." Older infants and young toddlers become aware that they are the object of scrutiny and actions of others and of themselves. Broucek reasons that this experience shatters the shared relatedness with caregivers the child had previously taken for granted. Children can now distinguish between experiences in which their subjectivity is being responded to and those in which they are treated primarily as "objects." Being treated without consideration to one's feelings and interests may take many forms, specific shaming being only one. Shame will be triggered whenever children are treated as objects, especially when they hope and expect to be related to in a subjective mode. Throughout life we experience times in which "we exist together with the other in a field of shared affective experience and overlapping consciousness" and times "as disjunctive consciousness, surveying each other as mere objects" (p. 46). "In the state of sudden, unsought, or undesired self-objectification the immediate experience of one's actuality of being may be lost, resulting in shame and a disorienting transformation of the interpersonal and phenomenal world. At such times one's world may seem in danger of collapsing . . . resulting in a kind of vertigo" (p. 40). Broucek thus proposes that the experience of shame upon feeling oneself an "object" is the source of derealization, depersonalization, and fragmentation of self-cohesion—a major contributor to traumatic states.

I find Broucek's proposals logical and persuasive. Along with Broucek and unlike Lewis, I believe it is reasonable to conjecture that shame as an affective experience occurs during the first year of life. My problem with Broucek's proposals lies in the absence of boundaries to the shame spectrum he delineates. The observable feature Broucek uses to substantiate his (and Tomkins's) claim for extensive shame in infancy is the baby's drooping head and downcast avoidant eyes. Interpreting the exact nature of a baby's affective experience is always difficult, and these features of presumed shame are strikingly similar to those of sadness, nonspecific distress, and some angry avoidant responses. I prefer a theory that regards the baby during the first year as having a spectrum of

aversive affects, one of which is an experience that lies in continuity with what is later more easily categorized as shame.

Like Broucek, Lewis believes objectification is a powerful elicitor of shame, but Lewis sets more defined criteria for shame to be the response to insensitivity to one's feelings, thoughts, and intentions. "Shame is not produced by any specific situation but rather by the individual's interpretation of a situation" (Lewis, p. 75). For shame to be the affective response, the person must feel he or she has failed to live up to a standard, rule, or goal and must regard the failure as one generalized to the whole self. Following Broucek, a person who is being treated as an object will inevitably feel devalued, his or her subjective sense of self ignored, but, following Lewis, the person must feel he or she is a failure in some self-specified way for shame rather than some other affect to be triggered.

While Broucek could be overstating the inevitablity of shame as a response to objectification, his warnings to analysts command attention. "The therapist interpreting in the light of his theoretical leanings is always involved to a degree in an objectification of the patient that is apt to be shame-inducing" (Broucek, p. 101). And, "Having the patient lie on the couch with the analyst sitting behind him is an arrangement that permits both parties to minimize their experience of the affect of shame" (p. 85). "By minimizing the patient's shame the couch facilitates free association," but "in bypassing shame one also bypasses the analysis of shame" (p. 86).

Lewis, too, has much to offer the clinician. Particularly intriguing is his "two world" hypothesis that men and women from infancy on develop different strategies for coping with shame and thus are primed to be unable to understand the opposite sex's emotional response. In men, failures to do tasks effectively and to function sexually are the main triggers for shame. In women, both failing to be attractive and being praised for physical attributes arouse embarrassment, while failures in interpersonal relationships are the major elicitors of shame. Lewis's chapter on individual differences and "shame fights" in couples is especially recommended for anyone working with couples and families.

Both authors regard the purpose of experienced shame to be to signal the avoidance of behaviors likely to cause it. Consequently, they stress the significance of bypassed shame. Because shame is

often so excoriating to the self, the experience is bypassed with the result that "a shame state may be ineffective in producing a change in behavior" (Lewis, p. 35). Broucek decries the "general cultural disrespect for shame. Freud's failures, and the failure of later psychoanalysts, to recognize shame's healthy functions led to the culturally disastrous notion that freedom from shame . . . is the mark of the healthy personality" (p. 135). Both books end with intriguing comments about broad cultural issues: the dialectic between freedom and imprisonment (Lewis) and the camera's role in the capitalistic commercialization of sex and the sexualization of commerce (Broucek).

In conclusion, Broucek and Lewis each make valuable additions to the rapidly growing literature on shame. Taken together the two books complement one another in their respective explorations of the development and functions of shame and its clinical and cultural implications. I highly recommend each, and I especially recommend the two for the remarkable stimulation to reflection that results from the dialectic tensions of their differing viewpoints.

JOSEPH D. LICHTENBERG (BETHESDA, MD)

THE MISUSE OF PERSONS: ANALYZING PATHOLOGICAL DEPENDENCY. By Stanley J. Coen. Hillsdale, NJ: The Analytic Press, 1992. 330 pp.

In psychoanalytic practice we struggle constantly with the difference between idealized technique and what actually occurs between real patients and real psychoanalysts. This is particularly true for patients who fall outside the traditional realm of neurosis and neurotic character. Although a source of confusion and controversy, the understanding and treatment of these "widening scope" patients has also been a stimulus for clinical innovation and theory-building. In *The Misuse of Persons* Stanley Coen identifies a group of patients prone to engage in unproductive analyses, a group diagnostically between neurotic character, narcissistic character, and borderline disorder. He discusses the treatment of these patients in a way that is both realistic and helpful. One measure of a clinical book is the degree to which the reader discovers new and useful perspectives on patients in treatment. I found myself thinking

about and rethinking many treatments, past and present, while reading this volume.

Coen describes a group of patients who appear neurotic on evaluation, but who, once they are in analysis, become involved in a form of dependence that often leads to endless analysis and the absence of lasting intrapsychic change. He explains how this occurs: these patients cannot tolerate awareness of internal conflict and must engage others in externalized, substitutive interaction. Coen's description of the syndrome of pathological dependence is well written, in a straightforward language that will be comfortable both for psychoanalysts and for other mental health professionals. While dealing in phenomena that have been discussed by Kernberg, Kohut, and the British ego psychologists, he forgoes their special terminologies without loss of clarity.

Coen's thesis is this: these patients had parents who exploited them psychologically and encouraged externalization of responsibility for inner experience. In particular, the patient as a child was engaged in a seductive and/or sadomasochistic attachment, usually with his or her mother. The result is weak psychic structure, especially of the superego, which has been "corrupted." Hateful feelings may be enacted, with intense gratification. The ego arrives at a compromise in which a process of sadistic attachment and anxious reparation substitutes for an internalized, mature conscience. This compromise provides the constant possibility of expressing aggression while defending against the consequent fear of destroying love objects. Patients achieve this by relating to others in ways that create a sense of omnipotent merger through denial of separateness.

This is not new territory. Coen cites many other writers who have worked analytically with patients in this range of character problems. He discusses similarities with and differences from his views, and he provides a valuable, detailed bibliographic discussion in an appendix. He accompanies his delineation of the syndrome of pathological dependency and the "interactive defenses" that characterize it with an extensive discussion of therapeutic technique. Coen argues for a "passionate" psychoanalytic process in which "the analyst [is] able to encourage and tolerate full opening up of the patient's rage and destructiveness . . ." (p. 247). He is critical of psychoanalysts–both self psychological and ego psychological—who avoid focusing on aggression or who move away from it too

quickly. He emphasizes the necessity of initially facilitating the patient's dependence, engaging the central core of pathological dependency and the accompanying hatred in the transference.

I agree that therapists often conspire with patients to minimize hatred and aggression, but, in Coen's belief in the importance of mobilizing and interpreting the hateful, aggressive core of these patients, he at some points makes the process sound oversimple and monolithic. I think an analysis conducted entirely with a focus upon hatred would fail. The actual clinical job is an inordinately tricky one with such patients. Every case Coen describes conveys this complexity and has the ring of honesty and psychoanalytic dedication. His use of the term "passionate" suggests an intense connectedness with the patient that is loving in its wholehearted acceptance of every part of the patient. The treatments Coen presents convey this. In fact, I would have enjoyed even more case material, and in greater detail. It is through the examination of process that we see best how an approach works and can adapt it for ourselves.

Coen's discussions of aggression, hatred, and sadism are valuable in themselves. Without invoking Klein, the death instinct, or Kernberg's modern version of these ideas, Coen tells us how central and how varied a role in personality these negative states may play."Hatred certainly can be a form of relatedness. Hatred can screen and express loving wishes, serve to maintain distance and to preserve boundaries, reverse feelings of helplessness, worthlessness, and humiliation, and protect against disorganization and despair" (p. 252). Coen reminds us that when we ignore, deny, or downplay hatred the patient will feel his or her most powerful, frightening, and important trait is too dangerous to talk about.

Chapters are devoted to particular forms of the syndrome Coen is delineating: a sense of defect, sexualization (perversion, particularly sadomasochism), somatization, and pathological jealousy. In a summarizing chapter, "Toward a Passionate Analysis: Technique in the Analysis of Pathological Dependency," Coen enlarges on a theme that runs through this volume: the importance of the relationship and of the psychoanalyst's communicating his attitudes and reactions to the patient *in the effort to convey the interpretation*. While he distinguishes his stance from "corrective emotional experience,"he clearly understands that such patients necessarily induce powerful affect states in the analyst and that the analyst necessarily

will convey such feelings and his own degree of defendedness against them. Coen is aware of countertransference dangers, but notes that too little mobilization of affect (especially hatred) in the relationship may be as problematic as too much. His plea for a "passionate analysis" is an important and timely acknowledgment of the mutuality of the analytic relationship in intrapsychic change. His insights about a difficult type of patient—one too often dismissed under the rubric "negative therapeutic relation"—provide immensely valuable understandings for the clinician.

RICHARD ALMOND (PALO ALTO, CA)

THE SECRET RING. FREUD'S INNER CIRCLE AND THE POLITICS OF PSYCHOANALYSIS. By Phyllis Grosskurth. Reading, MA/Menlo Park, CA/New York: Addison-Wesley Publishing Co., Inc., 1991. 245 pp.

This is an interesting book, on a subject worth thinking about, but difficult to assess. The author, at a Congress in Toronto on the history of psychoanalysis, noted again, having observed it many times before, the passion elicited by the subject of psychoanalysis, in the service of both its defense and its condemnation. Being at that time in the process of writing a book about a secret "*Rundbriefe*" circulated among a small inner circle around Freud, just after the defection and/or ouster of Jung from the psychoanalytic movement, in defense of the new science, the author felt that the tone and contents of this private correspondence might throw light on precisely this question of psychoanalysis as a disturber of peace and divider of people. This then became a leit (or heavy) motif of this book.

The author's aim thus came to have a double purpose: to trace the vicissitudes and meanings of this intimate exchange, and to throw light from it on the affective reactions of the world to psychoanalysis. While this two-pronged self-assignment added a double depth and purpose to the enterprise, it also constitutes an added difficulty to its goal and methodology. Each of the investigative pursuits is complex in itself; to interrelate the two creates a more formidable challenge.

The contents of the original study, from which understanding of the new assigned task derives, consist of the history of this "*secret*" inner group around Freud, upon each member of which he be-

stowed a ring as the symbol of their kinship, and the vicissitudes of this small band of brothers around Freud, the father-leader, from its inception in 1912 to its erosion and final dissolution in 1927. I italicize "secret" because that is a central emphasis of this study, building a mood and an attitude toward the group and toward Freud which derive from the secrecy (one might have chosen to say "privacy") of their correspondence, but which transcends that literal meaning to approach the conspiratorial and sinister.

A close attention to the contents and progress of the exchange between seven or eight participants leaves the reader, if he or she can survey the material presented with a psychoanalytic attitude, in some conflict as to how to absorb and process the raw data offered. The reader's challenge throughout is to separate the data from the opinions. The two are often given in such close proximity, or in one continuous commentary, as to make it difficult to distinguish one from the other. It might have been to the advantage of the book if the author had presented her data first and built up to the conclusion, rather than stating her opinion first, then setting out to substantiate and sustain it. The conclusion, in the early pages of the introduction, is that Freud exerted a dictatorial, tyrannical influence on his younger colleagues, held them in thrall, kept them apart from and rivalrous with one another, and aimed to dictate, dominate, and keep them under surveillance, to enslave them emotionally and intellectually.

The course of the book proceeds to confirm this initially stated view if the reader will suspend his or her own judgment and subscribe uncritically to the author's conclusions as well as to the presented data. That the link between the two need not be automatic is attested to by the fact that this was the same Freud whom Nunberg, editing the *Minutes of the Vienna Psychoanalytic Society*, described as a stellar helper of his younger colleagues and followers. "While giving everyone full freedom to express his opinions. . . . [h]e praised where praise was deserved, he disapproved where criticism was necessary."[1]

The present account will nevertheless not only grip but inform the reader with insights into an intimate group experience of a

[1] Nunberg, H. & Federn, E., Editors (1962): *Minutes of the Vienna Psychoanalytic Society. Vol. 1: 1906-1908.* New York: Int. Univ. Press, p. xxiv.

collection of individuals who played a part in writing intellectual history. New facets are learned about each of the seven or eight early psychoanalysts who made up the group, from which not only individual but group psychology is advanced. One will glimpse with fascination, as well as having the challenge to put into a fair and instructive perspective, the sexually promiscuous "scandals" of Jones, from Canada to England to Holland, or Ferenczi's sexual dilemmas, being involved with both a mother and a daughter (the latter is being analyzed by him; her mother was analyzed by him briefly; her sister is married to his brother). Freud then analyzes the daughter, Elma, who returns for more analysis with Ferenczi; Freud gently nudges Ferenczi to marry her mother Gisella, for his sake and for the good of psychoanalysis.

One reads with galvanized interest of the rivalries between Jones and Ferenczi, between Berlin and Budapest, between Abraham and Eitingon, or Freud's closeness to Rank and its relentless denouement, the same between Freud and Ferenczi. Freud advises, almost pushes, Jones into analysis with Ferenczi; the latter keeps Freud informed of Jones's character; Freud analyzes Jones's Dutch paramour Loe Kann, considers her "actually a jewel," and is responsible, or at least feels responsible, for her leaving Jones. Jones analyzes Joan Riviere; there is "a strong possibility" that he has had an affair with her; Freud then analyzes her, protects her against slurs by Jones, but is wary of repeating his part in the breakup of Jones and Loe. Later, Freud is careful to prevent too great a closeness between Jones and Anna Freud. Sachs, according to Jones, has been acquiring the reputation of being a playboy in Berlin. The only one who comes out fairly intact is Abraham, who is reliable, upright, "*korrekt*."

If the reader is led to think of the Marx brothers, as I was, he or she needs but remember the stage of development and the heroic nature of the scientific undertaking this group accepted as their life endeavor: to extract from their personal lives, and the lives of their patients, a scientific theory of human behavior. As crudely as this had to be done on their own selves and their interactions with each other by the few available, groping psychoanalysts at this beginning stage of the method, it was, one might reflect, their ardor, inexperience, and optimism for the new tool which as much as anything led to the chaotic-appearing history. What we read about is after all

the psychopathology of normal group life, heightened by the extraordinary mission of this small assemblage, the analyses of themselves and each other with a new and unused instrument. Accompanying and uncovered by the novel introspective goals, never before attempted as a method of investigation, were the neuroses stemming from sexuality, aggression, envy, rivalries, conflicts with each other and with the leader-father. Their evolving theory would come to explain all of these.

Some comments on methodology are in order. While the author speculated at the outset that the experiences of this original group might turn out to explain the divisive affects aroused by psychoanalysis in its subsequent history, there is a flaw, or at least a necessary caution, in the use of the data offered toward this end. Do the reported experiences of this small early group demonstrate, or help to explain, why psychoanalysis created havoc with subsequent groups that showed an interest in the new science, or did these developments, as inevitably and repetitively seen thereafter, represent early examples of the very subjects and human phenomena which psychoanalysis is directed toward studying and explaining? Cumulative experiences, group and individual, of the psychoanalytic century which followed, lead, in my opinion, to the latter conclusion. The group psychopathology exposed was not caused by the new psychoanalysis, nor did it cause the later difficulties of psychoanalysis from this as an origin, but in fact constitutes the very subject of psychoanalytic study.

Interdigitating with the characterological dissensions are the splits over theoretical understanding. The group went a long way toward trying to keep both of these threads together, as much as increasing tensions in each threatened to break the group apart, which they finally did. The nature of the issues which separate—characterologic issues and dissensions in theory—are demonstrated here as existing from early on; and we know they have continued to exist and to have their effects to the present. The pressures of Rank's birth trauma theory and of Ferenczi's active technique, first accepted by Freud but gradually becoming threats and rivals to his already firm oedipal guideline theories, have their counterparts and derivatives at every stage of psychoanalytic theoretical divisiveness to this day. The recounting of the original versions of these complications does not explain these events but demonstrates and

predates them. The instructive dynamic of this study should be the same today as was the case when Freud discovered resistance and transference instead of being turned off by them as complications. The history of the Committee that we follow in this book does not demonstrate the cause of psychoanalytic difficulties, but the objects of psychoanalytic study and the difficulties intrinsic to its path. The destructive rivalries, the neuroses of the participating individuals, and the splintering of theories which resulted from and accompanied these are recurrent findings in the psychology of groups, especially intimate psychoanalytic ones. They do not demonstrate the authoritativeness of this particular leader, but are par for the field of observation and intrinsic to the dynamics of the family, the group, the tribe, or the historical totem, as Freud came to describe them.

The content and material of this study, in its distant ramifications, is both specific and nonspecific, individual and general. It is not a matter of a cult of personality which is, or should be, followed, which the author stresses was the case in this group history, but of the charisma of ideas. A case can be made that this is what took place, to the extent that psychoanalysis has endured. In a general view, while the analysis of this early group, bonded together by a scientific cause of universal interest, can be abundantly useful as metaphor, contributing understanding to the composition of groups of lesser interest, the interpretations applied by the author to individuals in the group rest on less sure ground. While it is admittedly difficult, and shaky, to interpret behavior on the basis of external manifestations alone, without the free associations of the subject to support them, it becomes incrementally unconvincing and unscientific to venture such interpretations across decades of history, to absent individuals, by interpreters who were not there. While the generic and nonspecific implications may have interest and validity, the specific attributions, applied to individuals distant in history, provide less conviction.

In this category, of stretching the methodology, must be Grosskurth's interpretation of Freud's relation to Fliess as projective identification (p. 32), which ironically applies a Kleinian concept to Freud, and her indicating, in a more classical mode, that Freud, in his attitude toward Jung, was "castrating the younger man" (p. 40). The same can be said about her stating that Freud

had received so little tenderness from his mother that "his ability to empathize was frozen" (p. 204) and her comments about Freud's attractions to his women patients, specifically the girlfriends of his disciples Jones and Ferenczi, as well as her making a case of Freud being a tyrant to his younger associates, with the motive being that of the Commander "keeping his troops in line" (p. 97), especially when an opposite conclusion can and has been reached as easily from data of the same period (viz., Nunberg's assessment quoted above).

The further back in time an interpretation reaches, and the less directly observed, the more its unreliability and speculative nature must be considered. In a review of a previous book by the same author on Melanie Klein, to whom Grosskurth was more affectively positive than she is to Freud in this work, Gillespie, while agreeing with much of what Grosskurth writes, takes issue with a number of her "facts" on the basis of his having been there and knowing differently. Much as I have said, Gillespie states, "The unwary reader may fall into the trap of accounting the same validity to facts and to speculations," "especially of a more sordid sort [as if Jones] really was guilty of the various sexual offences of which he was accused. . . ."[2] While respectful of a good deal of Grosskurth's recorded history, Gillespie takes issue with many small and large expressions of opinions of events he knew firsthand because he was there. I can offer the same type of observation about certain revisions of history contained in a biography of Anna Freud on the basis of my firsthand participation in the events described.

The issue here in a collective sense is the same as that of historical versus narrative truth in an individual analysis. In that debate, my own opinion is that although there is distortion, there are also "facts" which are distorted (Erikson's "actuality"[3]). The empirical base in this retrospective look is probably the usual if not ubiquitous compromise formations present in the behavior under study as much as in other individuals or groups. What this study documents, as it pursues and exposes this particular group history, is a dem-

[2] Gillespie, W. (1987): Review of *Melanie Klein: Her World and Her Work* by P. Grosskurth. *Int. J. Psychoanal.*, 68:141, 139.

[3] Erikson, E. H. (1962): Reality and actuality. *J. Amer. Psychoanal. Assn.*, 10:451-474.

onstration of the two-sided nature of the human being, as this has come to be understood by the totality of developed psychoanalytic theory. This has progressed from Freud's dual instinct theory, to the polarity and balance of id and superego, with the ego integrating the two, to my own studies of the double potentials of the human as seen on the larger social scene of external behavior. I point to two of my contrasting papers which encompass this spectrum, "On Friendship" and "On the Cacophony of Human Relations."[4]

It is impressive historically to note that in this *Rundbriefe* phase, comprising almost two decades, freed from his analysis with Fliess and from his self-analysis, and now in the fire of practice and scientific exchange with the world, Freud is pursuing a solid, scientific building phase, not the same as his former, original inspirational one, but more independent, actually more alone in his theory development despite his being surrounded by the Committee. More than with the earlier group of Fliess and Breuer, with Jones, Abraham, Ferenczi, and Rank, Freud allows them to help and advance, monitors them, aids in their own mental health and analyses (working toward the idea of training analysis), but all the while building the base from which he will soar toward his definitive second phase of ego psychology and beyond.

This book stimulates and allows much reflection. With its pitfalls and need for perspective, this is a scholarly, well-researched, affectively crafted, historical, biographic work. The reader learns a great deal, however much it remains for him or her to integrate the story and form an independent opinion. In the process of judging, each reader will have to filter these poignant interchanges, and the historical data made available, through his or her own critical faculties and his or her own experiences with colleagues during an analytic lifetime, as well as group experiences in life. About the present work, in an attitude which becomes more impartial toward the end, Grosskurth concludes with a somewhat more neutral and less incriminating view, leaving more open-ended her personal reactions to Freud and some of the other participants.

As a story about dissension and politics in an interesting and important group, this tale will engross the reader. As a purported

[4] Rangell, L. (1963): On friendship. *J. Amer. Psychoanal. Assn.*, 11:3-54; (1973): On the cacophony of human relations. *Psychoanal. Q.*, 42:325-348.

psychobiographical study about the original psychobiographers, methodological problems intrude. The author studies an impressive array of sources: besides the *Rundbriefe* itself, Freud's letters in many directions, biographies and assessments of Freud and the other participants in the Committee, and the relevant historical works of many authors. Although her attempts are valiant and her work prodigious, one must be aware that none of these approach the sort of evidence sought for in free associations. The author's aim, to have us one day "be able to acquire a fuller knowledge of the history of psychoanalysis, one based on facts rather than the mythology, gossip, and rumor that have bedeviled so much writing on Freud" (p. 222), was worth the effort. Whether or the extent to which this book advances such a cause is for each reader to judge.

LEO RANGELL (LOS ANGELES)

MENNINGER. THE FAMILY AND THE CLINIC. By Lawrence J. Friedman. New York: Alfred A. Knopf, 1990. 472 pp.

Among professional historians, "great man" history is out of fashion. We deal now with modal personality types and social process, and we make sure to include the struggles and contributions of ordinary people in our stories. School children once learned that Lincoln freed the slaves. Meetings of professional scholars are now devoted to the proposition that the slaves freed themselves, despite Lincoln's ambivalence and ineptitude. Lawrence Friedman's *Menninger* might be read as a book about a great man, Karl Menninger, M.D., a psychoanalyst who founded a distinguished clinic for the mentally ill and won an international reputation for his vision of how to understand and treat sick souls. But Lawrence Friedman, the author of three previous books on abolitionists and race relations, attempted in this book to get beyond the heroic model of medical history and to provide a psychoanalytically and sociologically sophisticated interpretation of an important medical institution. As the first scholar granted complete access to family and institutional sources, Friedman took full advantage of both rich archives and living informants in an energetic effort to write a family history that would also be a better form of institutional history. The result is a kind of hybrid, neither biography nor sociology, from which much is gained, and a good deal is lost.

Friedman does not skimp on the psychohistory: he provides an analysis of the Menninger family that is both satisfying and unsettling in its determinism. Like many first sons reared by devoted and pious mothers, Karl Menninger had a precocious child's need to excel and to dominate, as well as a life-long fear that he might be an underachiever who was falling short of parental ideals. Driven to excel by a mother who sublimated her own ambition to the task of reproduction and poured vast intelligence and energy into the promotion of Bible study classes, Karl returned from Harvard Medical School in 1919 determined to transform his father's local general practice into an instrument for the improvement of the world. Karl's youngest brother, Will, dreamed of a life of his own in Boy Scouting or missionary work, but accepted the family call to devote himself to assisting his brother and father in pioneering a "new psychiatry." A pattern was formed in which the older brother wrote, imagined, and strutted, while the younger brother administered, raised funds, and counseled employees, patients, and patrons. The Menninger family business would become a great nonprofit corporation, well known for its Midwestern version of psychoanalysis and its advocacy of "milieu-therapy" as opposed to biologically oriented cures that were more dependent upon surgery and drugs.

The Menninger Clinic thrived as an expensive hospital for the middle class, including many celebrities, who received kinder treatment than patients in other institutions with less favorable staff-patient ratios and less thorough regimens. While the core of the Menninger enterprise remained a long-term treatment facility that depended upon Will's genius for administration and his ability to create institutional routines that put the theories of the "new psychiatry" into practice, Karl garnered attention and prestige through a series of best-selling books and by organizing research, a school for disturbed children, the largest psychiatric clinical training program in the world, and a whole range of other services aimed at bringing psychiatric expertise into local communities. Karl's initiatives disrupted and challenged Will's established institutional routines, and they often lost money, but Karl dominated the Menninger enterprises through his charisma and his ability to articulate new visions that legitimated a sometimes erratic will.

Friedman concludes his interpretation of the Menninger family and clinic with a "palace revolt," in which the aging Karl is finally removed from power by Will, in alliance with the managerial and clinical elite of their institution. Will also managed to have his son made president, much to his brother's chagrin, and Roy Menninger proved to be a capable medical bureaucrat, devoted to institutional stability and efficient administration, in contrast to his uncle's often over-ambitious plans for professional leadership and domination. The book ends with the deposed and failing ninety-five-year-old Karl reflecting bitterly on his alienation from an institution that had grown beyond him.

Readers of *Menninger: The Family and the Clinic* get a history both of the Menninger family and of the psychiatric organization they created. Friedman is most successful in showing how family dynamics influenced the development of the institution. Portions of the book devoted to traditional intellectual and institutional history, such as interpretation of the work of David Rapaport's group of experimental clinical psychologists and of the passage of European refugee psychoanalysts through Topeka under the sometimes ambivalent sponsorship of Karl, are remarkably good. But Karl and Will Menninger had lives and achievements that require explanation beyond family psychopolitics and Topeka institutional politics. Friedman's discussions of Karl's intellectual relationships and production tend to be dismissive or absent. We learn that he was abused by his analyst and that he used privileged information gained in training to bully his analysands, but we do not learn enough about Karl's intellectual relationships with early contemporary psychoanalysts or of his intellectual and professional influence.

Will also remains an enigma despite the abundance of interpretation of his place in the family order. During World War II, Will rose to the rank of brigadier general in the army, the highest rank ever achieved by a psychiatrist in the armed services, but Friedman supplies no account of Will's actual war work or of the Menninger brothers' remarkable contributions to the development of their profession through services on national committees and task forces. One must turn to Gerald Grob's *From Asylum to Community: Mental Health Policy in Modern America* (1991) to construct an outline of the

Menninger brothers' importance beyond Topeka. Finally, despite his unique access to institutional sources, Friedman tells us too little about the Menningers' patients—how they experienced the clinic or what their passage through it meant in their lives.

Friedman's *Menninger* is a very valuable institutional history. Amid the institutional narrative and the reductionist psychohistories of Karl and Will, a good deal of intellectual and professional history seems to have been slighted. I left *Menninger* with a strong sense that I knew more about Karl's and Will's marriages than I needed, but much less about their relationships with their patients or about their intellectual and professional achievements than I wanted. More needs to be written about Karl Menninger and Will Menninger, two great physicians.

JAMES W. REED (NEW BRUNSWICK, NJ)

CHILDREN WITH CONDUCT DISORDERS. A PSYCHOTHERAPY MANUAL. By Paulina F. Kernberg and Saralea E. Chazan, et al. New York: Basic Books, Inc., 1991. 306 pp.

With the recent trend toward increasing emphasis on the phenomenological, the descriptive, and the objective, it is refreshing as well as illuminating to find a topic such as conduct disorder in children articulated in the traditional language of psychoanalytic theory and dynamic psychiatry.

In an innovative psychotherapy manual, Paulina Kernberg, Saralea Chazan, and a group of their collaborators from Cornell Medical Center present the product of their clinical experience for the purpose of advancing teaching and research in psychotherapy with children. Drawing from ego psychology, object relations, attachment and learning theories, and the dynamics of group process, they present three models for the treatment of children with mild to moderate degrees of conduct disorder and oppositional behavior. The authors carefully depict the subjective experience of these children, who exhibit some capacity for guilt but who are compulsive and express themselves more through action than through words.

They note that these youngsters tend not to perceive the connections between motive, action, and consequence. Memory, atten-

tion, and reflective thought are not reliably available to them. They relate to the therapist both as a resource and as an obstacle. The authors differentiate two subtypes among these children: aggressive socialized and aggressive nonsocialized. The latter group is characterized by overt antisocial behavior and an inability to understand rules or the feelings of others. The treatment techniques elaborated in this book are intended for the aggressive socialized group of conduct disordered children who do manifest social bonding and at least a minimal sense of guilt and some concern for the welfare of others.

Kernberg and Chazan's approach draws from contributions by Anna Freud, Heinz Hartmann, René Spitz, Margaret Mahler, Edith Jacobson, D. W. Winnicott, Joseph Sandler, and Otto Kernberg. These children are viewed as deficient in the basic personality structure and relatedness that lead to healthy integration. The three treatment methods presented emphasize the need to restructure the life experience of the child and the inner representational structures that underlie his or her behavior. In their discussion of both etiology and intervention, the authors emphasize the contributions of learning theory and the principles of modeling, reinforcement, extinction, and coercive interaction in order to clarify how object relations and internal working models are acquired through experience and how they can be altered through therapeutic intervention.

The book is organized in three separate parts, on supportive expressive play psychotherapy, on parent training, and on play group psychotherapy. In each case, the initial, middle, and ending phases of treatment are separately considered and discussed. Phase-specific treatment tasks are defined, and the type of verbal intervention indicated, both with parent and child, is described in relation to the phase of treatment. Session transcripts and numerous examples clearly illustrate the rationale and course of each treatment option.

Treatment is conceptualized around the notion that these children's problems unfold against the background of disturbances both in interpersonal relationships and within the child's internal representational world. Aggressive impulses are not sufficiently processed through inner structures. The major focus of the book

concerns the therapist's verbal intervention. The goal of treatment is the child's increased ability to tolerate affects through the use of words in place of action. The symbolic function of language emerges as a consequence of the therapist's tact and attunement to the child's inner world, as the child learns to use words instead of action in identification with the therapist.

The therapist's verbal interventions are categorized in a hierarchic fashion. Each mode is assigned a specific aim as well as a specific content. For example, the aim of *ordinary social behavior* is to engage the child in a neutral interaction. The aim of *facilitative interventions* is to elicit continuation or review statements, integrating what the child has said or done currently or in the past. *Interpretations* are made to help the child see links between behavior, feelings, and ideas. The content of these interpretations offers explanations of the maneuvers by which the child might free himself or herself from unacceptable thoughts and feelings. Specific narratives illustrating these verbal interventions are provided in the text.

For Kernberg and Chazan, play psychotherapy, parent training, and play group psychotherapy all have the goal of decreasing disruptive behavior and increasing the productive functioning of the child. The goals are achieved by strengthening the child's ego through a relationship with an adult who does not react to provocations with criticism and hostility. The therapist's consistent empathy and realistic hopefulness help the child to become increasingly aware of distorted perceptions so that awareness of misconceptions of the therapist and of others can be obtained. Expanded capacity for play channels acting out behavior into the realm of symbols and words. Transference interpretations increasingly detach the adult from the negative projected self and object representations of the child. The child becomes capable of monitoring, correcting, and rewording his or her own behavior. Self-esteem improves and impulse control increases. The dialogue and interaction between the child and the therapist help to improve attention, concentration, memory, anticipation, and planning.

In parent training, the therapist serves as a model of parenting behavior. By being emotionally available, the therapist encourages

the parents to share thoughts freely, leading to clarification of patterns of deviant interaction.

Play group psychotherapy operates from the perspective of peer interaction to provide opportunities for projection and introjection of interactions. The child's perceptions of the group as a maternal matrix and of the group therapists as symbolic parents provide the substrate for identifications. Facilitation of play contributes to a growing sense of mastery, competence, and self-esteem. Perceptual distortions of self and object are experientially corrected. Interruption of negative cycles of interaction permits modification of the child's sense of self, autonomy, and conscience.

By delineating specific techniques with well-defined parameters and specifics, Kernberg and Chazan offer clinicians an eminently practical manual for working with a large, troubled population. This group of children poses great challenges in the community, including the educational and judicial systems. Their problems impede all aspects of their development throughout their lifespan. Typically, they alienate peers, adults, and those who are put in charge of their care. They are impervious to the vicissitudes of experience and do not learn from their failures so as to develop new social and interpersonal skills.

Children with Conduct Disorders is really three manuals in one. For the more experienced clinician, who is at home with the theoretical principles and familiar with the challenge of treating this group of children, the integration and innovative synthesis of the concepts contained in it are refreshing, enlightening, and of immediate practical value. They are articulated in a clear and appealing fashion. For the novice and those engaged in the early phases of training, Kernberg and Chazan's manual will be an inspiring resource and a credible text of comprehensive scope that can be utilized as a practical tutor in the treatment of children with conduct disorder.

Aside from its merit as a psychotherapy manual, this book can be a welcome asset to teachers and supervisors in the field of mental health whose work involves children with conduct disorder. The field of psychotherapy with children in general and the treatment of children with conduct disorder in particular are richer because of this volume.

M. HOSSEIN ETEZADY (MALVERN, PA)

TESTIMONY. CRISES OF WITNESSING IN LITERATURE, PSYCHOANALYSIS, AND HISTORY. By Shoshana Felman and Dori Laub, M.D. New York/London: Routledge, Chapman and Hall, Inc., 1992. 294 pp.

For almost thirty years there has been an uneasy relation between clinical psychoanalysis, as taught and practiced in the institutes, and the profusion of psychoanalytic endeavors in the university, particularly those areas of the university most involved with structuralist and deconstructive thought. So uneasy, or guarded, has this relation been that at times it seems difficult to believe that both endeavors are based on the study and re-evaluation of the same thinker—Freud. What is significant about *Testimony*, is that it is a joint effort by a professor well known for her psychoanalytic and theoretical commitments and a psychoanalyst well known for his work on severe trauma. Shoshana Felman teaches French and Comparative Literature at Yale, where Dori Laub teaches in the medical school and directs the Fortunoff Video Archive for Holocaust Testimonies. Their book *testifies*—to use a word given new meaning by them—to the clinical, pedagogical, and theoretical expansions that become possible from a wholehearted, nonphobic (on both sides) encounter between the two worlds. Felman and Laub's concern with questions crucial to psychoanalysis and to contemporary history (what is trauma? what are its effects? how does it compel us to expand or change our thinking?) gives their work both poignancy and impact.

As the book tells it, Felman consulted Laub when her 1984 seminar on "Literature and Testimony" went into crisis. Moving through texts in which the question of bearing witness to a crisis or trauma was central, the course culminated in the viewing of two testimonies from the Holocaust archives. The interviews, conducted by Laub, had a disorienting effect upon the students, an effect that grew over time. Disturbed by her student's unexpectedly extreme and persistent reactions, Felman sought counsel from Laub, since he had already given much thought to the effects of bearing witness to trauma on both speaker and listener.

Felman decided to integrate her students' responses with the theory she was elaborating in the course, which already overlapped with some of Laub's thinking. What she said to her class gives a

good indication of the authors' approach. Addressing the students' compulsive need to talk, combined with their despair that the experience could not be spoken about, Felman reminds them that the Holocaust survivors themselves convey that they only came to know who they are *through* their testimony: "This knowledge or self-knowledge is neither a given before the testimony nor a residual substantial knowledge consequential to it. In itself, this knowledge *does not exist*, it can only *happen* through the testimony: it cannot be separated from it" (p. 51). Testimony to trauma, then, does not transmit information that could be known in advance. Rather, testimony is performative, makes something happen, necessarily induces a crisis, as happened in Felman's class. This crisis is both emotional and cognitive, because trauma itself is always about that which is *dissonant*, not congruent with received knowledge. "Testimony cannot be authentic without that crisis, which has to break and to transvaluate previous categories and previous frames of reference" (p. 54)—like psychoanalysis itself.

The emphasis on the unthinkable and the performative, on trauma that comes to be known only through testimony, informs Laub's psychoanalytic understanding of bearing witness: "Massive trauma precludes its registration: the observing and recording mechanisms of the human mind are temporarily knocked out. . . . The victim's narrative—the very process of bearing witness to massive trauma—does indeed begin with someone who testifies to an absence, to an event that has not yet come into existence, in spite of the overwhelming and compelling nature of the reality of its occurence" (p. 57). Like many other analysts, Laub links trauma, as experience outside the range of comprehension, to re-enactment. Trauma is inevitably blindly *repeated* until someone else (therapist, interviewer) bears witness to a "story that cannot be witnessed" (pp. 68-69). And we must note here that Laub is not only an analyst and interviewer of survivors. He is also a Holocaust survivor himself. This information is necessary, I think, in order to appreciate his provocative definition of the Holocaust, and of massive trauma in general, as the "event without a witness" (p. 80).

Although Laub does not spell out the implication, massive trauma as an event without a witness, an event that can be known only through a crisis-inducing testimony, is necessarily related to Freud's early thinking about trauma and *Nachträglichkeit*, deferred

action. In a related consideration of trauma, another Yale colleague of Felman and Laub's, Cathy Caruth,[1] has summarized this relation: ". . . the attempt to understand trauma brings one repeatedly to this paradox: that in trauma the greatest confrontation with reality may also occur as an absolute numbing to it, that immediacy, paradoxically enough, may take the form of *belatedness*." (Caruth, p. 5). The contention that in order to understand *who* we are in relation to trauma and *what* we are in relation to the Holocaust, we must think in terms of *immediacy as belatedness*, as deferred effect, is what gives *Testimony* its distinctive psychoanalytic-deconstructive edge.

Felman is most acute and creative, for me, in her essay on Claude Lanzmann's film *Shoah*. The film itself is about the process of coming to see, to bear witness to, the reality of the Holocaust, from the perspective of both victims and victimizers. The consideration of the victimizers is particularly important, especially for analysts, as it again compels us to expand our thinking in ways that are quite uncomfortable, but totally necessary. How does one keep secret, even from oneself, the massive horror of what one is doing? Felman, like Laub, contends that the "event without a witness" can occur precisely because it consists in a "splitting of eyewitnessing as such" (p. 211). Lanzmann's film, in her reading, is so powerful because it compels the viewer to encounter this inevitable splitting and to overcome it. Such an encounter, even more uncomfortably, demands that we change what we usually think of as *real*. If the *reality* of massive trauma is precisely what impels splitting, such that the reality becomes a secret one might not even know one has, then we have to think about trauma as the "untranslatable." To awaken from the "dream" of not knowing this reality implies awareness of "the deceptive quality of what is given to direct perception" (p. 270), since direct perception serves also to filter out the untranslatable. What is crucial about *Shoah* for Felman is that it performs just this process, constantly showing how not knowing, erasure, is intrinsic to the Holocaust. The book's central argument is made again. To know a reality that all our usual thinking is designed *not* to know can occur only through the crisis of a testimony which, as

[1] Caruth, C. (1991): Introduction to psychoanalysis, culture, and trauma. *American Imago*, 48:1-12.

Felman says, makes "the referent come back, paradoxically, as something heretofore unseen by history; to reveal the real as the impact of a literality that history cannot assimilate or integrate as knowledge" (p. 276).

The sobering necessity of such a meditation on reality and trauma, on history and the Holocaust, makes this book difficult to criticize. Nevertheless, as stimulated and moved by *Testimony* as I was, I also think that the psychoanalytic reader will notice a certain thinness in the authors' considerations of psychoanalytic theory of trauma in general. Although both Felman and Laub use the concept of splitting, they do not enter into a dialogue with Freud on this topic. This seems particularly unfortunate, as they seem to be pursuing a line of thought opened up by Freud in his very late work on disavowal and splitting, to wit, that there is always a "splitting of the ego in the process of defence." As already mentioned, one could come full circle, and relate the late theory of splitting to the early formulation of *Nachträglichkeit* in relation to trauma and memory. That individual or historical memory is structured by the deferred effect of a reality that compels splitting and disavowal is a promising interdisciplinary hypothesis given much impetus by Freud's clinical-historical reflections. Another psychoanalytic perspective on trauma not mentioned by the authors is the work of Nicolas Abraham and Maria Torok on the metapsychology of secrets. In *L'Ecorce et le noyau*,[2] Abraham and Torok try to rethink ego structure on the basis of the idea that it is possible to possess a secret without knowing that one does so. They, too, think of the relation between ego and reality in terms of trauma that has to be kept secret, because it has to be disavowed (Abraham and Torok, pp. 253-257). Could Felman and Laub continue to collaborate, and expand their thinking in dialogue with other analytic theorists whose ideas are close to their own?

A final word on a performative aspect of this book that probably does not have to do with the authors themselves. The cover reproduces David's well known painting *The Death of Socrates*. One wonders who chose it. As an icon, it is singularly inapposite to everything this book says. In a related philosophical work on the Holo-

[2] Abraham, N. & Torok, M. (1978): *L'Ecorce et le noyau*. Paris: Aubier-Flammarion, pp. 253-257.

caust and other forms of man-made mass death, *The Spirit in Ashes*,[3] Edith Wyschogrod has chosen just this painting to illustrate what we have to overcome in order to be able to think about the Holocaust with full impact. The death of Socrates is the emblem of an authentic death that truly belongs to the individual, who faces it with calm lucidity (Wyschogrod, p. 3). The trauma of the Holocaust is the trauma of an anonymous death, a death in which the individual exists only as a product to be killed (Wyschogrod, pp. 62-63). Very much like Felman and Laub, Wyschogrod contends that once "the death world has existed, it continues to exist . . . it becomes a part of the sediment of an irrevocable past, without which contemporary experience is incomprehensible" (Wyschogrod, p. 34). For Wyschogrod, the Platonic, philosophical understanding of individuality, as portrayed in *The Death of Socrates*, is precisely what obscures understanding the trauma of man-made mass death, i.e., what blocks testimony to "the event without a witness." In fact, one could profitably integrate Wyschogrod's hypotheses here with Felman's two readings of Camus in *Testimony*. Felman convincingly shows a progression in Camus's work from understanding the Holocaust in terms of a single, courageous individual authentically (Socratically) bearing witness to it (as in *The Plague*), to an understanding of the traumas of history as the missed encounters that never cease to have impact (as in *The Fall*). Thus, there is a kind of jarring irony about putting *The Death of Socrates* on the cover of *Testimony*, almost as if the book's "packaging" had to disavow its content.

ALAN BASS (NEW YORK)

ARGUING WITH LACAN. EGO PSYCHOLOGY AND LANGUAGE. By Joseph H. Smith, M.D. New Haven/London: Yale University Press, 1991. 153 pp.

Joseph Smith is one of few psychoanalysts in the United States to have grappled with the theoretical implications of recent Continental philosophy, including the psychoanalytic theory of Jacques Lacan. Through the *Psychiatry and the Humanities* series, which he ed-

[3] Wyschogrod, E. (1985): *The Spirit in Ashes*. New Haven: Yale Univ. Press.

its, Smith has provided the American psychoanalytic community with thoughtful and illuminating writing on topics ranging from language and the unconscious, Lacanian theory (Volume 6 of the series), Richard Rorty's pragmatism, and the deconstruction of Jacques Derrida, to name but the most memorable. There is not another psychoanalyst writing in this country who has so thoroughly considered ideas that are most properly called philosophical and attempted to incorporate them into mainstream psychoanalytic thinking.

It was therefore with great interest that I picked up the book under review. Any attempt to articulate Lacanian theory with American ego psychology must be lauded. Lacan spent the better part of thirty years in a theoretical and polemical tirade against ego psychology. Though he polarized certain theoretical questions for purely polemical ends, the fact remains that Lacan's basic assumptions about the mind lead inexorably to specific conclusions, both theoretical and clinical. As Lacan said to his students in discussing Erikson's interpretation of the specimen dream of psychoanalysis (Irma's injection): "If [Erikson's] point of view is true, we will have to abandon the notion I tell you to be the essence of the Freudian discovery, the decentering of the subject in relation to the *ego*, and to return to the notion that everything centres on the standard development of the ego. That is an alternative without mediation—if that is true, everything I say is false."[1]

Thus Smith's task is a formidable one. He must find mediation where his subject says there is none. The most persuasive approach to take, it seems to me, is to respect the differences between ego psychology and Lacanian theory and to fully engage those differences. Only in this way can an appropriate dialectic be maintained between the two theories and a creative result (if not synthesis) emerge. Unfortunately, Smith does not take this approach. In attempting to demonstrate the similarities between Lacanian theory and ego psychology, Smith has removed the rough edges from the debate. Instead of a stimulating inquiry arising from a true consideration of the dialectical tension between ego psychology and La-

[1] Lacan, J. (1988): *The Seminar of Jacques Lacan. Book II. The Ego in Freud's Theory and in the Technique of Psychoanalysis, 1954-1955*, ed. J.-A. Miller. Translated by S. Tomaselli. New York: Norton, p. 148.

canian theory, he weakens the strong claims of each theory in order to make things that don't fit, fit together.

Smith is a Heideggerian. He is interested in the nature of *being* and the basic conditions of human meaning. His interest in the basic substrate of human meaning significantly skews his reading of Lacan. In Chapter 1, Smith considers the relationship between primitive mental functioning and the unconscious as structured like a language. In an overly dense and theoretical discussion, he mistakenly equates Chomsky's theory of deep structures with Lacan's view of unconscious functioning. Chomsky is interested in invariant, biologically given linguistic capacities that are independent of one's actual exposure to a given language. Lacan was interested in the concrete effects of specific, actually spoken speech on a given subject. Lacan met Chomsky in 1966 and asked him if a scientific linguistics could help psychoanalysts with the problem of punning and equivocation. Chomsky replied that these were not a problem for a scientific linguistics; linguists study similarities in language, not differences.[2] Because Smith employs a Chomskian reading of Lacan, the crucial Lacanian notion of the signifier (bits of language that are idiosyncratic to a given subject) gets lost.

Part of the problem here is Smith's resolutely theoretical emphasis. His book would have benefited greatly from the guiding light of clinical work. The most important questions that arise from a consideration of Lacanian theory and ego psychology are clinical, not ontological. For example, are bits of language ("little letters," as Lacan called them) part of what we would call the dynamic unconscious? Or is language, as Freud asserted, an aspect of ego functioning and part of secondary process (word-presentations)? Or both? How would our listening to clinical material be affected if we thought of a pun as a compromise formation rather than an irreducible signifier in the patient's unconscious?

The concept of the signifier is only one of several crucial clinical topics not adequately considered by Smith. He spends a great deal of time on Lacan's view of the ego as a citadel of defense. In response to Lacan's view, he simply reasserts the ego psychological

[2] Turkle, S. (1978): *Psychoanalytic Politics: Freud's French Revolution*. New York: Basic Books.

tenets that there are aspects of ego functioning that are unconscious and aspects of ego functioning that are relatively autonomous and conflict-free. There are, says Smith, defensive and nondefensive aspects of ego functioning. While these assertions may be true, they do not address Lacan's basic critique of the ego. For Lacan the ego is a narcissistic structure. The issue is not whether there is ego functioning that is free of conflict over sexual and aggressive wishes. The issue—an important clinical issue—is whether there is perception that is not necessarily self-validating and self-confirming. The reason why Lacan so distrusted academic psychology, and attacked those who would try to equate psychoanalysis with a psychology of consciousness, is that, for him, there is no way out of the narcissistic investment we all have in our insights and perceptions. Lacan viewed with great suspicion a clinical psychoanalysis based on the encouragement of conscious insight. He emphasized, instead, the signifier—the sound, not the meaning, of a word that is outside of consciousness and conscious manipulation. Lacan's clinical emphasis was on the simple articulation (the speaking) of bits of language that have been repressed and disguised by the workings of the unconscious. In spite of Smith's assertion (p. 69), Lacan was not interested in narrative or in the construction of a life story.

A related question that must be considered when comparing ego psychology and Lacanian theory is the role of analyzing resistances in clinical work. Does Smith feel there is a role in our clinical work for engaging the analysand's observing capacity? Does our drawing the analysand's attention to his moment-to-moment defensive functioning within an hour necessarily reinforce—as Lacan would insist—the imaginary relation between analyst and analysand? Or are there some clinical moments when analyzing a resistance is illuminating rather than alienating for the patient? These are kinds of clinical questions which a consideration of Lacan should force us to ask. Again, I think Smith's discussion of the ego would have benefited greatly from a more clinical focus.

Although I think Smith's book suffers from a number of important misreadings of Lacanian theory, there are some illuminating theoretical insights he proffers. He has an interesting take on the role of the pleasure principle in mental functioning. He also con-

siders the role of affect in the creation of meaning and signification. This is an important discussion because the role of affect is so lacking in Lacanian theory.

Unfortunately, these more valuable parts of his book cannot override the problems I have outlined above. Although Lacanian theory remains a mysterious thing to most American analysts, it engages a number of important questions about theoretical and clinical psychoanalysis that are of concern to every analyst. Careful theory building is important (and Smith, in fact, has not been all that careful). But the most important theoretical questions are fashioned and shaped on the stone of the clinical encounter. Lacan engages us in this setting and so must be met there. This Smith seemed reluctant to do.

MITCHELL WILSON (BERKELEY, CA)

WET MIND. THE NEW COGNITIVE NEUROSCIENCE. By Stephen M. Kosslyn and Olivier Koenig. New York/Toronto: The Free Press, 1992. 548 pp.

How is it possible to paraphrase a text without remembering many of its words? How can someone who cannot comprehend spoken words in isolation use them effectively in speaking and interpret them easily in reading? How is it possible to conjure up images of past events or of those portending? These and other elusive questions for clinicians and educators are accorded plausible answers in this work. Stephen Kosslyn, Professor of Psychology at Harvard, and Olivier Koenig, Maître Assistant in the Faculty of Psychology and Education Sciences of the University of Geneva, in fertile collaboration have broken new ground in the nascence of cognitive neuroscience, a field that remains more a philosophical interpretation than a hard science. In this "Decade of the Brain," a topic that has encouraged scientists and technicians to every extravagance is discussed here with clarity and precision.

With commendable compression, *Wet Mind* offers a comprehensive integration of how the complex neural substrates of the brain give rise to the mind. Kosslyn and Koenig have avoided the temptation to accomplish this in a thick volume that is so burdened by statistics, jargon, and footnotes as to risk terminal boredom. Rather, their crisp, clear text has an exuberance of language and research

that both informs and inspires. The authors take key aspects of abilities and infer a set of processing subsystems in the brain to explain manifested behaviors. What begins as compulsory reading for professionals quickly evolves into a compulsive need to understand and apply its principles.

This book is resonant of the zeitgeist of this era. With the discovery that the neuron-generated electrical impulse is chemically induced and controlled, the scientific community made a paradigmatic shift into the first revolution of brain research. This second revolution, with its technology for brain scanning and computer modeling of neuronal networks, brings unprecedented opportunities to fathom how the brain perceives and thinks. At their October conference in Anaheim, the cognoscenti of the Society of Neuroscience presented theories embracing a broad spectrum: from the synchrony of oscillation to re-entry networks; from chaos to convergence zones; and even to anatomical sites that unify perception. The disparity between reality and its reinterpretation has provided choice terrain for Kosslyn and Koenig. They speak to the confluence of many theories. With this coalescence of investigations in neurobiology, artificial intelligence, cognitive science, and medical research, the authors present a new conceptual coherence. In demonstrating their construct of how the mind learns, they offer readers familiar subject matter and then systematically introduce them to perplexity. Ultimately, there evolves an appreciation for their cogent explanation of how the normal mind works as well as of how brain damage affects cognition and behavior.

The stated purpose of *Wet Mind* is to "paint a particular type of picture of how the mind is produced by the brain" (p. ix). The authors weave a tapestry rich with metaphors, analogies, and graphic organizers. References to skyscrapers, hypothetical octopus networks, and digestive systems are utilized in the presentation of their perspective. Whether showcasing the work of others or presenting their own theses, each chapter is firmly rooted in clinical documentation. It is enriched by anecdotes of neurologically impaired patients whose idiosyncratic deficits empirically substantiate the authors' hypothetical constructs. With rigor and passion, Kosslyn and Koenig demonstrate how the functioning of all components of a system are affected when one segment is damaged. The authors repeat thematically and frequently their view of the com-

plex underpinnings of the brain's capabilities by examining the anatomical interrelationships among its various functions. Unsuspectingly, the reader's memory adapts to this "repetition priming," becomes familiar with the jargon, and internalizes its import for subsequent application.

A central premise is that the subsystems inferred for one ability are drawn upon by others and thereby become cumulative. There are nine chapters. Chapter 2, which contains the tour de force, develops the idea of computation and explains how it is possible to generate hypotheses about the existence of neural networks. The disaggregate elements of five principles of brain functions are parsed and analyzed through different subsystems."Division of labor" analyzes the way separate networks encode different types of information. "Weak modularity" speaks to the functional relations among subsystems, with localization of networks in the brain. "Constraint satisfaction" demonstrates the way multiple cues with varying specificities must be satisfied simultaneously."Concurrent processing" infers subsystems that have parallel races or that simultaneously form a series of cascades. "Opportunism" describes how part of a network designed for one purpose may be pressed into service to satisfy another. These principles serve as references throughout the book. Each of the succeeding chapters is divided into two parts: the individual abilities of each system being studied, with review of the five principles in the context of elaborated examples, and an analysis of the ways in which neurological impairment compromises that ability.

Chapters 3 and 4 deal with visual perception and visual cognition respectively. Kosslyn and Koenig point out that the visual system, which is perhaps the best understood of all systems, opportunistically exploits sundry types of information to distinguish data. Perceptions, though fraught with mystery, are a primary means of apprehending the world. Attention, as a selective aspect of perception, is the gateway to the object-properties encoding system. Generalization from partial information occurs as perceptual units and motion relations are matched against stored memories in the pattern activation system. Although it shares the same neural mechanisms, perception is unlike cognition. The former depends on the physical presence of objects; while the latter employs mental imagery to form novel patterns in the mind's eye. Imagery is constructed

by coordinate and/or categorial spatial relations and facilitates valuable skills such as gaining access to stored information, helping one think, learning new skills, and aiding in the comprehension of verbal descriptions.

Building on the foundation of these early chapters, Kosslyn and Koenig address reading and language in Chapters 5 and 6. Their premise is that understanding the visual processes used in reading offers insight into other language processes. The intricate functions of reading are described at length, from the visual component that involves preprocessing and pattern activation systems to the categorical property look-up in associative memory. The discussion of the various forms of dyslexia and alexia has great practicable merit. Language is posited as central to human life. Both language production and language comprehension require a complex interaction of many abilities. Linguistic competence involves being able to glean the inferential intent in a nonlinguistic context and to be sufficiently generative to combine a finite vocabulary in an infinite variety of ways. Speech production utilizes five subsystems. Speech output codes must be preprogrammed and include considerations of syntactic, semantic, prosodic, and phonemic information. Auditory encoding has eight different subsystems, and their coordinate activation is a prelude to language comprehension.

The chapter devoted to movement explicates the remarkable synthesis involved in the automatic coordination of millions of muscle fibers. Actions, like sentences, are produced by a generative system and require only a vocabulary of simple movements that can be activated hierarchically. The system cannot rely on stored information since a new trajectory must be completed for every movement. Diffuse and differential degrees of apraxias and agraphias are described. The authors repeatedly make the point, in this and other chapters, that a damaged area affects all areas that are dependent on its input so that it even contaminates behaviors mediated by physiologically intact areas.

The chapter devoted to memory uses the componential structures that precede it and elucidates the principles of repetition and reinforcement that are the very framework for *Wet Mind*. "Associating familiar stimuli with new contexts" (p. 355) clarifies the whole process of learning and assimilating the subsystemic neurolanguage that Kosslyn and Koenig painstakingly detail, elaborate,

and rehearse in each new context. Memory with its complex and contradictory processes is critical to all cognitive processes. Five groups of subsystems are involved in encoding new memories. The frontal lobes select and monitor information from long-term memory into and out of short-term memory for use in reasoning and retrieval. Issues of dissociation between skill learning and priming are illustrated through a discussion of the dementias and the amnesias.

In the final chapter, entitled "Gray Matters," Kosslyn and Koenig offer an overview of unrelated topics for which there is not yet sufficient evidence to allow more detailed analysis. Positing them in the context of what has become prior knowledge renders them comprehensible to the reader. Reasoning, cerebral lateralization, consciousness, emotion, and rehabilitation are all discussed briefly.

This book celebrates the capacity of the human mind to create the neural connections that survival demands. The authors' text stirs curiosity and rumination about application. It offers a different perspective on the constructed world. For those who desire an expanded understanding of how mental activities are carried out by the brain, *Wet Mind* will be a valuable primer. It is a notable contribution to cognitive neuroscience.

LAURA LEVIN MARDYKS (LIVINGSTON, NJ)

CONSCIOUS AND UNCONSCIOUS. FREUD'S DYNAMIC DISTINCTION RECONSIDERED. By Patricia S. Herzog, Ph.D. Madison, CT: International Universities Press, Inc., 1991. 117 pp.

This monograph makes manifest both the considerable strengths and the weaknesses of its premise: "that a dissertation on Freud could indeed be philosophy" (p. ix). Under the direction of the eminent logician, Hilary Putnam, Herzog carries through a trenchant and compelling conceptual analysis of Freud's metapsychology. I enjoyed it as an intellectual tour de force—a high-wire act that is best at surveying the fault lines in the groundwork of basic psychoanalytic theory. In fact, the author's concentrated focus on Freud's *Project for a Scientific Psychology*[1] roughly demarcates the

[1] Freud, S. (1895): Project for a scientific psychology. *S.E.*, 1.

readership for this volume: those (growing) numbers of psychoanalysts and researchers who have come to value the *Project* as endlessly fascinating and contemporary. I think Herzog is right to regard the *Project* as "Freud's most ambitious attempt ever at laying the conceptual foundations for psychoanalysis" (p. 26); and also to emphasize that its terminology of neurological reduction masks its major ambition: to construct an explanatory theory of the mind that comprises the clinical data of symptoms and dreams, and which, secondarily, by a kind of parallelism, generates a speculative neurology. (In Freud's theorizing activity, it was the brain that was the "dependent concomitant.")

Any clinical psychoanalyst savoring the meticulous argumentation in this book is bound to be astonished and, I think, baffled by its incredible conclusions. The precise explication of conceptual dilemmas and antinomies pertaining especially to the theory of consciousness, suddenly, in its final few pages, lurches toward the stunning assertion that there exists neither unconscious fantasy nor an unconscious ego agency of defense (pp. 92-97)—that is, that neither component of unconscious conflict really exists at all! Thus, the metapsychology that was to "clarify and carry deeper the theoretical assumptions on which a psycho-analytic system could be founded"[2] instead vitiates the clinical enterprise—unconscious fantasy being the target of every interpretation—and, furnishing no substitute, leaves us totally in the lurch. It is particularly disappointing, though consistent with her scrupulous, purely abstract methodology, that Herzog disregards the clinical data that impelled Freud to posit the entities whose existence she denies. But by the same token, once divorcing the inquiry from an empirical referent, she cannot validly make ontological claims on such solely logical grounds.

What happened to lead this rigorous meditation to such extravagant conclusions? I cannot in this space present a thorough critique of Herzog's argument, although it would be challenging and rewarding for any diligent reader to do so. I will instead try to provide a critical overview. Taking the *Project* as the Ur-text, Herzog declares straightaway her intellectual priorities: "[To achieve]

[2] Freud, S. (1917): A metapsychological supplement to the theory of dreams. *S.E.*, 14:222, n.

the correct interpretation of Freud's theory of pathological defense . . . [being] concerned *not* with metaphysical or *scientific validity* . . . [but rather] the *coherent structure* of Freud's theory of mind" (p. 18, italics added). In particular, she focuses on Freud's theory of consciousness from its initial status as a causal agency (in both the *Project* and Chapter 7 of *The Interpretation of Dreams*) to its downgrading to an inert psychical quality in some later texts. She cogently demonstrates how Freud first abandoned the *Project* because its quantitative postulates could give no mechanical explanation for the determinants of either the presence of consciousness or of its absence in "primary defence."[3]

Herzog is at her best in showing how Freud, throughout his career, was plagued by the problem of the internal relation of consciousness as meant experientially versus systematically or functionally (i.e., in regard to secondary process), a point at issue in the current foreground of cognitive research. How, for instance, do we understand that the mutative instrument for clinical analysis has remained the appeal to *consciousness* by psychoanalytic interpretation, even if we follow Freud's revised injunction: "Where id was, there ego shall be"? Herzog masterfully explicates how in the *Project* consciousness verily constitutes the ego. Freud believed that the discovery of the dynamic unconscious and of its continuous impact on conscious experience was his greatest achievement (cf., Chapter 7).

The relationship of consciousness to the unconscious (called by Herzog, the "dynamic distinction") forms the inner core of the basic psychoanalytic theory of mind, even though the clinical theory of intrapsychic conflict forced the different polarity of ego and id. Herzog is good at revealing how these two axes never lined up, and how unsure and anxious Freud was in consigning nondynamic status to consciousness in a metapsychology that emphasized the explanation of conflict. It is as if to save unconscious conflict, Freud sometimes got rid of conscious agency. In theory at least it was consciousness that was repressed and kept returning to haunt the theorist (". . . the still shrouded secret of the nature of the psychical"[4]).

Here is what I think went wrong to lead this otherwise valuable study to its disastrous conclusions. First, Freud felt he never truly

[3] Freud, S. (1895): *Op. cit.*, pp. 311, 370.
[4] Freud, S. (1940): An outline of psycho-analysis. *S.E.*, 23:163.

understood the relation of conscious and unconscious, and (as indicated in the last quotation) said so from first to last. In Herzog's book, she not only interprets Freud's *Project*, but in fact continues it, building an argument deductively from axiomatic premises which, however, remain deeply inconsistent. It seems untenable, even fanciful, to *interpret* a theory so as to generate a coherence that is lacking in its foundations. Hence, in her deduction an incoherence passes transitively from Freud's premises to Herzog's conclusions. The *Project's* axioms cannot comprise consciousness in a consistent way. Herzog, therefore, in effect, reverses Freud—saving consciousness by losing the dynamic unconscious (i.e., unconscious conflict). Second, the vast framework of the *Project* is incomplete as well as inconsistent. Although it is the single Freudian text to comprise both a theory of wish fulfillment and of ego psychology, it lacks any formulated notion of instinctual drive and long precedes Freud's 1923 recognition of the constitutive role of identification in structuring the ego. This is why, for instance, in Laplanche's treatise,[5] an infusion of the notion of infantile sexuality into the *Project's* theory of ego defense results in conclusions that precisely contradict those presented here: for Laplanche, unconscious fantasy ("deferred action") is integral to the conception of pathological defense and symptom formation that is propounded in the *Project*. Moreover, Herzog's explication of ego psychology (p. 96), I think, overlooks the *Project's* pivotal distinction between "normal" primary defense and pathological (or "excessive") defense.[6] In the former kind of defense, the ego acts via anticipatory attention to inhibit the primary process release of unpleasure that characterizes the latter. By conflating the two, Herzog is led to a one-sided view of the ego's passivity in defense, and thence to the dubious conclusion that an unconscious ego agency does not exist at all.

I came away from this intense and rewarding study impressed that psychoanalysis could indeed be philosophy. But what of the converse?

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[5] Laplanche, J. (1970): *Life and Death in Psychoanalysis*. Translated by J. Mehlman. Baltimore/London: Johns Hopkins Univ. Press, 1976.

[6] Freud, S. (1895): *Op. cit.*, pp. 325-327, 352-353, 358-359.

THE ANALYST AND THE MYSTIC. PSYCHOANALYTIC REFLECTIONS ON RELIGION AND MYSTICISM. By Sudhir Kakar. Chicago: The University of Chicago Press, 1991. 83 pp.

Any psychoanalytically based study that contributes to our deepening understanding of human religious experience is most welcome. The current offering is no exception, although it must be admitted that the nut the author chooses to crunch is particularly tough. Mysticism remains one of those realms of human experience that reaches beyond the ordinary boundaries of human capacity, and both challenges and frustrates the efforts of psychological systems to encompass and render an intelligible account of it.

Kakar is no stranger to this obscure realm. And he comes to it well equipped. He is a native Indian who practices psychoanalysis in New Delhi. He is also a training analyst in the Indian Psychoanalytical Society and has served as a visiting professor in the Psychology Department and at the Divinity School of the University of Chicago. His previous publications include the book, *Shamans, Mystics and Doctors*.[1] His argument is steeped in the material pertaining to the life and experience of the object of his study—the great nineteenth century Bengali Hindu mystic, Sri Ramakrishna—and he seems to know his subject well. The approach is solidly psychoanalytic and reflects his serious and intensive focus on his subject matter. The result is a penetrating and thought-provoking study.

Ramakrishna is a particularly appealing subject for the inquiring psychoanalyst. Not only is he one of the preeminent mystics of his time, but he has a historic connection with psychoanalysis. At the time of his writing to Freud in 1927, Romain Rolland was immersed in writing his biography of Ramakrishna. His objections to the religious views Freud expressed in *The Future of an Illusion* led to their now classic debate over the concept of the "oceanic feeling" that Rolland proposed as the basic religious affect. The term may well have come from Ramakrishna's metaphoric descriptions of the ineffable in his ecstatic experiences.

This slender volume is divided into three chapters. The first

[1] Kakar, S. (1982): *Shamans, Mystics and Doctors. A Psychological Inquiry into India and Its Healing Traditions*. Boston: Beacon Press. Reviewed in this *Quarterly*, 1985, 54:498-500.

takes up Ramakrishna's mystical life, set in the context of his life experience and psychodynamic features. The primary emphasis falls on the mystic's femininity, which Kakar regards as an as yet somewhat mysterious aspect of psychoanalytic understanding, different from and unreducible to the masculine-based formulations of classical theory. For Ramakrishna, as with other Vaishnava mystics, male phallic sexuality is one of the major obstacles to mystical access—a feature that can be confirmed in Christian mystics as well.[2] Correspondingly, the origins of psychoanalytic understanding in an essentially male model of psychic life is an obstacle to understanding the mystical phenomenon. This chapter is rich in psychological detail, but, beyond its primary emphasis, thin on analysis.

The second chapter is given over to the role of guru as healer. The intimate and highly dependent relationship of the devotee to the guru is analyzed in terms of transference, with its predominantly parental projections and issues of dependency and intimacy, and is cast in terms of the Kohutian scheme of selfobject attachments.

The final chapter takes up a more direct reflection on the relationships between psychoanalysis and religion. Here Kakar walks a more familiar path, one that has been beaten through the jungle of complex issues that arise in the psychoanalytic attempt to come to terms with religious experience. The path takes its point of departure from Freud, but soon leaves the master far behind. The guides along this treacherous course are Erikson, Fromm, Horney, Guntrip, Arlow, Zilboorg, Klein, Bion, Winnicott, Lacan, Mahler, and Kohut. Kakar lands foursquare on the side of those who regard religious experience as more mature and adaptive than pathological. He advances the hypothesis that mystical experiences themselves lead to greater rather than less integration of the mystic's personality. His perspective is based more firmly in a Winnicottian framework, in which religious experience is cast in a transitional mode—an analytic approach to religious phenomena that emphasizes the adaptive and creative dimensions of religious illusion. Kakar makes only modest use of his predecessors in this domain,

[2] Meissner, W. W. (1992): *Ignatius of Loyola. The Psychology of a Saint*. New Haven/London: Yale Univ. Press.

particularly of the contributions of Horton, Rizzuto, and others. To the extent that he follows this line of thinking, he stamps himself as one of the post-Freudian generation of psychoanalytic religious thinkers.

We can salute Kakar's courageous effort in trying to address one of the most obscure and difficult areas of humanity's religious experience. Mysticism holds its place, after all, at the far extreme of mental states. We can accept his perspective as opening the way to deeper and more meaningful understanding. And, in the final analysis, we can recognize that there is so much more to be understood in the mystery of mysticism.

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GENDER DISORDERS AND THE PARAPHILIAS. By William B. Arndt, Jr. Madison, CT: International Universities Press, Inc., 1991. 488 pp.

Over the last twenty-five years interest in gender disorders and paraphilias has been stimulated by the conceptualization of gender identity, the puzzling observations with transsexuals, heightened awareness of preoedipal development, and the sexological revolution. Analysts have been concerned with the complexity behind the surface simplicity of gender disorders, the puzzling relationships between gender disorder and paraphilia, the developmental processes condensed in those conditions, the reductionism of sexological notions, and heuristic application of psychoanalytic concepts. Needless to say, there have been embarrassing riches of uncertainty.

Gender Disorders and the Paraphilias is an ambitious effort to replace uncertainty with assurance. Guided by the "principle of constructive alternativism" (p. ix) (behavior is interpretable from various perspectives, no one superior to any other), the author's intent is to integrate "endocrinology, general psychiatry, psychoanalysis, forensic medicine, psychology, sociology, and social work" (p. ix). This is a formidable task, carrying the risk that conclusions will be homogenized to the lowest common denominator. An example of this problem is to be found in the discussion of transvestitism and transsexualism together as gender identity disorders. While a case can be made for the classification of transvestitism by gender rather

than by fetishistic features, Arndt's rationale turns on the behavioral criterion of cross-dressing. Cross-dressing, however, is multiply determined and multifunctional. In both conditions it reflects defensive feminine identification but in transvestitism it serves to disguise masculinity, camouflage the penis, and avoid the castration the transsexual so avidly seeks.

The book's tone has an absolute quality that is reflected in the "criterion" of "ideal" sexuality. The male with ideal sexuality is "confident of his masculinity . . . can either initiate or receive sexual advances . . . accepts his sexual impulses as natural, without anxiety or defensiveness . . . feels free to choose among many modes of sexual expression . . . [and] chooses . . . rather than being driven to have sex" (p. 7). He may "postpone gratification" when the situation is not up to his standards, is attracted by personality rather than physicality, accepts his partner in her own right, and "finds as much pleasure in his partner's enjoyment as in his own" (p. 7). Apparently, the male with ideal sexuality is not only healthy but also politically correct. The author continues: "To fully appreciate an idea like ideal sexuality, it must be contrasted with its opposite, deviant sexuality." In deviant sexuality, the man is "uncertain of his masculinity," fears feminine traits, "equates masculinity with dominance, power, and control," and confuses passivity and subordination with femininity. The penis is used as a weapon, sexual impulses arouse anxiety, guilt, and hate, and sex is "profane" (p. 7). The problem for the analytic reader is that eroticism is not always isomorphic with cultural ideals, and the contrast between normal and deviant may be more blurred than crisp. For example, Stoller[1] suggested that the universal elements of arousal are the very eroticized hostility, dominance, and subjugation that Arndt views categorically as perverse.

Not surprisingly, considering the above discussion, Arndt is inclined to dismiss the oedipus complex and castration anxiety. He views castration anxiety as a "monotonous non-explanation" (p. 33). The oedipus complex is reinterpreted: "First of all, it is not a universal experience, but a symptom of the boy who is still in the throes of remerging [*sic*] separation conflict with mother. . . . Second, his basic fear is not that he will lose his penis. . . . Not castra-

[1] Stoller, R. (1976): Sexual excitement. *Arch. Gen. Psychiat.*, 33:899-909.

tion anxiety, but the fear of losing his masculine identity is the central feature in the major deviations. . . . And third, it is not father, but mother that he fears will deprive him of his masculinity" (pp. 33-34).

In the epilogue, the outline of "pathways toward ideal sexuality and the byways to gender disorder and paraphilic adult sexuality" (p. 397) is in step with the treatment of oedipal development. A nod is given to "biological forces," which are "not decisive but interact with early experiences as in Freud's complimental [*sic*] series" (p. 398). Paraphilias, like gender disorders, are not sexual but "distortions of gender representations" (p. 400) developed exclusively in a symbiotic separation-individuation context.

To be sure, there have been numerous critiques of the concept of the oedipus complex. Glover and Gillespie were concerned that it is overutilized; object relations theorists have felt it overlooks pre-oedipal development; and self psychologists have asserted that it is a non-normative breakdown product of disordered narcissism. While the author may be in important company, these other critics have been aware that the oedipus complex concept involves concern for developmental complexity, the unconscious, the role of fantasy, and the sexual challenge to integrative capacities. They have emended the prevailing formulation, but they generally have offered a more complex alternative than Arndt's environmentalist attribution of childhood sexual mysteries, fears, and fantasies to parental "mislabeling . . . [of] their child's sexual activities and sex organs" (p. 42).

Arndt's objective of an integration of multiple perspectives is admirable, even heroic. This first effort, however, falls short. The biological material is given short shrift.[2] Psychoanalytic and dynamic material is also dealt with inadequately. (Socarides[3] offers a slanted but more comprehensive review.) It is the book's descriptive comprehensiveness, however, which is both its strength and its weakness. On the one hand, Arndt catalogues deviant behaviors, their demography, biological correlates, socioeconomic concomi-

[2] For a better summary, see Friedman, R. C. (1988): *Male Homosexuality. A Contemporary Psychoanalytic Perspective*. New Haven/London: Yale Univ. Press.

[3] Socarides, C. (1988): *The Preoedipal Origin and Psychoanalytic Therapy of Sexual Perversions*. Madison, CT: Int. Univ. Press.

tants, family characteristics, and conscious childhood experiences. On the other hand, psychoanalytic and other dynamic concepts are treated as simply additional descriptors rather than as underlying principles of motivation and behavior. The descriptive emphasis, together with the earnest but unsophisticated clinical and theoretical discussions, diminishes the book's utility as a reconceptualization of perversions and gender disorders. Analysts who are interested in understanding in depth will find themselves unsatisfied.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Ethology

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To cite this article: Susan Coates (1994) Ethology, The Psychoanalytic Quarterly, 63:1, 168-180, DOI: 10.1080/21674086.1994.11927410

To link to this article: https://doi.org/10.1080/21674086.1994.11927410

ABSTRACTS

The Editors of *The Psychoanalytic Quarterly* call the attention of our readers to two changes in our Abstracts Section.

First, beginning with this issue, our regular abstracting of other psychoanalytic journals will concentrate on an expanded coverage of the best of the non-English language literature.

Second, we have invited experts in a number of fields outside psychoanalysis to contribute abstracts. Cognitive science, anthropology, neural science, ethology, philosophy, and infant development are some of the areas to be represented. Each group of abstracts published will be accompanied by a brief explanation from the abstractor concerning the relevance to psychoanalysis of the articles selected. This exciting new project will be the special concern of Corresponding Editors, Robert S. Wallerstein, M.D., and Steven E. Locke, M.D. It is a venture that, to our knowledge, has not yet been attempted by a psychoanalytic journal.

The innovations mentioned above are intended to present stimulating ideas and information, from a range of psychoanalytic subcultures and from nonpsychoanalytic disciplines, that might not otherwise be readily available to our readers.

ETHOLOGY

Abstracted by Susan Coates.

Stephen Suomi, a student of Harlow, now Director of the Laboratory of Comparative Ethology at the National Institute of Child Health and Human Development, has been studying the effect of temperament, separation, and attachment experiences on the development of anxiety, depression, and social competence in primates. His work sheds light on the psychobiology of human attachment relationships and depressive reactions to separation.

Suomi's primate studies show the influence of constitutional temperamental differences on the individual's response to separation. Highly reactive, shy individuals appear to need their attachment relationship more than low reactive bold types. These findings are highly consistent with Kagan's studies of shy and bold children. The advantage of the animal studies is that both the genes of the monkeys and their early attachment experiences can be systematically manipulated, thereby bringing into relief the complex contribution of each. These new findings need to be assimilated into our concepts of development, symptom formation, and transference, and into our growing understanding of how attachment relationships develop.

Primate Separation Models of Affective Disorders. S. J. Suomi. In **Neurobiology of Learning, Emotion and Affect,** ed. John Madden IV. New York: Raven Press, 1991. Pp. 195-214.

Infant primates when separated from their mothers show a pattern of protest, followed by resignation and depression, including the neurochemical transformations that typically occur in depression which are strikingly similar to the pattern

found in human beings. Early separation from the mother predisposes primates at older ages to a condition that appears to be analogous to human anaclitic depression.

Suomi conducted a series of remarkable experiments in which he bred Bonnet monkeys to be highly reactive to separation, and a contrasting group to be low reactives. He conceptualized these differences as reflecting stable underlying neurophysiological reactivity. These temperamental styles have been demonstrated to be highly stable over long periods of development in those animals that are at the extremes of the continuum (the upper and lower 20%). High reactives are sensitive even to those species specific behaviors of the mother, such as leaving to mate, and they remained reactive to separation over their life course.

Early Stress and Adult Emotional Reactivity in Rhesus Monkeys. S. J. Suomi. In **Ciba Foundation Symposium 156: Childhood Environment and Adult Disease.** Chichester: John Wiley & Sons, Ltd. Pp. 171-188.

In a subsequent experiment Suomi studied the interaction of temperament and early attachment experience. He divided the high and low reactives into two groups that were raised by two different types of mothers. The first were ordinary, competent mothers, and the second were mothers who were particularly nurturant. Being an unusually nurturant mother was defined by a willingness to wean the monkey baby slowly, rather than abruptly batting the infant off her breast as is typical of the species; and, in addition, the nurturant mothers remained accessible to their babies as they began to experiment with separating from her and exploring the environment on their own. Half of each group of high and low reactives were raised by each of these styles of mothering.

As they grew older, the monkeys were placed in a larger single group wherein adolescent Bonnet monkeys normally form dominance hierarchies. Status in the dominance hierarchy is determined by complex social skills and is a critical measure of adaptive competence in primates. In the group was also placed a pair of "foster grandparents," older monkeys whose presence served to keep control over levels of aggression. To Suomi's considerable surprise, the shy, high reactive monkeys raised by the nurturant mothers were the only monkeys to touch base with the "foster grandparents" (particularly the female), and it was these same monkeys who subsequently ended up and remained at the top of the hierarchy. The shy, high reactive ones raised by the ordinary mothers did not make use of the older parents and ended up at the bottom of the hierarchy. The low reactive or bold monkeys all ended up in the middle of the hierarchy, their status appearing to be relatively unaffected by parenting style.

LITERATURE

Abstracted by David Galef.

Cervantes, Freud, and Psychoanalytic Narrative Theory. E. C. Riley. **The Modern Language Review.** LXXXVIII, 1993. Pp. 1-14.

As Ernest Jones has noted, Freud's more than passable knowledge of Spanish derived partly from his association with his school friend Eduard Silberstein, with

whom he founded the humorous "Academia Castellana." Writing to Freud's fiancée Martha Bernays in 1884, Silberstein recalled from their Spanish primer a dialogue from Cervantes, the significance of which, Riley argues, has bearing on the methods of psychoanalysis.

The specific tale from Cervantes, "Coloquio de los perros" ("The Dogs' Dialogue"), concerns two dogs named Berganza and Cipión, whose names Freud and Silberstein came to use in their letters to each other. In the story, the two dogs lie outside a hospital as Berganza tells his life story to Cipión, who merely listens and comments—a paradigm of the patient and the analyst. The list of Berganza's owners includes a witch who tells him he was born a human twin to another witch—a bestial version of Freud's family romance, suggesting as well Otto Rank's work on doubles.

"Coloquio de los perros" is the last of twelve stories in Cervantes's *Novelas ejemplares* (*Exemplary Stories*), published in 1613. As it happens, the story right before it, "El casamiento engañoso" ("The Deceitful Marriage"), is linked to the last tale through one of Cervantes's ingenious narrative frames. Recuperating from venereal disease after leaving the hospital, the soldier Campuzano meets a scholarly friend of his named Peralta, to whom he tells the story of his failed marriage. During his account—an unburdening parallel to the canine confession—he also claims to have heard two hospital guard dogs conversing by his bedside, and when Peralta expresses disbelief, he hands Peralta a manuscript he made of the conversation. The manuscript turns out to be "Coloquio de los perros," which Peralta reads as Campuzano sleeps. The two tales taken together resemble the interpretation of a dream, though, as Riley observes, "In psychoanalysis, interpretation is a means to an end. In literature it is usually an end in itself." Those interested in pursuing the analysis should see Cervantes's *Exemplary Stories*.

"Indians" and Irish: Montaigne, Swift, and the Cannibal Question. Claude Rawson. **Modern Language Quarterly.** LIII, 1992. Pp. 299-363.

One of Montaigne's essays most studied by critics is "Des cannibales" (I.xxxi), in which he notes that at least Amerindians kill their enemies before roasting them, as opposed to certain European practices. The obvious reference is to the religious persecution prevalent in France and elsewhere. Less obvious is the fact that cannibalism had occurred in France as recently as 1573, during the fall of the city of Sancerre. Drawing on contemporary accounts of the atrocities, Rawson finds that the description of mutilation, or "bodies thrown to the dogs," often covered up covert anthropophagy. Cited by Rawson, Jean de Léry's *Histoire d'un voyage fait en la terre du Brésil* (1578) is far less coy, though the association is with savagery. The relevance to the unspeakable in Freud's *Totem and Taboo* is clear.

In *Gulliver's Travels*, Jonathan Swift tars the race of Yahoos with cannibalism, though his most famous description of the practice occurs in *A Modest Proposal*, where his satirical recommendation for Ireland's overpopulation and famine is to eat the children. Here, too, the writing is double-edged: only a degraded race like the Irish could do such a thing, but the English as overlords are in a sense worse. As Rawson writes: "The cannibal imputation has been a staple of ethnic defamation

since as far back as Homer." Yet readers—including literary critics—have persistently read such acts on a symbolic level. Cultural repression of the kind Freud writes about in *Civilization and Its Discontents* is at work here, or, as Rawson remarks, "the drift into metaphor that cannibalism seems to precipitate in all of us."

Narrative Inversion: The Textual Construction of Homosexuality in E. M. Forster's Novels. Scott R. Nelson. **Style.** XXVI, 1992. Pp. 310-326.

Nelson begins with the issue of how to read homosexual writing, noting, "Many critics today try to understand these textual problems by linking the homosexuality of an author with his or her writings in not only a thematic, but structural, formal way." In psychoanalytic terms, this is the kind of reading that would expect from a homosexual analysand not only different material, but also a variant cognitive style. A question debated by critics is to what extent homosexuality is a social construct. One may be reminded of Freud's own definitions in *Three Essays on Sexuality* (p. 229), where he veers between innate and psychological origins of homosexuality and concludes, "Where inversion is not regarded as a crime it will be found that it answers fully to the sexual inclinations of no small number of people." The pitfall of the "construct" reading, as Nelson sees it, is that these readers treat homosexuality as an ahistorical phenomenon, independent of era and culture. Nelson therefore provides the background of Edwardian England and its treatment of sexual aberrations, following Michel Foucault's tracing of the "perversion" view that emerged in the nineteenth century.

Nelson links this opprobrium to the narrative strategies in Forster's *Maurice*, with its explicit homosexual theme, and *The Longest Journey*, whose protagonist shows aspects of latent homosexual behavior. Forster's expression of homosexuality in Edwardian society comes out through what Nelson terms "narrative inversion," traditional narrative sequences retold to show homophobia and repression. Thus, Maurice hears the story of his family, but feels it counter to his own nonheterosexual inclinations; and Dr. Barry, the physician to whom he goes for help, rejects his situation out of hand. Similarly, in *The Longest Journey*, the protagonist Rickie enters a loveless marriage as he strives to come to terms with socially acceptable meanings of "friend," "brother," and "marriage of true minds."

Forster tended to comment parenthetically as he was narrating, describing a character and pronouncing on the portrait, for example. The results bear a resemblance to the critic Mikhail Bakhtin's concept of dialogic, wherein an author uses characters to work out problems of conflicting views. In Forster, Nelson observes, the end is "to understand how homosexual desire works against dominant ideology."

COGNITIVE SCIENCE

Abstracted by Linda A. Wimer Brakel.

Cognitive science (consisting of sub-areas of neuroscience, cognitive psychology, philosophy of mind, artificial intelligence, and linguistics) is a field closely cognate to

our own. Cognitive scientists and psychoanalysts make some of the same assumptions. Most in both groups assume representational phenomena in a mental realm (i.e., mind). Mind is then further assumed to be related in significant (though not necessarily agreed upon) ways to the brain. Regarding the mind, the assumptions of both groups include conscious and nonconscious operations, functions, and "structures," along with the representations or contents. Not surprisingly, then, there is an overlap of interest in many areas: consciousness (and unconsciousness), awareness, perception, dreaming, mental images, fantasy, amnesia, repression, planful action and parapraxis, attention, affect, conflicted motivation, and a variety of psychological symptoms.

However, cognitive scientists study these familiar psychological phenomena with a variety of experimental methods, all quite different from the psychoanalytic method. The differences are in: 1) the data derived, the hypotheses tested, and the conclusions drawn; and 2) the ultimate goals of the method—cognitive science goals are not clinical goals. But just as other clinical (medical) sciences are closely influenced by developments in their cognate basic sciences, psychoanalysts should be interested in cognitive science. At the very least, a new view of phenomena familiar to analysts will be stimulating. At best, cognitive science can provide independent evidence, convergent or disconfirming, for some of our general theoretical hypotheses, which may in turn even suggest directions for change in psychoanalytic technique.

On Returning to Consciousness. Bernard J. Baars and William P. Banks. **Consciousness and Cognition.** I, 1992, Pp. 1-2.

Baars and Banks describe their new journal as one "dedicated to providing a forum for scientific research on the foundation issues of conscious experience, voluntary control, and self." They continue in a footnote, "Naturally we are also concerned with the *un*conscious processes, *in*voluntary mechanisms, and the perceived *boundaries* of self. . . ." These areas of interest are of concern to workers in diverse fields, so that trying to develop "an agreed-upon body of research on consciousness as such" may lead to promising integration.

Divided Consciousness and Dissociation. Ernst R. Hilgard. **Consciousness and Cognition.** I, 1992. Pp. 16-31.

Hilgard begins his essay by denying the unity of consciousness. Partial consciousness involves selecting some features to attend to, while withdrawing attention from others. Hilgard's work on this problem has involved the study of hypnosis for almost forty years. In the 1960's, he found the concepts of *dissociation* and *partial dissociation* useful to explain divided attention and the effects of hypnotic suggestion on attention. In the 1970's, however, an unplanned demonstration involving a particularly hypnotizable subject led him to posit "the hidden observer" and to formulate the *neodissociation* hierarchical model.

The case in question is briefly as follows. Hypnotic deafness was induced in the subject. No startle reaction to previously startle-inducing noises took place. Next, class members said things to the subject trying to provoke a response, without success. One of Hilgard's students then asked "whether some part of him [the subject] might know what was going on, for there was nothing wrong with his ears." Hilgard addressed the subject on the matter. In a quiet voice, while the subject was still hypnotically deaf, Hilgard said, "Although you are hypnotically deaf, perhaps there is some part of your mind that is hearing my voice and processing the information. If there is, I should like the index finger of your right hand to rise. . . ." The subject's index finger rose, and he said, "Please restore my hearing so that you can tell me what you did. I felt my finger rise in a way that was not a spontaneous twitch, so you must have done something to make it rise." Hilgard used the signal for restoring hearing (touching the subject's right shoulder), and asked the subject what he had experienced. He reported hearing that at the count of three he would be deaf, and being told of the tactile signal indicating that hearing would be restored; that thereafter he was quiet for a while, then his finger rose. Hilgard next suggested that at another signal his finger would rise; then, that at yet another signal, Hilgard could be in touch with that part of the subject's mind which had heard Hilgard before, while the subject had still been hypnotically deaf. This signal was given. The subject was now asked to engage in "automatic talking" (free association) regarding what had happened while he had been hypnotically deaf. The subject said, "After you counted to make me deaf, you made some noises . . . behind my head. Members of the class asked me questions to which I did not respond. Then one of them asked if I might really be hearing, and you told me to raise my finger if I did. This part of me responded by raising my finger, so it's all clear now."

From this subject Hilgard concluded that a hypnotized subject, unaware of a sensory message, is nonetheless registering and processing sensory information; further, that the "hidden observer's" knowledge can under certain circumstances be recovered.

Hilgard's neodissociation hierarchical model includes an executive ego or central control structure which has monitoring (i.e., hidden observer) and executive functions. The central control structure is constrained by many factors (severely, under hypnosis) from autonomously "actuating" subordinate systems. These subsystems are themselves organized in a parallel and hierarchical fashion, and are considered latent in their available but not yet actuated state. "Many subsystems of habits, attitudes, prejudices, interests, and specialized abilities are available, although at any one time they may be latent; these are usually actuated according to the demands of the situation and the plans of the central system. . . . A hierarchy of subsystems is implied, although it is a shifting hierarchy under the management of the control mechanisms." Hilgard goes on to describe the subsystems as continuing automatically, once activated. Concomitant with the automaticity is a decrease in conscious representation of the control system itself. The automaticity also "allows such dual actions as carrying on a conversation while engaged in habitual activity."

The executive and monitoring functions can operate harmoniously and smoothly. "If one course of action does not work, another may be tried. Whether the second course works better is determined by monitoring; the executive acts on this in-

formation." However, in hypnosis and in some cases outside (Hilgard cites obsessive-compulsive behavior), "an alert monitoring function will be helpless in modifying executive action through feedback." Once activated in any way, many of the subsystems are self-sustaining, some with their own monitoring and control systems. Thus for the hypnotized subject carrying out a suggestion as well as for a person who decides to engage in an activity such as reading, once one is so engaged, awareness of the control function recedes as absorption in the task increases.

Hilgard closes by hoping that his brief review of some aspects of divided consciousness and dissociation will fit in with developments in the study of consciousness within a scientific psychology.

Dissociated Control and the Limits of Hypnotic Responsiveness. Kenneth S. Bowers. **Consciousness and Cognition.** I, 1992. Pp. 32-39.

Bowers claims that much in Hilgard's neodissociation model seems to turn on reversible amnesia for post-hypnotically suggested behavior, and also that the model does not need reversible amnesia as a critical factor. ". . . I do not find the emphasis on reversible amnesia as the dissociative basis for hypnotically suggested responses very convincing—in part because amnesia that is not specifically suggested is even rarer than some of the hypnotically suggested perceptual/cognitive distortions that need explaining." Bowers notes that—unlike hysteria, in which the ideational basis is unconscious (repressed)—the actual hypnotic suggestions themselves are well represented consciously in the subject's experience.

Nonetheless, in hypnosis mental events are indeed made nonconscious but through hypnotic alterations in "cognitive controls." This notion of dissociated control, Bowers claims, is far more in keeping with contemporary views of mental functioning. Thus the hypnotized subject is aware both of the idea suggested (e.g., arm will be paralyzed), and its effect (a paralyzed arm); but what is lost is the subject's willful connection.

Bowers gives a brief illustration of an experiment designed to test whether hypnotic analgesia operates because of amnesia or because of dissociated controls. Given that hypnotic suggestions do diminish the experience of pain, Bowers hypothesizes two alternative mechanisms: 1) the subject effortfully initiates fantasies which mediate pain reduction, but the subject is amnesic for the cognitive effort in producing the fantasies (though not for the fantasies themselves), and 2) pain reduction is activated directly through the suggestion, and the fantasies are concomitants. Bowers asserts that one can test between these alternatives. The first mechanism would require the use of more cognitive resources, both in fantasy production and in effortful forgetting. Thus if this mechanism is operative, subjects with hypnotic analgesia should show less efficient performance when ancillary cognitive tasks are set up, since these will also require cognitive resources. If, on the other hand, the second mechanism obtains, relatively little interference should be seen in the performance of such competing, cognitively demanding tasks. Preliminary findings from Bowers's lab suggest that mechanism two is the more likely.

Dissociation, Repression, Cognition, and Voluntarism. Erika Fromm. **Consciousness and Cognition.** I, 1992. Pp. 40-46.

Fromm, a psychoanalyst and hypnosis researcher, draws attention to two important points in Hilgard's neodissociation model which can be integrated with psychoanalytic theory. First, Hilgard's dissociated content, characterized as behind an amnesic barrier, can readily be made consciously available via the hypnotist's interventions. Fromm says this is no different from the psychoanalytic preconscious, where particular content is not in conscious awareness, but can be accessible when attention is so directed. Fromm's second point concerns Hilgard's executive and monitoring functions. "He seems to conceive of them as necessarily being conscious and voluntary. But many times neither is the case." Much of the selectivity in perception, and in erecting and maintaining psychological defenses, is due to involuntary, unconscious executive and monitoring functions.

Revista Uruguaya de Psicoanálisis, LXXVI, 1992.

Abstracted by Jorge Schneider.

The Malaise in Psychoanalysis Today—Challenges for the Future. Ricardo Bernardi. Pp. 15-28.

The official contribution of the Uruguayan Psychoanalytic Association to the Nineteenth Latin American Congress of Psychoanalysis (Montevideo, Uruguay, August, 1992), this paper is by an important theorist in contemporary Latin American psychoanalysis. Bernardi uses as background a similar paper he wrote in 1982, in which he raised similar questions. What are the origins of the malaise in psychoanalysis? Are they related to psychoanalytic institutions, their difficulties in growing and, in some countries, their involution? Or are they related to the nature of the profession, the increasing competition from other therapeutic techniques, and the growing number of psychoanalytic groups developing independently of the official institutes? Finally, is Latin America, with its special social, political, and economic characteristics, the source of the malaise?

In the 1982 paper, Bernardi focused on the growing difficulties of psychoanalysis as a science. But in his 1992 paper, he thinks that we can no longer talk about the malaise of psychoanalysis without also speaking of its well-being—that there are reasons to dwell on both. Bernardi proposes to explore the causes of malaise in three areas of analysis: as a treatment, as a theory, and as a research method.

Psychoanalytic practice is difficult, requiring the analyst to keep exposing his or her psyche throughout his or her professional life, making it easier to become an analyst than to keep on being one. Still, the practitioner works with passion and idealizes the profession. This passion and idealization has beneficial effects, but also creates problems in analytic institutions and in society at large. Regarding the prob-

lems in institutions, the training analyst's dual function of analyzing and educating creates problems of technique which have not been sufficiently conceptualized. The successful spread of psychoanalysis in Western civilization has also caused problems. Analytic jargon hides the fantasy that everybody can be a psychoanalyst. The multiplicity of therapies aggravates the picture. In the United States, the discredit of the psychotherapies and the advance of biological psychiatry are other contemporary, though possibly cyclical, phenomena. As to the malaise within the discipline, there is an increasing need to know the limits of analysis as a therapeutic method, its relationship to other forms of psychotherapy, and its results as to outcome compared with other forms of treatment. This kind of research is urgent, since the new Ethical Code of the IPA requires the analyst to discuss with patients the benefits and contraindications of analysis. Wallerstein's outcome research questions the benefits of expressive versus supportive psychotherapy. On the other hand, we now know that "supportive" is a complex concept with numerous elements (Winnicott's "holding environment," Kohut's empathic response, Bollas's self-experience, etc.). From this discussion, one conclusion is evident: we need more outcome research in Latin America. A second conclusion is that we need to know more about the elements of cure, both within one theory and between theories.

In the 1982 paper, Bernardi proposed the separation of theory and technique as a way to better understand which data, in clinical work, originated in the experience and which in the theory. He suggested that psychoanalysis is a discipline composed of multiple paradigms or languages, not always logically or smoothly intertwined. The theme of plurality was openly discussed by Wallerstein at the 1987 IPA Congress in Montreal. The answer to this challenge was the need to find similarities, and this was the theme of the 1989 Congress in Rome. The pluralistic approach threatens Freud's unitary ideal and provokes fears of fragmentation. These fears become malaise when they impede thinking about differences and learning how to process them. There is no consensus that different psychoanalytic theories coincide with each other; they contradict each other or they are complementary. Therefore, what is important is how the analyst utilizes the theory and how it influences interaction with the patient. The "implicit" theory (Sandler) with which the analyst operates is usually different from the official or "explicit" theories. This phenomenon is probably more notable in Latin America, where the tendency is to apply French or Anglo-Saxon formulations in a noncritical way. The validity of analytic theory is discussed from an epistemological and methodological point of view as well. For example, Grünbaum believes that the analyst introduces a "placebo effect" that contaminates the clinical data. Wallerstein thinks that the fundamental question today is the nature of psychoanalysis as a science, a question that gives rise to passionate discussion. Is psychoanalysis a model of natural science (e.g., the Freudian schools of thought: ego psychology, Kleinian, self psychology, etc.)? Or is it humanistic (e.g., hermeneutic, intersubjective, etc.)? Why the dilemma? Bernardi believes that within a given session, there are moments when the analyst can take a hermeneutic or quasi-artistic posture, while at other times the material can be studied by means more closely resembling a rigorous investigation. This was the thrust of David Liberman's work, distinguishing the investigation within the session from the session itself as an object of study.

Why the dilemma between using only the clinical evidence versus methods of rigorous investigation? If analysts are to be frank, they should say that the essence of the psychoanalytic experience is not captured by rigorous scientific studies. Should such studies, which produce only indirect or partial evidence, therefore be abandoned? On the contrary, Bernardi believes that they are necessary precisely because of their partiality. The great temptation of the twentieth century was to believe in the total and reject the partial, with consequent disappointment in the results obtained. Bernardi thinks that because their work requires immersion in a global experience, analysts need the philosophical and ethical reflection that external data provide, through epidemiological monitoring and indirect studies, to complement and counterweight their clinical perception. Why not leave this kind of research to others? To be an analyst is already difficult enough. If we abandon this kind of research, we limit the concept of analysis to its classical form, restrict its indications, and fail to respond to the new synthesis that life requires. It is not strange that malaise should make its appearance.

If psychoanalysis is capable of producing such passionate exchanges in these areas among its practitioners, it is because its frontier is never reached: the one that opens to our inside. It is not easy to keep it open, but neither is it easy to close once it is open. We can say the same for the scientific domain opened by Freud. There is no other example to which it can be compared in terms of gaining the most access to subjectivity and understanding of the forces that condition it.

But this "opening" needs care. We related the feeling of malaise to the challenges that psychoanalysis is facing, and the difficulties involved in finding a new synthesis, which will always be partial and provisional.

The Psychohistory Review: Studies of Motivation in History and Culture. XXI, 1992/93.

Abstracted by Thomas Acklin.

New Lives: Differential Receptions of Psychobiographical Writings by Twentieth-Century Historians. Elizabeth Wirth Marvick. Pp. 3-26.

Marvick surveys the development of psychohistory and psychobiography in their distinctively North American forms. She notes the considerable appreciation for psychobiographical studies in America, in contrast to the relative indifference or hostility in France and Great Britain. Psychohistorical studies have usually precipitated an interaction between psychoanalysis and the different disciplines of the liberal arts and sciences. Marvick observes that psychobiographical inquiries have been pursued primarily outside the historical profession in analytically oriented journals. She notes, however, the landmark presidential address of 1957 by William Langer to the American Historical Association, which placed the imprimatur of respectability on the application of analytic hypotheses to historical studies in its

appreciation of the unconscious sources of changes in attitudes, mentalities, and public perceptions. Marvick wonders whether the appeal of these studies to Americans might be a reaction to the national ethic of the "self-made man," in that they spare the individual full responsibility for his or her success or failure in life, and attribute the determination of personal development to the environment and other biographical factors. Beginning with Preserved Smith's study of Martin Luther in 1913, continuing in the work of many American authors, and of European analysts who emigrated to the United States, such as Erik Erikson, finally blossoming in the development of *The Psychohistory Review* and *The Journal of Psychohistory*, psychobiography and psychohistory have received a greater audience in America than elsewhere.

François Mitterand: Personality and Politics. Micheline Guiton. Pp. 27-72.

This psychobiographical analysis of Mitterand seeks to analyze certain personality traits which might account for aspects of his politics. Guiton notes profound presence and absence in his relationship with his mother, as well as the division of his early years between his parents and his maternal grandparents. She finds in Mitterand a reflection of some of the attitudes of his mother in his strong commitment to working against the injustices of society and to independence in religious matters. Despite some problems which might have arisen from his mother's intense devotion to Mitterand's older brother, Robert (who reminded her of her brother), Mitterand seems nonetheless to have developed a good attachment to his father, as evidenced, for instance, in his aversion to cruelty and violence. Noting an easygoing oral phase, followed by a disruptive severe education during the next phase, Guiton considers the possibility that Mitterand developed a rejection-fixation focused on his mother because of the separations from her while under the authoritarian regimen of his grandfather. Guiton notes ongoing conflicts from this fixation, including obstinancy, shyness, anxiety in his relationship with money and time, and vacillation between resistance and submission. Ambivalence, hesitations, and contradictions of various sorts are described in his political life. An investment in the intellectual realm of words and concepts perhaps constitutes an attempt to displace libidinal energy and to master anxiety in social situations. Guiton reflects upon how the desire for power becomes stronger when there have been emotional frustrations and loss of a love object; eroticism is transformed into the desire for power.

Viennese Modernity and Crises of Identity. Jacques Le Rider. Pp. 73-106.

Le Rider considers aspects of Viennese modernity which prefigure postmodernism. Viennese modernism was not triumphant or self-assured, but distinguished more by the crisis of individualism which characterized the postmodern era. Among other examples, Le Rider considers Hofmannsthal's mysticism, Weininger's ideal of genius, and the narcissistic delusions of Schreber's paranoid psychosis. He observes how this mysticism, genius, and narcissism all seek to surpass the limits of life through the abolition of the difference between masculine and feminine, often favoring an androgynous ideal. There is an aspiration toward the destruction of the ego and a seeking to escape the contingencies of life in the re-creation of a more perfect self. The ambivalence was reflected in Schreber's desire for the feminine and

in Weininger's anguished refusal of it. In both cases there was an indictment of the decadence of the times in view of an expected regeneration of the modern world. Le Rider sees Schreber's aim as resembling an adaptation of Winnicott's idea that when the feminine element in the patient discovers the breast, it is the self which has been found. The author also reviews Freud's observations in such works as *Civilization and Its Discontents*, which describe the desire to return to the reign of the id by banishing the frontiers of the ego and trying to restore limitless narcissism. Freud himself insisted upon the importance of consolidating the ego through logos and reason in order to sustain culture against the desire to give id free reign. In the creative works of Antonin Artaud, Franz Kafka, Gustav Mahler, D. H. Lawrence, and others, Le Rider sees the struggle within the desire to return to the primary identification of early childhood associated with the feminine element.

Subjectivity and Slavery in Poe's Autobiography of Ambitious Love. James Livingston. Pp. 175-196.

Describing the work of Poe as an equation of remembrance and regression, Livingston interprets it particularly as an expression of the culture of a slave society. He analyzes Poe's notion of love as a battle of wills, a failure to recognize otherness, a longing for an identification with the beloved that becomes a lust. The perfection of union with the beloved is in fact self-destruction and death. In extinguishing the will of the other, desire thereby extinguishes the other, and thus desire for the other extinguishes itself in the abolition of its source. Love is a longing for death in Poe's work where love and hate, joy and sorrow, desire and death, become indistinguishable. As one member of the relation becomes a true subject, the other must become the object. Self-mastery requires submission of the other; separation and sublimation are not acknowledged as possible resolutions of oedipal conflict. Following the insight of Melanie Klein, the author suggests that the overpowering oral and anal sadistic urges appearing over and over again in Poe's works represent fears of impending entrapment and extinction within the devouring body of the mother.

The Jesuit and the General: Sherman's Private War. Janann Sherman. Pp. 255-294.

This article explores how General William Tecumseh Sherman, attempting to deal with the uncertainties of his own past, left a legacy of conflicts to his son, Thomas. Struggling against his own feelings of dependency and failure, as well as his fear of being exposed as incompetent, and plagued throughout his life with the need to rely on his foster father for support of his family, General Sherman seems to have suffered from manic-depressive illness: collapsing into bouts of depression alternating with bursts of elation in which he strove to prove himself. His son, Tommy, stepping into the void created by the death of a favored older brother, found it very difficult to mediate his mother's religious devotion and his father's wishes for him to be a soldier. The author seeks to demonstrate that Thomas Sherman's entrance into the Society of Jesus was an attempt to mediate these parental wishes by becoming a soldier for Christ, ultimately in profound confusion between religious obedience and military discipline. Following a successful career as a charismatic preacher of an evangelical Catholicism, Thomas, whether for genetic or

learned reasons, followed in his father's footsteps and repeated his pathology, deteriorating in a series of nervous breakdowns plagued with paranoid ideation, fear, and doubts.

Freud's Devaluation of Nietzsche. Michael J. Scavio; Andrew Cooper; Pamela Scavio Clift. Pp. 295-318.

The authors delineate the many intellectual similarities between Freud and Friedrich Nietzsche, such as their understanding of the wish-fulfillment function of dreaming; the structural model of personality; and defense mechanisms such as displacement, repression, and sublimation. They see Klein and Bion's mechanism of projective identification in Freud's reaction to Nietzsche: Freud rejected and devaluated Nietzsche because of a psychic need to rid himself of the resentment and rage he had against Alfred Adler and Carl Jung for their defection from the psychoanalytic movement. Identifying Nietzsche with them because of their similar ideas, Freud sustained and validated this original projection in his relationship with Lou Andreas-Salomé, who had herself turned against Nietzsche when their relationship deteriorated. This projection was further validated by Nietzsche's association with anti-Semitism and Nazism. By finally disassociating Nietzsche from the development of the psychoanalytic movement, Freud repeated his abolition of Adler and Jung.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Meeting of the Psychoanalytic Association of New York

Lawrence Chalif

To cite this article: Lawrence Chalif (1994) Meeting of the Psychoanalytic Association of New York, The Psychoanalytic Quarterly, 63:1, 181-185, DOI: 10.1080/21674086.1994.11927411

To link to this article: https://doi.org/10.1080/21674086.1994.11927411

NOTES

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

THOMAS ACKLIN
JAMES R. EDGAR
GERARD FOUNTAIN
SYBIL A. Y. GINSBURG
JOEL GONCHAR
SHEILA HAFTER GRAY
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J. ALFRED LE BLANC
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EMMETT WILSON, JR.

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 25, 1993. ANALYSIS, RE-ANALYSIS, AND SELF-ANALYSIS. Austin Silber, M.D.

Dr. Silber presented a deeply personal account of his analytic investigations stretching back to the start of his training analysis almost forty years ago. He emphasized the individual context of his experiences, acknowledged that there are many different pathways to psychological growth, and raised questions of general applicability.

Upon termination, his seven-year training analysis was viewed as successful by both him and his analyst. Dr. Silber felt he had gained access to previously hidden unconscious processes, learned how to free associate and to work with dreams, and how to apply these exhilarating new insights to his work with control patients. Several years later, however, he had cause to begin to doubt the thoroughness of his training analysis. His former training analyst referred a patient to him, someone whom the training analyst had previously treated and known personally. Dr. Silber was therefore in a position to learn how his analyst had interacted in inappropriate and unanalytic ways with this patient; hence Dr. Silber's continuing, unanalyzed, idealized transference was suddenly shattered. For the first time he recognized obvious characterological limitations in his analyst. Dr. Silber speculated that such an unresolved idealization (and the repressed aggression that goes along with it) often persists indefinitely in the form of a "transference cure" and may be displaced onto other ideals, such as psychoanalysis itself as a treatment or theory. If disruption

of the idealized transference should occur, it may lead to disillusionment with psychoanalysis as a treatment method, or, as in Dr. Silber's case, it may serve as a call to re-enter analysis.

Dr. Silber's second analyst was much more reactive in his interpretations and reconstructions, forcing him to understand the ways in which his transference neurosis was enacted but never adequately analyzed in his first analysis. Dr. Silber suggested that his first analyst promoted the idealized transference (by never analyzing it, by letting Dr. Silber bask in the fantasy of being the favorite patient, and by suggesting termination prematurely) in order to maintain his oedipal need for superiority—the training analyst's unconscious wish to best his potential successor. This is an occupational hazard for all analysts, and particularly training analysts, Dr. Silber added.

Most important, Dr. Silber described how his first analysis served simply to re-enact his neurotic past, without adequate recognition and interpretation. The unanalyzed idealization of the analyst was an added countercathectic force in maintaining repressed childhood memories and fantasies of a painful nature. His defenses were strengthened rather than exposed and analyzed, and he could therefore maintain an idealized view of his development and of his parents. By contrast, his second analyst worked aggressively to push away his idealized childhood myths and to lift the infantile amnesia concerning a childhood of unusually severe deprivation. Yet despite the enormous liberation gained from uncovering his forgotten past in his second analysis, Dr. Silber later recognized that there had been elements of unanalyzed re-enactment in it. He likened the aggressive analytic approach to unanesthetized surgical abscess drainages which he had to endure at age five. In both cases (his childhood surgery and his re-analysis), the procedure left him cured, but filled with unrecognized and ongoing rage at the respective doctors.

Several years after the re-analysis had ended, Dr. Silber became markedly anxious following the tragic death of a younger brother from a cerebral aneurysm. He began a systematic self-analysis of his dreams (following Freud's advice that aspiring analysts should analyze their own dreams). His anxiety subsided after he retrieved memories of aggressive childhood impulses toward his brother. He has been left ever since with the conviction that he could take care of his mental health by himself. He then presented a lengthy illustration of a recent dream analysis with wide-ranging associations weaving past and present events, including work with a current patient and how it related to both of his analyses, his childhood rage at his mother, his fears during the abscess drainage, and his memories of his brother's death.

Dr. Silber noted the resistance he has toward self-analysis. He is alert to subtle mood changes, difficulties with patients, or particularly striking dreams as indications to begin further self-analysis. He writes down his dreams and the associations to them. He finds himself drawn to familiar screen memories of childhood, whose meanings continually deepen, especially in his affective responses to them, thereby continuing to fill memory gaps. In using dreams as the foundation of his self-analysis, he feels he is in the "company of analysts," and he acknowledges his identification with Freud as the ideal analyst.

Dr. Silber re-emphasized that aggressive, negative transference feelings were never adequately explored in either his training analysis or his re-analysis. He be-

lieves that only in his self-analysis did he come to appreciate the role of his aggression. He suggested that the physical absence of an analyst as a transference object during his self-analysis facilitated the acceptance of his aggressive impulses, whereas when each analyst was present, each became too fused with the parental images that they stood for, thus inhibiting an exploration of the negative transference. He hypothesized that such fusion made it difficult for him to distinguish between experiencing an aggressive impulse and acting upon it. In his self-analysis, there is no such difficulty.

In closing, Dr. Silber wondered whether his first analyst consciously or unconsciously had referred the new patient to him as a means of encouraging him to continue his own analytic work.

DISCUSSION: Dr. Michael Singer complimented Dr. Silber's courage, honesty, and humility in sharing his personal psychoanalytic odyssey in an effort to educate and stimulate others. Inspired by Dr. Silber's self-analysis, Dr. Singer said that he asked several colleagues about their attempts at self-analysis, and most admitted that their efforts were meager and incomplete. He noted that no analysis is complete. Most analysts can recognize ongoing conflicts, but attempts at self-analysis tend to repeat similar ideas before meeting inevitable resistance. He raised the question of whether self-analysis can be differentiated from the process of working through (i.e., synthesizing conflicts that have been previously identified in earlier analyses). Dr. Singer emphasized the indispensable role that the analyst or "other" plays as a transference object and as an interpreter of resistance for the patient. He stressed that such resistance analysis must occur alongside the childhood reconstruction at which Dr. Silber is so adept. He pointed out that Dr. Silber still involves his previous analysts "in effigy" when he more safely examines his negative transference toward them in their absence. Furthermore, Dr. Silber involves "others" when he says that his self-analysis makes him feel in "the company of analysts" or when he admittedly uses Freud as a role model. Dr. Singer ended by wondering what forces of love and mourning for his lost relatives motivate Dr. Silber to continue his self-analytic work so determinedly, with such strength of character. He suggested that we should all discipline ourselves likewise. Dr. Singer agrees that self-inquiring methods can be an effective form of therapy, whether or not we need the help of further analysis involving an actual "other."

Dr. Marianne Goldberger discussed the contradictory points of view regarding self-analysis. There are those who regard self-analysis as a goal to be achieved in a successful analysis, while others emphasize the impossibility of uncovering new conflicts on one's own. She wondered whether or not Dr. Silber felt that his impressive recovery of new memories and affects involved newly discovered areas of conflict. She agreed that introspection is valuable in understanding the inevitable reoccurrence of one's central conflicts, but she also cautioned that it can serve as resistance to change as well (as suggested by Dr. Silber's remarks on his own resistance to self-analysis). Citing a 1990 paper by Brakel, Dr. Goldberger hypothesized that the need to write about or tell someone else of one's self-analytic work might indicate that the self-analysis is incomplete. She added that the role of the analyst is inherent in the very process of writing, which involves the idea of being watched by someone,

just as presenting to an audience involves a re-externalization of authority. Leonardo da Vinci's mirror writing may represent conflicts over exposing his inner self, but it also implies the presence of a watcher or decoder. Dr. Goldberger said that she was unsure about the possible limitations of self-analysis. However, Dr. Silber has highlighted the universal need for self-analysis based on the persistence of one's pain and the interferences in one's work with patients. Furthermore, one learns about oneself through each analytic encounter with another person. Dr. Goldberger stressed Dr. Silber's major contribution to the problem of analyzing aggression, particularly in a training analysis. She remarked that it has even been suggested that a training analyst be chosen from a different institute than the candidate's. Dr. Silber has sensitized us toward watching for defenses against the expression of aggression. Dr. Goldberger ended by presuming that the oedipal wishes of Dr. Silber's first analyst would vary depending upon the gender match of the patient-doctor pair.

Dr. Alice Maher commented that Dr. Silber's relationship with his first analyst paralleled the way in which an analyst of hers was too accepting of her thinking style, and she chose a supervisor to provide a more critical contrast. She makes use of different people to serve as transference figures in her own self-analysis, and wondered if Dr. Silber does the same.

Dr. Samuel Abrams stated that he is not sure how to distinguish self-analysis from self-deception. However, he pointed out three criteria from Dr. Silber's paper which may serve to define whether an analysis has resulted in effective, continuing post-analytic inquiry. He stressed the way in which Dr. Silber's changing analytic technical approach toward his own patient is linked with his own newly recovered childhood memories and woven together in a richer affectual atmosphere.

Dr. Kenneth Calder referred to the usefulness of taking notes on his self-analysis and rereading them in order to see character traits, symptoms, or defenses which he had not been aware of until they were repeated again and again and again. He also described the luxury of self-analysis in being able to move beyond the relationship with one's analyst and thus to diminish its intensity. He sighs with relief whenever he recalls an occasion when his analyst was clearly wrong and just an ordinary human being. For instance, he has now overcome the trepidation he once felt when pointing out to his analyst that she had inadvertently left her automobile lights on.

Dr. Silber thanked the discussants for their rich commentaries. He agreed with Dr. Singer's point that no analysis is complete, and that what develops subsequently is based on what was started in the analysis, but evolves in its own way. He spoke of experiencing, as did Dr. Calder, a feeling of liberation with the analyst no longer involved. He reiterated Dr. Goldberger's observation of how intense his own resistance to self-analysis can be. He answered Dr. Goldberger's question by saying that some of his aggressive conflicts and affects were indeed newly discovered after his two analyses. He agreed with Dr. Singer that his systematic self-analysis can be viewed as a process of mourning to deal with early losses in his life. He extended Dr. Goldberger's idea about learning from each and every patient by saying that we learn precisely in those areas that are unfinished and thus require further analytic work of our own. He remarked that self-analytic work continues forever, an "eternal working through" as Dr. Singer had mentioned, and we are lucky to be in a field

where we can be helpful to others at the same time as we continue to expand our own knowledge, awareness, and mastery.

LAWRENCE CHALIF

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 18-22, 1994, at the Adams Mark Hotel, Philadelphia.

The Jefferson Medical College and The Philadelphia Psychoanalytic Society and Institute announce the 25th annual MARGARET S. MAHLER SYMPOSIUM, to be held Saturday, April 30, 1994, at Adam's Mark in Philadelphia. For further information, contact: Ms. Maryann Nevin, 1201 Chestnut St., Room 1502, Philadelphia, PA 19107. Phone: (215) 955-8420.

ERRATUM: Dr. Muriel Winestine has called to our attention an error in our July 1993 issue (Vol. LXII, No. 3). In footnote 4 on page 421, "hermeneuticists, including James Rorty . . ." was incorrect. The name should have been Richard Rorty.