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STILTED LISTENING: PSYCHOANALYSIS AS DISCOURSE

BY JACOB A. ARLOW, M.D.

The search for repressed memories and a one-sided emphasis on the analysis of transference together may serve to override the essential task of psychoanalytic technique, which is to demonstrate to the patient how his or her mind works and how more adaptive compromise formations may be achieved. Psychoanalysis is, after all, a mode of therapy depending upon discourse, the exchange of information, and mutual influence through the process of conversation. By being sensitive to the manner in which meaning and affect in relationships are transmitted during conversation, the analyst may more easily apprehend the nature of the patient's conflicts, defenses, and transference.

From my experience with patients and my experience as a supervisor, I have come to appreciate that how one listens, and therefore how one understands and interprets, derives from one's working concept of the nature of the psychoanalytic situation and the process of free association. I emphasize the notion of the "working concept" because, in actual experience, there is a considerable divergence between the articulated understanding of the nature of the psychoanalytic situation and free association, and an unacknowledged, guiding concept that emerges during the actual management of the clinical data. During supervision or while teaching, this is something that has to be brought to the attention of the student or supervisee. The op-

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eration of an unacknowledged concept of the psychoanalytic situation and the psychoanalytic process may be a difficult notion for the psychoanalytic candidate to apprehend, but it is one that every analyst has to ponder. What I hope to demonstrate in this presentation is how certain lingering concepts of methodology and technique result in a style of listening on the part of candidates and, often enough, graduate analysts that is unfavorable for the evolution of the psychoanalytic process and the course of treatment.

Nowadays there are many competing theories concerning the nature of the psychoanalytic process. For the most part, the proponents of a particular view understand what goes on in the course of psychoanalytic treatment in terms of the specific theory of pathogenesis they espouse, and these considerations govern how and when they intervene and what they interpret (Arlow, 1981). Accordingly, we must be aware of the temptation to impose a favorite theory of pathogenesis as a paradigm upon the analysand's productions. This danger is particularly great when the psychoanalytic interaction ceases to be carried out in the spirit of a discourse, i.e., communication by conversation, and loses the sense of dynamic interaction between two participants. It behooves not only the analytic candidate but also the experienced analyst to appreciate the nature of the working concept of the analytic situation and free association. Otherwise, it is easy to be misled, to wait patiently and to pick and choose selectively and often out of context what seems to conform to one's favorite paradigm, and to discard the material that does not conform.

Freud's technical papers form the basis for our concepts of the psychoanalytic situation and technique. Usually, these papers are the first technical ones the candidate reads. It is said that what one learns early lasts longest. In addition, the image of Freud's genius endows these ideas with imponderable authority. There is another element, however, which I believe exerts a most powerful influence on the developing psychoanalyst, an influence which deserves greater attention. I refer to Freud's

great skill as a writer, something that was appropriately recognized when he received the esteemed Goethe Prize for literature. He was a master stylist and, above all, he could create powerful metaphors. Metaphors are excellent teaching devices, and, to illustrate his ideas, Freud created them in profusion. Metaphors, however, are evocative. They tend to expand, and they sometimes take on a life of their own.

I will examine a number of Freud's leading metaphors, those which pertain to the psychoanalytic situation and to free association. These are the metaphors of the surgeon, the mirror, the telephone, the train ride, and the two-room model of the mind. Freud expressed these metaphors briefly and succinctly, and I would like to quote them practically verbatim.

First, the metaphor of the surgeon. Freud said:

> I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible. . . . The justification for requiring this *emotional coldness* in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. (1912, p. 115, italics added).

Further in the same paper, Freud stated:

> The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him (p. 118).

The next metaphor, that of the telephone, is really an extension or an alternate representation of the metaphor of the mirror. Although it is a long statement, I quote it in detail because it encapsulates the fundamentals of Freud's theory of technique. I also quote it because it has been perhaps the most influential of Freud's metaphors as far as the teaching of psychoanalytic technique is concerned. Freud said:

> Just as the patient must relate everything that his self-observation can detect, and keep back all the logical and affective objections that seek to induce him to make a selection from among them, so the doctor must put himself in a position to make use of everything he is told for the purposes of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his own for the selection that the patient has forgone. To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound-waves the electric oscillations in a telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations (1912, pp. 115-116).

This last metaphor formed the basis of Isakower's (1992a, 1992b) concept of the "analyzing instrument," a very vague and ill-defined concept which presumed that if one were well analyzed, he or she would understand the patient's material correctly. This concept appears to me to be most nebulous.

The separation between the observer and the experiencer, a common theme in the three metaphors just presented, is continued in the next two metaphors. In advising the beginner on how to instruct the patient concerning the fundamental rule, Freud (1912) stated:

> What you tell me must differ in one respect from an *ordinary conversation*. Ordinarily you rightly try to keep a connecting thread running through your remarks and you exclude any intrusive ideas that may occur to you and any side-issues, so as not to wander too far from the point. But in this case you must proceed differently. You will notice that as you relate things various thoughts will occur to you which you would like to put aside on the ground of certain criticisms and objections. . . . Act as though, for instance, you were a traveller sitting next to the window of a railway carriage and describing to someone inside

> the carriage the changing views which you see outside (pp. 134-135, italics added).

This suggestion highlights a fundamental dilemma of psychoanalysis. Psychoanalysis is a form of therapy based on communication through speech. In speaking, one directs thoughts, feelings, wishes toward another person, the specific context determining the mode of the interaction. Much of speaking occurs in the form of an extended interchange commonly known as conversation, and during conversation the individual is aware that what he or she is saying affects and stimulates the other party. Inevitably, there has to be a connecting thread in any conversation. Otherwise, the interchange would make no sense. In the section just quoted, Freud compared the technique of free association with an ordinary conversation. He was sensitive to the fact that a connecting thread runs through an individual's remarks in the course of conversation and that "intrusive" ideas and side issues may appear but they are disregarded, usually in order to prevent the course of the conversation from wandering too far from the central point.

Analytic treatment is indeed a form of conversation, albeit an unusual form, but that does not alter its fundamental quality of communication directed toward another person. While the analysand is advised to behave as if he or she were reporting the exterior view from a railway car to another passenger, that represents only one part of the analytic experience. Inevitably, the listening analyst makes some comment, to which the analysand responds. This is, in fact, a form of conversation, and analysis is a method of trying to understand the workings of an individual's mind by means of extended discourse. This special form of conversation reflects the real context, the reasons which have brought analyst and analysand together. There are threads connecting each item with the next one, as in any conversation. So-called intrusive and side issues are powerfully determined. When the speaker is aware of the connecting link in the conversation, it serves as a motive for introducing the next thing the

speaker has to say. But this is not always the case. As we know, even in ordinary conversation, the connecting links in the sequences of productions may escape the awareness of the speaker, as often enough they escape the awareness of the listener, but not always. In psychoanalytic treatment the analyst is both listener and speaker, but the analyst listens in a special way as a result of his or her special training.

The next metaphor—the two-room model of the mind—articulates the connection between Freud's theory of mental function according to the topographic system and how it influences analytic technique.

Freud said (1916-1917):

> Let us therefore compare the system of the unconscious to a large entrance hall, in which the mental impulses jostle one another like separate individuals. Adjoining this entrance hall there is a second, narrower, room—a kind of drawing-room—in which consciousness, too, resides. But on the threshold between these two rooms a watchman performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing-room if they displease him. . . . The impulses in the entrance hall of the unconscious are out of sight of the conscious, which is in the other room. . . . If they have already pushed their way forward to the threshold and have been turned back by the watchman, then they are inadmissible to consciousness; we speak of them as *repressed*. . . . It is the same watchman whom we get to know as resistance when we try to lift the repression by means of the analytic treatment (pp. 295-296).

Freud acknowledged that this is a very crude representation of the relationship between the systems Unconscious, Preconscious, and Conscious, but from the technical point of view, we must emphasize that until the very end of his days, in all of his writings, Freud repeated that the technical goal of psychoanalysis is to undo the patient's repressions and get him (or her) to remember the forgotten traumatic events of childhood. In 1937, Freud said:

> . . . the work of analysis aims at inducing the patient to give up the repressions . . . belonging to his early development and to replace them by reactions of a sort that would correspond to a psychically mature condition. With this purpose in view he must be brought to recollect certain experiences and the affective impulses called up by them which he has for the time being forgotten. We know that his present symptoms and inhibitions are the consequences of repressions of this kind . . . (pp. 257-258).

To sum up, the model created for the therapist by these technical dicta suggests an experimental situation. The patient becomes the instrument through which the analyst can have a look at what is going on in the depths of the patient's mind. The analysand is a transmitting instrument, very much like a microscope which is used to see past what is apparent to the naked eye (consciousness), into what is not readily apparent unless one uses a special instrument (free association—the microscope). With the aid of that instrument things look quite different and quite surprising. All of this is in keeping with the metaphors about psychoanalytic technique just mentioned and others, such as digging below the surface to find hidden treasures, etc. These metaphors illustrate how Freud's early concept of pathogenesis influenced his theory of technique. The technical goal of treatment was to have the patient recall the repressed events or to reconstruct these events on the basis of available information.

Whether intended or not, these technical dicta have served to create a state of mind, especially in candidates, that results in a mode of response to the patient's productions that sometimes seems frozen, wooden, in effect, undynamic. It is what I call *stilted* listening in terms of Webster's definition of the word: "artificially formal or dignified, pompous" (*Webster's New World Dictionary*, College Edition, 1962, p. 1433). I feel that this kind of listening serves to interfere with the appreciation of the *dynamic continuity* of the patient's associations, the analog of the connecting thread in an ordinary conversation. It predisposes one to overlook the connecting links between thoughts, the shifts in

mode of presentation, and the intrusion of the unusual, the bizarre, and the unexpected. It interferes with a proper application of the methodology of psychoanalysis so that interpretation becomes either arbitrary or irrelevant.

The principle I pursue technically is to attempt to demonstrate to the patient how his or her mind works, to give insight into conflictual modes of mental functioning in specific contexts. The governing paradigm is to demonstrate how present-day experience may be misinterpreted in terms of derivatives of persistent unconscious fantasies from the past. Psychoanalysis is a talking cure. It should be viewed as an unusual kind of conversation.

In this context, one must never lose sight of the fact that there is a fundamental reality that brings patients to treatment and binds them to the therapeutic relationship. Once patients have consulted a psychoanalyst, whether they have articulated these ideas in words or not, they say that they feel there is something wrong with the way their mind works, that in certain respects it is out of control, and that this is due to factors of which they are not aware. Otherwise, they would not consult a psychoanalyst. This understanding is a constant feature of the therapeutic relationship. Whether patients are aware of it or not, they are constantly carrying on a conversation with a professional whose aim it is to help them. Accordingly, they select as a theme for the session those things that concern them, that they feel are related to their problems, and that the therapist has to know in order to help them. The theme the patient selects may seem as irrelevant as one could imagine to the issues under discussion, but, nevertheless, there is an unconscious motive in the item selected for discussion. The principle of determinism is constantly operative. There may be several layers of determinants, but some aspect of the patient's productions always relates, however tangentially, to the essential conflicts, derivative compromise formations stemming from the persistent influence of unconscious fantasies.

In light of these considerations, one has to listen to the patient and try to understand the message behind the manifest produc-

tions, at the very least in keeping with the same principles that govern ordinary conversation. One must be alert to the connecting thread that runs through the patient's productions. For example, in an ordinary conversation, if one member of the duo suddenly stops speaking, the other one is struck by the fact immediately and either thinks or inquires out loud, "What made you stop?" Why was the partner silent and why did the silence come at this particular point in the conversation? We listen in a stilted way if we think that silence in the analytic intercourse is basically different from silence in an ordinary conversation.

Patients are always aware of the fact that they are in treatment for the purpose of getting well, that they have a certain responsibility to fulfill, and, above all, that there is a listener. So if, in the course of an ordinary conversation, one of the participants suddenly talked and behaved as if the other were not present, or talked in a strange and bizarre manner, one would surely call the fact to the speaker's attention. One would do so because one would reach the conclusion that there must be some reason for this change. The same is true in the analytic situation. Nevertheless, in practice there are many who suggest encouraging such unusual forms of communication, rationalizing that the patient now feels free of criticism and is truly associating freely, getting into contact with the contents of his or her id. Sometimes it is expressed in the terms: "The patient is talking primary process." This is unreal; it is stilted. A shift to such communication is something that has to be evaluated in terms of conflict and defense. In saying this, I do not mean that one necessarily has to intervene each time this happens, but, while listening, one must note for oneself that some dynamic significance has emerged from the shift in the mode of presentation, and one must try to apprehend it in terms of the context in which the shift occurred.

The mode of dress and the mode of behavior are important components of the communicative process. In the usual context of an ordinary conversation, significant deviation from the usual modes of expression would at least be noted if not commented

on immediately. In treatment, when the analyst makes no comment or waits for the stream of associations without making some comment about the changes in the patient's motor and visual communication, then the analyst is acting out the equivalent of stilted listening.

This leads to one of the fundamentals about listening. In any conversation the opening statement by the partner sets the theme for what is to follow. In ordinary conversation one does not, as a rule, disregard the opening amenities. In treatment it is a safe rule, and a practical one, that the opening statement, particularly if it involves something about the analyst, serves to introduce what is on the patient's mind. It sets the theme for the session. To disregard this is another form of stilted listening. The same, incidentally, is true of the closing statement. Sometimes it echoes the opening statement, and sometimes it appears out of the blue, seemingly disconnected with everything else that the patient has said. This is especially true if the patient makes a statement getting off the couch or on the way to the door. It represents what had been on the patient's mind throughout the session but had been withheld. In an ordinary conversation, one would wonder, "Why did my friend keep that to the very end when I couldn't follow through? I wonder what it's all about." We would expect such a turn of events to linger in the individual's mind and to be brought up at the next encounter. To listen to such expressions and in the course of therapy without making a note of their possible significance and at some time calling it to the patient's attention is another example of a wooden, undynamic attitude on the part of the analyst.

In an ordinary conversation, if the partner began by saying, "On the way to meeting you, I was thinking of so-and-so," one would say, "Tell me about it." Or one would be curious about why such material had been communicated. The technical principle here is that whatever is reported in the opening statement with an introduction such as "on the way here, I thought" or "while coming here, this and this happened" bears some relationship to the patient's current transference thinking.

This takes us to the obvious question of lateness. Here the extremes are notable, from the patient who manages always to be a minute or two late to the one who comes quite late persistently or the one who comes at the very end of the hour, when maybe two or three minutes are left, breathlessly apologizing. In ordinary conversation, one would always want to know what happened, and this would be followed by, "And what were you thinking about keeping me waiting? How did you feel about my expecting you?," etc. Not to follow through on such introductory experiences and not to pursue it at the next session are further examples of stilted listening.

To get the full flavor of how this type of listening appears during the course of supervision would require an extensive detailing of the actual process notes. I can offer only a few examples here to illustrate my point.

The context of the following material was the patient's growing awareness of his lifelong feelings of deprivation and anger following the birth of a younger sibling. He began the session by saying that on the way to the session, he had been thinking angrily about the favored treatment accorded a professional colleague and competitor. His next thought was: "Walking past you, I couldn't look at you for more than three or four seconds." This statement passed without comment and was not dealt with in the rest of the session. Under any circumstances, this statement is an unusual one that would not have escaped comment in an ordinary conversation. Sometime later in the same session the patient said to the analyst, "I put you in a box and keep you separate from my other thoughts." This is a striking figure of speech, which elicited no comment. Such a statement would hardly have escaped comment from the listener in ordinary conversation. It is not unusual for patients to say, "Sometimes I think I am in analysis for your sake." On the face of it, this is an irrational, unrealistic, illogical statement, certainly deserving inquiry.

Because of this attitude of stilted listening, much that is on the face of it illogical, irrational, and irrelevant often escapes notice

or, when noticed, is not dealt with. On many occasions I have observed how unusual, even bizarre, fantasies were permitted to pass without comment or inquiry by the analyst, who was waiting passively for elaborating associations that were not forthcoming. On one such occasion, during a clinical seminar, the analysts were surprised when I indicated that one could intervene, interrupting the course of the associations which seemed to have gone away from the fantasy, and bring the patient back, indicating to him that the strange and curious ideas he had should be considered in greater detail. The impression of the presenter and of other members of the group was that one should treat all items as equivalent, not emphasizing one above the other, as they were taught to do in the case of analyzing dreams. In that connection, I was asked whether I would bring a patient back to a dream that had been mentioned and not elaborated upon, or would I direct a patient's attention to some specific detail or an unusual item in a dream. They had been taught not to take each element in a dream piecemeal (something with which I agree), but that does not preclude the possibility that if something strikes the analyst as interesting, unusual, atypical, suggestive, or whatever, he or she should feel free to pursue his or her curiosity. All of these are examples of how listening can become stilted.

Departing from the spirit of psychoanalysis as a form of treatment by discourse may lead, in my view, to an overemphasis of the role of countertransference in treatment. There is, as we know, much interest at the present time in so-called countertransference enactments. Recent contributions by Schwaber (1992), Renik (1993), Jacobs (1986), and others focus on the special attention that must be paid to so-called countertransference enactments. The analyst is advised to direct his or her attention and interest during the session and afterwards toward his/her own reactions, to try to understand the genesis of his/her untoward responses, and to clarify these issues with the patient. The danger here is that it may shift the attention away from the flow of the patient's associations in response to the analyst's

interventions onto issues concerning the analyst's theoretical orientation or transient, personal anxieties. Under such circumstances, listening may become confused, overly theoretical, and intellectual in orientation.

I would like to present a practical example to illustrate my thesis. A few years ago I had occasion to discuss a presentation by Schwaber, entitled, "Countertransference: The Analyst's Retreat from the Patient's Vantage Point."[1] The interchange highlighted the issue of different modes of listening and how they affect the interpretation of the data of observation. The material is taken from the treatment of a patient referred to as Mr. K. He sought help for feelings of intense loneliness. Although he was clearly intelligent, dyslexic difficulties had been burdensome throughout his life, making school a painful and humiliating place. He had completed a college education, but he had been able to hold only short-lived and menial employment. He hoped one day to return to school, to enroll in graduate school to prepare for professional training. In addition, he had severe sexual problems and a tendency toward substance abuse.

After some time, feeling better about himself, Mr. K thought about going to graduate school. The analyst suggested that his conflicts over active engagement in formal learning might shed light on his sexual difficulties. Although stated in a tentative mode, the words of the analyst had a dynamic impact. The patient decided to enroll. The patient then became overwhelmingly fearful. He neglected his appearance, his thinking became confused, and he began drinking, smoking marijuana, and engaging in sexual perversions, practices that he had resorted to previously under conditions of intense anxiety. That this rather mild intervention on the part of the analyst resulted in a regressive spiral would suggest a confirmation of the analyst's hunch.

Schwaber writes that, as the deadline approached for enrollment, the patient's anxiety mounted, but he felt determined to go ahead despite his intense anxiety. At this point she asked Mr.

[1] The full text is in Schwaber (1992).

K, "why, since he seemed in great distress, did he feel under such pressure to apply at this time?" (p. 350).

I should add parenthetically that there are no simple questions in psychoanalysis. Every question by the patient or analyst implies a declarative statement. These conditions pertain to any conversation between two people. Whether it was intended or not, what the patient heard was something along these lines: "Do you really have to expose yourself to such agony at this time?"

At the next session the patient reported that he had withdrawn his application for enrollment in graduate school. The analyst said to him that she wondered how he understood the apparent abruptness of this decision after such prolonged agonizing. The patient responded, "At least it's no longer a feeling as if I'm going to my hanging" (p. 350), and he remained silent for much of the hour. At the next session, he looked even more depressed and disorganized and said, "I'm not very happy; I feel I'm damned if I do and damned if I don't . . I feel you're giving me mixed messages . . . one day you ask why I'm going to school and the next day why I'm not . . . I don't know what to make of where you're coming from" (*ibid.*).

It is at this point that considerations of countertransference enactment may serve to blur rather than to clarify the issues. Up to this point Schwaber's interventions and the patient's responses were as genuine a psychoanalytic interaction as one could expect. She asked him why he withdrew his application, and he told her, "At least it's no longer a feeling as if I'm going to my hanging." I can only surmise parenthetically (and this is just a guess) that Schwaber may have been disappointed at this temporary setback in his progress toward pursuing graduate studies, and she may have felt, correctly or incorrectly, that the outcome was somehow influenced by her concerns on that score.

But let us consider the sequence of events in terms of any conversation. In any ordinary conversation the context and contiguity of the elements are what make sense of the interchange.

In addition, as analysts, we are trained to appreciate figures of speech, especially similes and metaphors. The patient had said something which was totally unreal. He compared enrolling in graduate school with going to his hanging. To question the use of that simile is by no means imposing the analyst's sense of reality on the material. In a certain sense, the patient is correct. His response to applying to graduate school, so extreme and so painful, would be appropriate if he were being led to his hanging. But he was not being led to his hanging. He was applying to graduate school. (This unrealistic response to undertaking advanced education was, in part, one of the reasons why he sought treatment in the first place.) Why should he think of himself as being hanged? Who gets hanged? Criminals, murderers.

In an ordinary conversation, the introduction of the idea of being led to one's hanging would seem inappropriate, out of place, and unrealistic. It was at that point that some countertransference element entered to distort what had been up to that time a very effective communication between analyst and analysand. It was not the analyst who was giving mixed messages. The patient processed her inquiries in terms that were in keeping with his defensive needs. Accordingly, one day he was going to school and another day he was not. The analyst quite appropriately asked why. It was *his* sense of confusion, *his* ambivalence, *his* conflict, and he continued in the spirit of the hanging when he said, "I feel damned if I do and damned if I don't." Damned for what, and by whom?

It is not my purpose to enter into the nature of the countertransference intrusion. It would be inappropriate for me to venture any hypothesis. The focus, however, must remain fixed on the stream of the patient's associations, on the context and the contiguity of the elements in his productions.

Psychoanalysis has been called a talking cure. The technique of analysis relies on the same principles that govern understanding of any communication, verbal or written. As a participant observer, the analyst is privy to the day-to-day, moment-to-

moment record of the vicissitudes of the patient's conflicts, the relative contribution each agency of the mind makes to the interplay of mental forces. Communication in the psychoanalytic situation, however, differs in certain respects from ordinary communication. First of all, there is the requirement for complete candor on the patient's part. Second, the analyst notes certain connections that are ordinarily missed in the usual forms of conversation. Third, the analyst is particularly sensitive to the effects that his or her statements have upon the patient. And fourth, the interchange itself is subject to examination and interpretation.

By his or her interventions the analyst tends to destabilize the equilibrium among the forces in conflict in the patient's mind. The analyst observes the effects the interventions produce on the stream of the patient's associations and the *specific* ways in which the analysand responds to the ideas and connections of which the analyst has made the patient aware. In effect, the history of the patient's neurotic conflicts is re-enacted in this relationship. Patients respond to the unwelcome ideas the analyst brings to their attention the same way as in their early years they responded on their own to the same unwelcome ideas and wishes when they came to their attention from within themselves. What seems like a conflict with the analyst, technically labeled resistance or defense, is only a repetition of a more recent edition of patients' early and persistent conflicts. What may look on the surface like a quarrel with the analyst is only a repetition of patients' longstanding quarrels with themselves.

Returning now to the clinical material, the patient's massive regression was not due to the way he was perceiving or misperceiving the analyst's intentions. Her observations had the effect of destabilizing the equilibrium between impulse, fear, and defense that the patient had established in his mind. What emerged was some *fantasy* notion of having committed a crime for which he might be hanged, and which he connected with the *real* act of applying to graduate school.

I believe there is a danger in overemphasizing the standard

paradigms of transference and countertransference. Let us divest ourselves of our psychoanalytic preconceptions and think of the clinical record in terms of ordinary conversational communication. To do this, let us transpose the interchange from the analytic consultation room to the nearest bar. Mr. K meets with his lifelong friend and confidant, Mr. L. L says to K, "What's happened to you? You look disheveled, exhausted, you sound confused, and I see that you're drinking and smoking marijuana again. What has happened?" To this Mr. K replies, "That's not all. I've been so anxious I've even had to resort to some of those kinky sexual practices." Mr. L is concerned. He asks, "How did this all come about?" To this Mr. K responds, "When I decided once again to apply to graduate school, I got so upset I lost control of things, so I decided not to pursue my application to graduate school." Mr. L then asks, "Why does it cause you so much anxiety, why is it so upsetting?" To this Mr. K responds, "I'm not sure, but I do know that after I decided not to apply I felt much relieved. At least it's no longer a feeling as if I'm going to my hanging." At this point we can bet that Mr. L would have said, "Going to your hanging? What's that got to do with it?"

There is a set of analytic paradigms that may influence unfavorably how we listen and how we talk to our patients. Transference and countertransference are among these, alongside favorite paradigms of those who espouse certain specific theories of pathogenesis and treatment. Long ago someone coined the term *psychoanalese*, a more or less polite reference to technical jargon. There are times when our patients talk to us in English, and we listen to them in psychoanalese. For example, if, at the crucial moment of the interchange that we are analyzing, the patient introduced his figure of speech differently, think of what the technical consequences would have been. For example, if at one point he said, "You know what just flashed into my mind, a quick fantasy. I saw myself being led to my own hanging." Or if, at the same juncture in the interchange, he said, "That reminds me, I had a dream last night, I was being led to my hanging." These few introductory phrases would have cru-

cially affected how the analyst managed the situation, and this would apply to almost every analyst.

I am not saying that psychoanalysis is a form of treatment by conversation. It is a treatment involving discourse, a treatment of transmission of information by way of conversation. In any ordinary conversation, the opposite member is expected to act in conventionally appropriate ways, to answer questions, to be forthcoming with information, to be responsive, even sympathetic. This is not what happens in analysis, and for good reason. What I am saying is that, as we listen, we must try to extract meaning from the patient's productions in the same way that we would while listening openly and affectively to an opposite member in an ordinary conversation. We must respond in the same way, and we do, but inwardly to ourselves. When we do intervene, it is not to enter a conversation with the patient. What we do is elucidate for the patient the nature of the conversation that has been taking place. But it is not a conversation between a patient and ourselves that we have been privy to. It is a conversation, or more appropriately a debate, that has been taking place within the patient. We have been observing how different voices within the patient have been asserting themselves, demanding unbridled pursuit of wishes, condemning hostile, erotic, or self-centered pursuits, cautioning against the realistic and unrealistic consequences of thought and action, and so forth. This is the conversation or debate we have been tuned into, and in the discourse with the analysand, we have learned of the alignment of the principals in that spirited internal conversation—or shall we say controversy—going on in the patient's mind. And this is the spirit in which we have to listen. We must not expect the sudden dramatic appearance of a long-repressed memory from childhood; Kris (1956) has warned us that this rarely occurs. We have to listen to the flow, the sequence, the elements of the analysand's inner conversation, because that material serves as the basis of our discourse, the discourse that leads to understanding and to our ability to give insight and, we hope, to alleviate the patient's suffering.

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BIOLOGY AND THE OEDIPUS COMPLEX

BY RICHARD C. FRIEDMAN, M.D. AND JENNIFER I. DOWNEY, M.D.

Recent observations in the behavioral and neurosciences have raised questions about the ubiquity of the oedipus complex as well as about its significance for psychological development. The authors argue that the construct Freud called the oedipus complex in males is best examined in its component parts. One component—the incestuous wish—does not occur in all individuals. Another component—the boy's urge to engage competitively with other male figures, including the father—does appear to be biologically based in testosterone's effect on the brain and to be manifested in childhood rough and tumble play behavior. It is proposed that reexamination of the oedipus complex in light of recent findings about the brain and behavior is indicated and that play, in particular, can usefully be considered as a separate developmental line.

> I venture to say that if psycho-analysis could boast of no other achievement than the discovery of the repressed Oedipus complex, that alone would give it a claim to be to be included among the precious new acquisitions of mankind.
>
> FREUD (1940, pp. 192-193)

INTRODUCTION

Freud's personal investment in the validity of the oedipus complex as a fundamental building block in psychological development was intense and lasted his entire life (Freud, 1905, 1933, 1940; Masson, 1985). Psycho-analysis as a system of thought has

largely retained the primacy of the oedipus complex as Freud described it. Thus, the vast majority of practitioners today still rely heavily on psychodynamic formulations that rest on the validity of the oedipus complex construct (Greenberg, 1991). Numerous therapists find that their clinical experience is organized and made coherent by such formulations. For the practicing psychoanalyst, oedipal conflict is "experience near."

Recent observations in the behavioral and neurosciences have raised questions about the ubiquity of the oedipus complex as well as about its significance for psychological development. These new findings have led us to re-examine Freud's original oedipus complex construct.

In a review of anthropological and sociobiological data, Erickson (1993) argued that secure bonding during infancy is associated with incest avoidance later in life. Only when early bonding is disrupted is incest likely to occur. Although Erickson did not study fantasy, he pointed out that Freud had viewed castration anxiety as the major motivation for incest avoidance. Erickson questioned Freud's emphasis on innately determined incestuous desire and suggested that the motivation to commit incest might not in fact be intense, or even present, among children who have experienced consistently secure early bonding. Incestuous motivations and fantasies might be evidence of disruption of early bonding and therefore psychopathological.

Freud's hypothesis that the oedipus complex was a biologically determined, phase-specific phenomenon had earlier been challenged by Horney (1937), who hypothesized that it was shaped by sociocultural influences. Chodoff (1966) pointed out that Freud's ideas about childhood sexuality were not based on solid empirical evidence. He doubted the accuracy of Freud's psychosexual developmental theory, and he raised serious questions, as have other psychoanalysts (Schrut, 1993), about whether erotic attraction to parents should be considered a norm for children. Lidz and Lidz (1989) recently discussed cultural influences on the oedipus complex and questioned its universality.

Another reason for taking a fresh look at the oedipus complex

derives from research on the etiology of psychopathological disorders. Freud (1940) hypothesized that unresolved oedipal conflicts were major, if not determining influences in the etiology of neuroses. Among the conditions once considered "neuroses," however, are a variety of anxiety and depressive disorders as well as other psychiatric illnesses. Genetic, constitutional, neurophysiological, and psychosocial influences on the etiology of these diverse disorders have been elucidated recently. Thus, the oedipus complex does not appear to be as central in the etiology of mental disorders as Freud thought.

The same type of criticism applies to the concept of the superego. Freud emphasized the mechanism of identification with the same-gender parent as necessary for oedipal conflict resolution, believing that this identification results in the formation of the superego (1923, 1933, 1940). Today, the model of superego functioning generally accepted by psychoanalysts has been modified: identifications with both parents as well as other cognitive and psychosocial influences lead a child to develop *moral values* (Gilligan, Ward, and Taylor, 1988; Kagan, 1984; Kohlberg, 1976, 1981; Tyson and Tyson, 1990), which contribute crucially to superego genesis. Revision of Freud's hypothesis concerning superego formation parallels criticism of his model of female development and psychosexual functioning (Schafer, 1974).

Freud's psychosexual developmental theory was further weakened by empirical research in the area of gender identity development. Stoller (1968) and Money and Ehrhardt (1972) established that core gender identity—the sense of being male or female—is established prior to the onset of what had traditionally been thought of as the oedipal phase. Gender identity is a psychological construct, yet influenced by constitutional biological factors, cognitive development, and psychosocial learning. The relationship between core gender identity and genital knowledge is complex (Bem, 1989). Formation of core gender identity, however, is not dependent upon perception of the gen-

ital difference in the way that Freud thought, nor is it primarily motivated by castration anxiety (Coates, 1992; Fagot, 1985; Fagot, Leinbach, and Hagan 1986; Yates, 1993). It is likely that establishment of core gender identity precedes and organizes the way in which a child experiences oedipal conflict, not the reverse (Tyson, 1982).

Another area of profound change in psychoanalytic theory in recent years has been that of sexual orientation. Most contemporary psychoanalysts have accepted revision of a model generally adhered to during the two and a half decades following World War II in which homosexuality was equated with psychopathology (Socarides, 1978; Panel, 1986; Friedman, 1988; Isay, 1989). Yet most have also continued to believe in the fundamental importance of the oedipus complex in psychological functioning. The new ideas about homosexuality, however, raise fundamental questions about the role of the oedipus complex in development. How can "normal" resolution of oedipal conflicts result in homosexuality? Isay (1989) recently suggested that homosexual men are biologically predisposed to be erotically attracted to their fathers in a manner analogous to heterosexual men, who are predisposed to be attracted to their mothers. This speculation remains to be validated.

Thus, superego development, gender identity, sexual orientation, personality structure, the etiology of the neuroses (and the psychoses)—all seem to be subject to influences other than oedipal conflict resolution or failure thereof. The questions then are: What specifically is the role of the oedipus complex in development? Is the oedipus complex biologically determined or even strongly biologically influenced or not?

Although it is not possible to answer these questions completely at this time, we shall discuss recent developments in psychoneuroendocrinology and sexology which indicate the need for revision in basic ideas about the oedipus complex and psychobiology originally put forth by Freud and still influential today.

BIOLOGICAL INFLUENCES AND DRIVE INSTINCT THEORY

Freud's (1905) ideas about drive/instinct theory included three concepts which many psychoanalysts believe are intrinsic to the notion of "biological" influence. The first is that instinctive behavior has an imperative, peremptory quality that is associated with a feeling of being "driven" (Rapaport, 1959). The second is that biologically "driven" motivational influences originate in the id (Freud, 1923, 1940). The third idea, a derivative of the second, is that sociocultural and biological influences on behavior are basically *in conflict* with each other. The relationship between nature and nurture is fundamentally *adversarial*. Internalization of social constraint on behavioral tendencies that are biologically influenced leads to continuous tension that must be mediated by intricate intrapsychic mechanisms (Fenichel, 1945; Freud, 1930).

In this article we explain why we believe that these ideas about psychobiology and culture have become outdated. The psychobiology of testosterone figures prominently in the discussion, and an understanding of current knowledge of the relationship between testosterone and behavior is necessary. We suggest that many of the ideas that Freud put forth about drive/instinct theory could profitably be reframed as ideas about *the activational effects of testosterone*. One important finding of behavioral science research has been that the pubertal and postpubertal *activational* effects of testosterone occur much later in the life cycle than prenatal (and in some species neonatal) *organizational* effects. Freud was unaware of this, since the organizational effects of testosterone on behavior were described only after his death (Money and Ehrhardt, 1972).

Organizational effects of testosterone occur prenatally and influence the structure and function of the brain. As we discuss below, certain types of childhood behavior are strongly influenced by the organizational effects of testosterone. Activational effects of testosterone influence only the frequency and inten-

sity with which certain behaviors are experienced and expressed (Gorski, 1991; McEwen, 1983). The distinction between organizational and activational effects of sex steroids on the brain and on behavior is crucial for psychoanalytic theory, since the need for revision of outdated models of psychobiological aspects of sexuality is based on this distinction.

Freud was drawn to the Oedipus myth for personal reasons long before he had created psychoanalytic psychology (Gay, 1988; Masson, 1985; Sulloway, 1979). It is striking that despite radical changes in other aspects of his theory, Freud's view of the centrality of the oedipus complex in normal development and in deviance remained rock solid. Seduction theory came and went. Anxiety was initially attributed to "dammed up libido," then seen as a signal that mobilized defenses. Childhood sexual conflicts, once viewed as the central influence in psychopathology, gave way to the dual instinct theory. The topographic model was succeeded by the structural model. No matter how wrenching the change in metapsychology, however, the oedipus complex remained for Freud the central, crucial psychological construct of childhood. This is important because the often cataclysmic changes in other dimensions of his theory raise the possibility that revision of the oedipus complex concept might also have occurred. In fact, it is difficult to see any change in Freud's ideas about the oedipus complex published between 1897 and 1940. He considered it to be as fundamental as his description of the mental mechanisms that are expressed in dreams, symptoms, and parapraxes, the phenomena of transference and resistance, and the usefulness of free association as a method of psychological exploration.

IS THE OEDIPUS COMPLEX A UNITARY ENTITY?

Freud and subsequent clinicians have considered the oedipus complex to be a psychological unit. According to this view, the manifestations of the oedipus complex are experienced in a typ-

ical narrative structure. In this article we will discuss the oedipus complex in male development only, since we believe that the intermediate biopsychological mechanisms that influence the way in which the complex is experienced and expressed are fundamentally different for males and females. In the boy's case the incestuous wish for his mother is considered to be biologically programmed to occur during a particular phase of development. Between ages three and six the child's sexual drive becomes more intense and object-directed. The boy's erotic desire leads to a parricidal wish. The combination of erotic and aggressive fantasies leads to fear of retaliation from his stronger, more powerful adversary. This is experienced as castration anxiety. The boy copes with the "complex" of unacceptable wishes and terrifying fears by identifying with his father. This strengthens the structure of his personality. He is now able to keep the entire oedipus complex from conscious awareness.

In structural terms, the incestuous wish arises as a result of pressures from the id. The fear of retaliation leads ultimately to internalization of representations of the father. These result in completion of the structure of the superego. The structured superego is able to support the ego in its repression of the incestuous and parricidal wishes, and the resultant fears. The child's behavior becomes regulated by an internal judge rather than by fear of punishment (castration) delivered by an outside agency (Engel, 1962; Fenichel, 1945; Freud, 1923, 1933).

We suggest that the oedipus complex for males may be thought of as a mental experience composed of several *component elements*. We consider these to be the incestuous wish, rivalrous competitive feelings directed at the father, parricidal fantasies, and fear of retaliation by the father in the form of castration. We focus in this article on only one of the multiple components of the oedipus complex and discuss below biological influences on the dominance-aggression father-son mental representations. Our purpose here is to summarize evidence that indicates there is an innate, biologically determined tendency for sons to feel rivalrous, competitive, and frequently

although not invariably "aggressive" toward their fathers, and vice versa. What Freud considered to be a concrete parricidal wish is but one example of this general tendency and is not universally experienced. The biological influences on competitiveness and aggressiveness are *not* invariably associated with or reactive to erotic desire for the mother, although the two may often be linked. The erotic component of Freud's oedipus complex is, in our view, more variable than the dominance-aggression component, which is experienced and expressed from toddlerhood and which follows a developmental line of its own. We conjecture that the dominance/aggression component of the oedipus complex begins to be expressed during toddlerhood and is associated with language acquisition and increased mobility. As the boy becomes older, his capacity for language expression, mobility, and the elaboration of fantasy increases. This enhances the *visibility* of the expressions of his fantasy life. Thus, he has earlier experienced dominant/aggressive feelings, but these become expressed more openly as he grows older.

We turn now to consideration of the relationship between prenatal sexual differentiation of the brain and play and aggression during childhood. Whereas the empirical data base on childhood sexual activity is sparse, the data base on childhood play is substantial. The rationale for introducing the subject of play in a discussion of the oedipus complex is explained below.

CHILDHOOD ROUGH AND TUMBLE PLAY AND PLAY FIGHTING

The social organization of many species of mammals is similar in certain ways to the social organization of human beings. Such similarity invites the hypothesis that similar influences have led to similar social behaviors, despite dramatic differences in many other forms of behavior that appear to be species-specific.

In light of Freud's dramatic demonstration that childhood fantasy of imagined events or fantasied elaborations of actual

events may have profound and lasting effects on psychological functioning, it is particularly helpful to contemplate forms of juvenile activity that humans share with other species. One such crucial area is the development of childhood play. Freud did not devote great attention to this subject. As a scientist and healer, he was more interested in love and work; and as an essayist and man of letters, in sex and death. It remained for other psychoanalysts to systematically discuss childhood play (Piers, 1972; Winnicott, 1965, 1971). Although Freud commented on play from time to time, childhood play did not seem relevant to his theory of instinctual motivations. Yet, certain forms of childhood play are as much an expression of innate biological tendencies as are adult sexuality and aggressiveness.

ADDITIONAL CONSIDERATIONS REGARDING CHILDHOOD PLAY

Human beings are the only species to create objects for their offspring to play with. Artificially created childhood toys may be thought of as tools to facilitate the play function (Fagen, 1981). Because of the capacity for sophisticated cognition, human play is often highly intricate and complex. Despite some uniquely human features, much play of children, however, is quite similar to the play of the young of other mammals.

Play is a major form of behavior that expresses the interaction between environment and genetic endowment (Lumsden and Wilson, 1983). In the words of one biologist who has studied animal play, "Young animals have chasing and wrestling matches. They play elaborate games resembling human tag, hide and seek, king of the castle, and blind man's buff. Young primates even enjoy being tickled. There are undeniable parallels between animal and human play" (Fagen, 1981, p. xi). Fagen also points out that "play behaviors represent structural transformations and functional rehearsals, or generalizations of behaviors, or behavioral sequences. In other contexts, these be-

haviors yield relatively specific and immediate beneficial effects. Winning a disputed resource, obtaining a food item, escaping a predator, using a tool are examples of such effects" (p. 4). In humans, childhood play serves multiple adaptive functions, and the fantasy life of children is typically expressed in play (Cohen and Solnit, 1993).

Biologists generally consider the term "play" to connote a few specific types of behavioral patterns. These include mother-newborn play; solitary motoric exercise, as in "kicking up the heels," leaping, somersaulting, and doing backflips; exploratory play with inanimate objects; non-agonistic play fighting and play chasing; and semi-agonistic rough and tumble play in which the goal is not to hurt the other participant but during which threatening expressions and overtly aggressive behavior may occur as part of the overall pattern. The type of activity often termed "horseplay" usually consists of hitting, shoving, pushing, wrestling, kicking, striking with objects (Fagen, 1981). These behaviors plus competition for territory or for hierarchical rank are commonly termed "rough and tumble play" (RTP).

SEX DIFFERENCES IN PLAY

In humans, as well as many other mammalian species, sex differences in social play occur. The behaviors that we label RTP constitute one category of childhood play in which sex differences have been reported in most cultures studied and which to a large degree are independent of rearing practices (Maccoby and Jacklin, 1974). Consideration of this category of behavior is enlightening with regard to questions about the interaction of nature and nurture and the role of endogenous, biologically influenced motivations in development.

There is considerable overlap between males and females in most sex role behaviors, including RTP. With the exception of core gender identity, and possibly neonatal caretaking and interactive activities, most behaviors that occur more frequently in

one sex than in the other differ in *quantity* of expression but not in quality. Thus males and females both engage in RTP, but males do so more frequently. A particular female may do so with great frequency, however, and a particular male, hardly at all. The sex difference in behavior therefore refers to group differences, but not necessarily differences between individuals. This illustrates a general principle about the concept connoted by terms such as "endogenous" and "innate." These terms refer to the likelihood that certain traits will occur in specified environments, not to the inevitability that they will occur in all individuals. Moreover, it is not necessary for every single individual in a given population to manifest a particular trait in order for it to be considered "innate" (Wilson, 1978). In fact, even if every individual in a particular group manifests a trait, it may not be "innately" determined. For example, every single patient of both authors of this article speaks English fluently; but speaking English is not innately determined, although the capacity for language is.

NEUROENDOCRINE INFLUENCE ON SEX DIFFERENCES IN RTP

Sex differences exist in RTP in large measure because of the effect of androgens on brain differentiation during critical periods of embryogenesis. The critical periods differ between species, occurring prenatally in nonhuman primates and neonatally in rodents (Gorski, 1991; McEwen, 1983). Androgen exogenously administered to pregnant monkeys results in female offspring having male-like patterns of RTP during childhood at a time when virtually no androgen is present in the blood of either sex (Phoenix, 1974). The same result is produced in rats if the androgens are administered during the critical period, and in humans if androgens are either administered exogenously during pregnancy because of obstetrical indications (Ehrhardt and

Money, 1967), or are excessive because of experiments of nature such as congenital adrenal hyperplasia (Ehrhardt, et al., 1968). Congenital adrenal hyperplasia is a disorder in which the biochemical pathways leading to the synthesis of adrenal glucocorticoid hormones are blocked, and androgens are synthesized instead. Since this is usually corrected very early in childhood by hormonal replacement therapy, the syndrome is often taken as a model of prenatal effects of hyperandrogenization. Whereas boys with this syndrome show no difference in RTP, the spontaneously occurring RTP pattern of girls with this syndrome is markedly boy-like (Friedman and Downey, 1993). This behavioral effect occurs across a wide range of rearing patterns and in children raised in families that differ with regard to endorsement of conservative or liberal sex role values.

Both rats and humans (Money and Ehrhardt, 1972) may develop a genetically transmitted disorder in which their tissues are insensitive to the effects of testosterone. The affected young of these species, genetically male but phenotypically female, manifest typically female patterns of RTP. Research on other types of childhood hermaphroditism supports the conclusion that prenatal androgens *organize* the differentiation of the brain in such a way as to influence childhood RTP. Stated somewhat differently, it may be said that the "hard wiring" of male and female brains differs as a result of the prenatal effects of androgen, and this difference leads to postnatal behaviors that are expressed at a time when no sex differences in circulating blood androgens exist (Gorski, 1991; McEwen, 1983).

Games like "king of the mountain" or wrestling contests are typical ways in which the tendency toward RTP is expressed. It is perhaps sobering to acknowledge that in addition to human beings, young monkeys, baboons, gorillas, horses, zebras, goats, sheep, deer, pigs, rats, guinea pigs, gerbils, and the young of numerous other species all participate in versions of such activities (Fagen, 1981). Unlike many other forms of behavior, including sexual activity, RTP behaviors of early life are strikingly

similar across different species, not only in their expression but also in the neuroendocrine mechanisms that influence their expression and in their psychosocial consequences.

NATURE, NURTURE, AND RTP

In discussing sex differences in social play of mammals, Meaney (1989) states:

> In many social mammalian species, the demands on the animals differ as a function of gender. The sex differences in the social play of the juveniles appear to reflect these differences, such that young males and females engage in behavior from which they are most likely to benefit developmentally. In the case of play-fighting, the early hormonal environment increases the tendency to engage in play-fighting. For the males of several species this is likely to be of considerable adaptive significance. Thus, perinatal androgens appear to influence selectively the type of interactions from which social learning is derived (p. 259).

It appears that this is a good example of what animal behaviorists refer to as the interaction between biological and social events.

> Thus the ability of the animal to integrate effectively into a social dominance hierarchy emerges from the experience of play-fighting which in turn is enhanced by perinatal androgen exposure. However, this is not really an "interaction" at all and in fact, the term shrouds our understanding of the timing and nature of events that might be involved. The term "cascade" may be preferable, referring to the sequence of events that regulate the development of behavior. In this case, one phase of development underlies the next with considerable plasticity retained throughout development. This exceptional plasticity in the behavioral development of juvenile males and females later emerges in the form of individual differences within the sexes as adults (*ibid.*).

The discussion of psychobiology quoted above is fundamentally different in emphasis from Freud's. Meaney stresses the concept of "plasticity" despite the molding and shaping effects of prenatal hormones on the brain and on behavior. Moreover, he emphasizes that hormonal and behavior sequences appear to "cascade" in such a way as to facilitate *adaptation*. As a bench researcher in the basic sciences and not a psychoanalyst, Meaney made observations more in keeping with Sandor Rado's (1940) paradigms than with Freud's. Rado stressed the significance of adaptation for psychological development. Freud on the other hand emphasized that the relationship between biology and culture is basically adversarial. The adaptive behaviors that Meaney discusses are not aggressively motivated for the purposes of destruction. Rather, establishment of dominance relationships leads to social organization that allows large social units to function effectively. In the natural world, males that compete during their juvenile years are rarely wounded or killed. Even later in life, although mature males of many species may in fact be fatally injured during battles for dominance, death is the exception rather than the rule.

NEUROENDOCRINE INFLUENCES ON CHILDHOOD FANTASY

Biological factors that predispose to RTP not only influence activities that may be observed and even quantified, but also influence *fantasy* as well. For example, the fantasies of girls with early corrected congenital adrenal hyperplasia have been systematically studied. Such girls tend to shun doll play and feminine adornments such as earrings and necklaces and prefer boy playmates. They fantasize about vocational performance more than age mates who tend to daydream about marriage and childcare (Friedman and Downey, 1993; Money and Ehrhardt, 1972).

In the case of normal boys, fantasies that are based on com-

petitive striving between males, usually involving arduous physical tasks or heroic performances at athletic or dangerous activities, are, in our view, the elaborated experiential manifestations of central neurobiological influences. Obviously, the particular environment that a child is raised in shapes his or her fantasy life to a great degree. Yet the contribution of prenatal hormonal influences is also great. It is safe to conclude that boys are generally innately predisposed to be attracted to the superhero role. Indeed those "superheroes" who do not possess magical attributes, such as the capacity to fly, for example, but who are heroic by virtue of character and athletic endowment (such as Tarzan) may be thought to be the perfect products of the prenatal and postpubertal influence of testosterone.

RTP, COMPETITION, AND COOPERATION

In order to place the next part of the discussion in perspective, we begin with some observations about altruism. "Purely" altruistic behavior is relatively rare among human beings, unquestionably less prevalent than various forms of aggressive destructiveness (Wilson, 1978). In humans as in social insects and mammals, altruism usually involves close kin or members of one's tribe. Because of the concept of transference, however, we humans may have feelings toward nonrelatives that are similar or identical to those we have toward close kin. Perhaps for that reason, we seem to be capable of more altruism than most mammals.

The play behaviors that we have called RTP may sometimes be a precursor to social behaviors based on cooperation and even altruism later in life. For example, hierarchical social organizations that are similar to or elaborated versions of those of juvenile males on athletic teams exist in many areas of adult life. Some social functions seem best carried out by such organizations. Teams of various sorts (not only athletic) are one example of this. In these social units, competition for a particular niche

may be viewed as being in the service of a "higher" form of cooperation. Destruction of one of the participants in the competition would weaken the social unit. Struggles for dominance in this type of situation may be a way of establishing expertise at roles that are required by the larger society.

It is important to realize that a strong predilection toward RTP on the part of an individual should not be equated with destructive aggressiveness. For example, a well-known professional football player, John Offerdahl, recently carried out a heroic rescue of an aged couple whose car skidded into a lake. He explained that as he was carrying it out, he had had the thought "that she's someone's mother, or grandmother, so you picture your mom and your grandmom. It makes you realize how precious life is" (*Sports Illustrated*, July 1993, p. 48). Nonhuman mammals rarely, if ever, put their lives at risk to help nonkin in this fashion. Many other instances of human altruism toward nonkin have been documented (Oliner and Oliner, 1988). Offerdahl's remarks implicate transference as a mechanism influencing motivation in that regard. His altruistic acts required athletic abilities, and he was predisposed to carry out such acts because of his longstanding affinity for RTP. The psychosocial effects of rearing would appear to influence the adaptive function to which RTP abilities are put later in life. In nontechnical parlance, children who have been loved are prone to behave lovingly toward others. In fact, childhood RTP may have important functions that are not necessarily related to social dominance at all. Development of psychomotor skills need not be in the service of competitive struggles. For instance, the scene of two children tussling, giggling, and thoroughly enjoying themselves suggests possible bonding functions of RTP.

CLINICAL CONSIDERATIONS

Without claiming to be comprehensive, we review below some common situations in which the endogenous predisposition to

RTP may present as a major component of the total clinical picture. In these situations constitutional predispositions influence the way in which oedipal enactments are expressed in the family. For example, the "setting" that regulates the motivation toward RTP may be extremely different between father and son, and either may be more inclined toward RTP. This type of imbalance *in itself* is not necessarily problematic. Countless fathers and sons negotiate their differences about these and other matters successfully. Some do not, however, and we first consider a father-son pair in which the father has the higher motivation to participate in RTP.

This type of father experiences a consistent feeling of pressure to participate in RTP activities even during adulthood. A weekend athlete, he spontaneously organizes "touch" football games when friends and family socialize. This father follows organized sports and may have a season ticket to the games of his favorite team. He identifies with the athletes and relishes in his imagination the dramatic competitive struggles that they engage in.

The son in this family is not particularly motivated to participate in RTP. (The reasons for the existence of a wide range of endogenously experienced motivations is not known.) The father is disappointed that his son does not share his enthusiasm for athletic activities. He spends much time attempting to teach his son how to throw a ball, swing a bat, and be proficient at other athletic tasks. Despite good intentions, the father usually becomes irritable in reaction to his son's awkwardness. His pedagogical style is hypercritical, demanding, and tough-minded. Between ages five and twelve or so, the son tries to better himself at activities that his father enjoys. After that, he gradually loses interest in them. Father and son drift apart, and by the boy's teenage years, they spend very little time together. The son grows older and becomes an intellectual. Both father and son feel deprived. The father wishes he had a "pal" who could be more "normal" like him. The son wishes that he had a father who could understand and accept him.

In this type of situation both father and son are likely to feel alienated and depressed in their family setting. The father devalues his son for not being athletic, but also secretly devalues himself for not being "intellectual." The son is likely to have internalized his father's standards for masculine behavior. Despite a self-contained façade, he secretly feels inadequate.

During the son's childhood, the father's problem was his rigidity and his narcissism. Seeing his son as an extension of himself, he assumed that the son's RTP profile should be the same as his own. The facts were otherwise, but the father was unable to interpret the son's innately low motivation to participate in RTP as anything but a defect. A father who was better able to tolerate difference would not have made his relationship with his son conditional on RTP performance.

Let us now consider a situation in which a son is at the higher end of the RTP spectrum and his father is at the lower end. Once again we focus only on the parent-child pairs not able to tolerate such disparity.

In this hypothetical case, the father is a sedentary intellectual who devalues RTP which he considers "barbaric." His wife shares his values. They have scholarly ambitions for their young son and are put off by his competitive, physically adventurous temperament. Since earliest years he has been drawn to RTP. Despite all admonitions and criticism, he careens through childhood with abandon. By the time he is ten or twelve years old, he is embattled with his parents. As his autonomy has increased with age, so have their punishments and constraints. A hero to his peers, he is an outcast in his family. Because he does poorly in school despite being intellectually gifted, his parents seek psychiatric consultation. All three members of this family are angry and depressed. As far as the son is concerned, he participates in athletics as a "natural" way of life. "I was born this way," he says, and he is more or less correct. Careful history-taking reveals that the entire behavioral repertoire that is unacceptable to his family is confined to RTP. The boy has no symptoms of antisocial behavior, no learning disability, no impulse

disorder. He feels guilty that he is unable to be the kind of son his parents desire. His peers relate to him as a dominant male; hence he does not consciously view himself as being unmasculine. In his father's eyes, however, the boy is not en route to becoming a "complete" man. With his father's values internalized (despite himself), the son has low self-esteem, and a persistent sense of masculine insecurity.

The situations outlined above are meant to illustrate only some of the ways in which the endogenous motivation to participate in RTP enters the clinical situation. Understanding the origins and manifestations of these behaviors is necessary in order for a clinician to be optimally helpful to his or her patients. Because of limitations of space, we did not describe the other parent's role in the family system. Obviously, the mother's input can ameliorate or exacerbate difficult situations. Our purpose here, however, is not to discuss family dynamics, but simply to make the point that the endogenous motivation to participate in RTP is not only of theoretical interest but of direct clinical relevance.

RTP VERSUS DESTRUCTIVE AGGRESSION

In distinguishing RTP from aggression we have essentially taken one subgroup of behaviors that Freud would have considered to be manifestations of "activity, mastery, dominance" out of the "aggression" category, leaving other subgroups having destructiveness as their goal. Thus, we would go so far as to suggest that it is "instinctive" to be motivated toward RTP and "instinctive" therefore to be motivated toward physical competition with another male. Unlike Freud, who assumed that oedipal father-son competition was associated with unconscious *homicidal* fantasies, we raise the possibility that oedipal-age competitive feelings sometimes stem from an impulse to *play*. We speculate that parricidal fantasies become more common following the testosterone surge of puberty and even then may not be universally experienced.

The term "aggression" generally connotes *destructiveness*. Moyer (1976) has suggested that the term "aggression" applies to behavior leading to damage or destruction of some target. He has proposed a classificatory system based on characteristics of the stimulus that evokes aggressive responses. The categories (which are not mutually exclusive) are predatory, inter-male, fear-induced, irritable, territorial, defensive, maternal, instrumental, and sexual (p. 5). We agree with the usefulness of defining aggression in terms of *motivated destructiveness*. In human psychological functioning the concept of "destructiveness" must, however, include both actual and *fantasized* damage to an object.

There is no question that Homo sapiens is an innately aggressive species, and therefore many find it intuitively appealing, as Freud did, to conceptualize an "aggressive" instinct. There has never been a time in all recorded history without war and violent crime. Our species appears to have an omnivorous appetite for destruction. We are the "natural enemies" of each other, of most other mammalian species, including those who have no other natural enemies, and even of other diverse life forms that constitute the planetary ecosystem.

E. O. Wilson (1978) has written:

> Human aggression cannot be explained as either a dark angelic flaw or a bestial instinct. Nor is it the pathological symptom of upbringing in a cruel environment. Human beings are strongly predisposed to respond with unreasoning hatred to external threats and to escalate their hostility sufficiently to overwhelm the source of the threat by a respectably wide margin of safety. Our brains do appear to be programmed to the following extent: we are inclined to partition other people into friends and aliens. In the same sense that birds are inclined to learn territorial songs, and to navigate by the polar constellations, we tend to fear deeply the actions of strangers and to solve conflict by aggression. These learning rules are most likely to have evolved during the past hundreds of thousands of years of human evolution and thus to have conferred a

biological advantage on those who have conformed to them with the greatest fidelity (p. 119).

BOYHOOD AND ADULT AGGRESSION

There is substantial evidence that the same prenatal organizing hormonal influences that predispose *most* boys toward RTP also predispose *many* to be truly aggressive.

Psychological investigators have studied aggression in diverse ways using structured paper and pencil tests, semistructured interviews, projective tests, observed, naturalistically occurring social interaction, social psychological experiments, epidemiological studies of specifically defined acts of aggression, studies of environments in which aggressivity is common, tape recordings of psychotherapeutic sessions, psychiatric examinations of violent criminals, neuropsychiatric studies of violent patients and brain-damaged patients, postmortem studies of the brains of violent people, and effects of drugs which amplify or inhibit aggressive behavior (Glick and Roose, 1993; Goodman, et al., 1993; Lewis, 1967; Maccoby and Jacklin, 1974; Moyer, 1974; Prentky and Quinsey, 1988; Valzelli, 1981). Across all measures in all studies, and in all cultures studied and throughout recorded history, males have been found to be more aggressive than females (Moyer, 1974, 1976). Of course, just as females engage in RTP, so they also may be violently destructive. Most violence, however, is enacted by postpubertal males. This, despite the fact that substantial childhood violence goes unreported since its victims are other children. Sex differences in prepubertal aggressivity, however, also occur in the expected direction (Gilligan, 1982; Maccoby and Jacklin, 1974)—that is, males are more likely than females to engage in it.

Despite these observations, the relationship between aggression and male sex steroids is not simple. At postpubertal physiological levels, testosterone does not immediately "cause" aggressive activity. Children as young as age four who have the

disorder known as "precocious puberty" experience the biological effects of adult levels of testosterone. They are not innately hyperaggressive, however, just as many physiologically normal men are not (Money and Ehrhardt, 1972). Aside from sexual violence (Bradford and Pawlak, 1993), hyperaggressive predispositions are usually unresponsive to elimination of testosterone or blockage of its effects. Only at very high pharmacological levels, such as are used, for example, without prescription by athletes, do androgens seem to predispose to violence and paranoid thinking. In adults true aggression appears to be expressed as a result of intricate interactions between absence of constraints, stimulating social circumstances, and constitutional predispositions of various types. Adult levels of testosterone probably do predispose many men toward aggressivity for a variety of reasons, many of which are indirect. A man who has an impulse disorder and is predisposed toward sexual violence, for example, might become overtly violent when frustrated sexually. Many interactions involving testosterone exceed the scope of this article (Rose, 1985). In children, true aggression appears to be expressed as a result of similarly complex interactions. Thus many children undoubtedly have the capacity to be truly aggressive, and therefore to harbor destructive and even homicidal fantasies.

Given the great prevalence of "true aggressiveness" even in childhood, there is no great difficulty in finding parricidal fantasies among oedipal aged boys. Whether such fantasies are truly normative, or merely constitute the expression of a specific subgroup of an even larger group who are predisposed toward competition but not necessarily toward *mortal competitiveness* in fantasy, seems uncertain. What is more important, in our view, is that the fantasies of aggression and dominance in the relationship between son and father are not necessarily predicated upon the erotic desire for the mother (or in the case of those constitutionally so programmed, erotic desire for the father), but are a manifestation of an independent psychodevelopmental line.

NEUROENDOCRINE DETERMINANTS OF SEXUALITY VERSUS RTP AND AGGRESSIVENESS

In this article we have reframed the oedipus complex in order to emphasize two components which we believe are more universally experienced than the incestuous wish. These two components are competitive-aggressive impulses toward the father or father figure and fear of the father or father figure. These components are not, in our view, necessarily contingent upon the child's erotic fantasies. Nor are they necessarily dependent on each other.

We have a number of reasons for believing sexuality and RTP fall along different developmental lines. From a neurobiological perspective, the RTP testosterone-dependent system is influenced by biological mechanisms that are fundamentally different from those that determine and control erotic activity. Space permits only a brief summary of the relevant differences here. Those who wish a more inclusive discussion are referred to recent reviews (Byne and Parsons, 1993; Friedman and Downey, 1993; Gorski, 1991; LeVay, 1993; Meyer-Bahlberg, 1993).

In brief, there are two major biochemical pathways by which androgens organize the structure of the central nervous system. In one major pathway, androgens are converted to estrogens intraneuronally, and the biochemical response of the cell is actually to the estrogens. In the other major pathway, the cell responds directly to androgens, and these are *not* metabolized to estrogen in order to exert their effect. Sex-stereotypical mating behavior, which in rats includes mounting, intromission, and ejaculation in males and lordosis in females, and other forms of sexual activity in primates, appears to be influenced by both pathways. In contrast, RTP is influenced only by androgen that is *not* metabolized to estrogen.

From a phylogenetic perspective, the neuroendocrine mechanisms that control RTP are similar in rodents, nonhuman primates, and humans. The neuroendocrine mechanisms that con-

trol sexual behavior, however, are fundamentally *different* in rodents and primates as can be seen in studies of the female animals (Karsch, et al., 1973). Thus, in the female rat the hypothalamic neuroendocrine control system that regulates cyclic secretion of luteinizing hormone from the pituitary gland is permanently abolished by the *organizing* effects of androgens. In the female monkey and human, however, the neuroendocrine control system that regulates cyclic secretion of luteinizing hormone from the pituitary gland is not permanently abolished by the organizing effects of androgens. Thus, in the rat, the organizing effects of androgens affect both RTP and cyclicity versus tonicity of sex steroid hormones. In the human, however, the organizing effects of androgens affect RTP but *not* the cyclicity of sex steroid hormones.

These differences in neuroendocrine control mechanisms are paralleled by differences in sexual behavior between species during adulthood. In the female rat, for example, mating behavior is closely linked to the hormonal changes of the estrus cycle. In primates, however, and particularly human beings, sexual behavior, although often *influenced* by the hormonal changes of the menstrual cycle, is not *determined* by these changes. Sexual experience and sexual activity occur throughout the menstrual cycle.

While RTP is dependent *only* on the organizing effects of androgen, sexual behavior is dependent on *organizing plus activating* effects of androgen. This difference in neuroendocrine control mechanisms is associated with a fundamental difference between prepubertal behavior patterns of RTP and sexual activity in various species. RTP exists in its *full form* in immature animals. Sexual behavior occurs in immature animals but *not in its full form*. For example, in nonhuman primates, specific sequences of behaviors are involved in mounting in order to carry out intromission. Immature animals typically carry out some, but not all of these sequences. The nonhuman animal data have some interesting parallels in the sexual behavior of children. Thus, a recent investigation of the frequency of various sexual

behaviors in normal four to six year olds revealed that touching genitalia or displaying sex parts to others occurred reasonably often. Behaviors characteristic of adult sexuality were rare, however, and when present generally signified sexual abuse (Friedrich, et al., 1991).

Moreover, the anatomic sites that regulate mating behavior are distinct from the anatomic sites that influence RTP (Meaney, et al., 1981; Meaney and McEwen, 1986; Oomara, et al., 1983; Perachio, et al., 1979; Valzelli, 1981). There are no data that would shed light on the degree to which human *sexual fantasy depends on both activating and organizing effects of testosterone*. Enough observational and clinical data have emerged to indicate that children often seem to experience erotic fantasy. For example, Galenson (1993) has said that in some children between fifteen and nineteen months of age, intentional genital self-stimulation with behavioral evidence of erotic arousal occurs. How frequently this behavior culminates in orgasm, however, has not been established. There is no evidence that such behavior is "normal" either in a statistical sense or as a predictor of future normalcy or psychopathology. It is certainly a credible hypothesis that the maximal potential for erotic fantasy is only achieved following the activational effects of sex steroid hormones. In males the hormones in question are testosterone and some of its metabolites. In females, the situation is more complex, since endogenous testosterone appears to play both a permissive and stimulatory role with regard to erotic experience. The hormones that are regulated by the menstrual cycle also appear to have major effects. It is safe to say, however, that postpubertal women are even less like prepubertal girls than postpubertal men are like prepubertal boys.

Data about the erotic experience and potential of adults compared to prepubertal children are compatible with the observations of analysts who have criticized Freud's ideas about childhood sexuality (Chodoff, 1966). We suggest that although many children experience sexual desire during or prior to the oedipal phase of development, many do not. They *are* likely to experi-

ence competitive rivalry and fear of their fathers, however. The oedipal narrative might *appear* to organize their representational world. What is meant by "oedipal," however, is different from the biologically determined sexual-aggressive constellation of fantasied enactments suggested by Freud.

CONCLUSION

As a result of recent research on the etiology of diverse psychiatric disorders and on the genesis of moral values, as well as on the basis of revised psychoanalytic ideas about female psychosexual development (Tyson, 1982; Tyson and Tyson, 1990), it seems apparent that a fresh look should be taken of the role of the oedipus complex in psychological development. Abundant data from diverse areas of research indicate that the oedipus complex does not have the type of central role in the etiology of psychopathology that Freud suggested.

Freud conceptualized psychoanalysis as a field of knowledge and inquiry that was grounded in biological science (Sulloway, 1979). Since his death, there has been considerable movement away from that perspective. We suggest that the time is right once again for integrating psychoanalytic theory with neurobiology. Just as psychoanalytic theory itself has grown and changed, however, so have the neural sciences. Reintroduction of the importance of brain functioning should not raise the specter of outmoded scientific reductionism. There is nothing intrinsically inimical about the integration of the realism of brain and mind with object relations theory, self psychology, and ego psychology, or with the belief that the field should also be rooted in the experience of highly sophisticated clinicians.

One idea of Freud's with which we have differed is the notion that the relationship between "biology" and "society" is intrinsically one of conflict. We have argued that Freud's enthusiasm for this idea seemed to be due to historical influences and also to the constructed narrative of his psychobiography. In fact, "bi-

ology" and "society" are best conceptualized, in our view, as different facets of a living entity that is integrated at different levels of complexity. We have suggested that the oedipus complex need not be conceptualized as a unit whose initially activated element is an incestuous wish. We have instead pointed out that a behavioral system seems to exist in humans and other mammals that follows its own developmental line and whose earliest manifestations are in play. Sometimes in some individuals it seems as if this system is part of a larger behavioral system organized by erotic fantasy, just as Freud suggested. These instances seem to us to be the exception rather than the rule. In fact, we agree with those psychoanalytic critics such as Chodoff (1966) and Schrut (1993), and nonpsychoanalytic critics such as Erickson (1993), who have questioned the validity of the incestuous wish as a primary organizing psychological event. We have pointed out that the adult human male is dangerous and is often likely to be perceived as such by women and children. The realistic reasons for little boys to be fearful of adult males influence the fantasy system of children.

We suggest that oedipal fears take the form of *castration* (*symbolically represented as penectomy*) because in boys, the external genitalia are integrated into the body image relatively late in development (Roiphe and Galenson, 1981) and are probably often experienced as exquisitely sensitive and fragile. We speculate that by the time of oedipal age, boys normally process anxiety somatically and in symbolic form as fear of castration. Although the law of the talion probably is often influential in development (Freud, 1913), we suspect that it is not the major "reason" penectomy is so frequently feared in boys. Children are both extremely concrete and also prone to certain types of generalizations. We would hypothesize that the tendency to represent anxiety in the imagery of castration is a phase-specific, constitutionally determined aspect of cognitive development. We conjecture that a wide variety of wishes deemed to be unacceptable might evoke castration anxiety in oedipal-aged boys. It might well be that following puberty, the expectation of pun-

ishment in the form of castration for unacceptable erotic desires is experienced much more commonly than it is earlier. It is a reflection of the still sparse knowledge about childhood sexuality that empirical data which would shed light on this speculation are presently not available.

Freud stated that components of what has come to be called the oedipus complex are crucial behavioral organizers during childhood. We agree with his premise as well as with his idea that they are biologically programmed. With Freud, we believe that an enormously important psychological mechanism influencing much human experience is that of repression. The mechanisms and laws by which repression functions both at the level of brain and of mind remain mysterious to this day. We join multitudes of other psychoanalysts in agreeing that by charting the effects of the repressed oedipus complex during adulthood, Freud made a first-rank medical and scientific contribution. In suggesting that his model of the mind requires revision in keeping with modern scientific advances, we take a position which we suspect he would have also endorsed.

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CLINICAL WORK AND CULTURAL IMAGINATION

BY SUDHIR KAKAR

With illustrations from clinical experience in India, this paper discusses the question of the cultural rootedness of psychoanalysis as a therapeutic method and some of the cultural differences, chiefly, the dominance of the theme of "maternal enthrallment," both in Indian cultural imagination and in clinical work with male patients.

The perennial question on the cross-cultural validity of psychoanalysis evokes strong interest in intellectual circles. It actually consists of two questions: Is psychoanalysis at all possible in a traditional non-Western society with its different family system, religious beliefs, and cultural values? Is the mental life of non-Western patients radically different from that of their Western counterparts? Over the years, in my own talks to diverse audiences in Europe and the United States, this particular question has invariably constituted the core of animated discussion. The sharp increase in the skepticism about the transcultural validity of psychoanalysis in recent years is correlated with the rise of relativism in the human sciences. Intellectually, the relativistic position owes much of its impetus to Foucault's powerful argument on the rootedness of all thought in history and culture—and in the framework of power relations. Adherents of this perspective are not a priori willing to accept why psychoanalysis, a product of nineteenth century European bourgeois family and social structure, should be an exception to the general rule on the incapacity of thought to transcend its roots. In this paper, I propose to discuss the issue of the cultural rootedness of psy-

choanalysis with illustrations from my own clinical practice in India.

Ramnath was a fifty-one-year-old man who owned a grocery shop in the oldest part of the city of Delhi. When he came to see me some eighteen years ago, he was suffering from a number of complaints, though he desired my help for only one of them—an unspecified "fearfulness." This anxiety, less than three years old, was a relatively new development. His migraine headaches, on the other hand, went back to his adolescence. Ramnath attributed them to an excess of "wind" in the stomach, which periodically rose up and pressed against the veins in his head. He has always had a nervous stomach. It has never been quite as bad as it was in the months following his marriage some thirty years ago, when he suffered from severe stomach cramps and an alarming weight loss. He was first taken to the hospital by his father, where he was x-rayed and tested. Finding nothing wrong with him, the doctors had prescribed a variety of vitamins and tonics which were not of much help. Older family members and friends had then recommended a nearby *ojha*—"sorcerer" is too fierce a translation for this mild-mannered professional of ritual exorcism—who diagnosed his condition as being the result of magic practiced by an enemy, namely his newly acquired father-in-law. The rituals to counteract the enemy magic were expensive, as was the yellowish liquid emetic prescribed by the *ojha*, which periodically forced Ramnath to empty his stomach with gasping heaves. In any event, he was fully cured within two months of the *ojha*'s treatment, and the cramps and weight loss have not recurred.

Before coming to see me about his "fearfulness," Ramnath had been treated with drugs by various doctors: by allopaths (as Western-style doctors are called in India) as well as homeopaths, by the *vaids* of Hindu medicine as well as the *hakims* of Islamic medical tradition. He had consulted psychiatrists, ingested psychotropic drugs, and submitted to therapy. He had gone through the rituals of two *ojhas* and was thinking of consulting a third who had been highly recommended.

His only relief came through the weekly gathering of the local chapter of the Brahmakumari (literally "Virgins of Brahma") sect which he had recently joined. The communal meditations and singing gave him a feeling of temporary peace, and his nights were no longer so restless. Ramnath was puzzled by the persistence of his anxious state and its various symptoms. He had tried to be a good man, he said, according to his *dharma*, which is both the "right conduct" of his caste and the limits imposed by his own character and predispositions. He had worshipped the gods and attended services in the temple with regularity, even contributing generously toward the consecration of a Krishna idol in his native village in Rajasthan. He did not have any bad habits, he asserted. Tea and cigarettes, yes, but for a couple of years he had abjured even these minor though pleasurable addictions. Yet the anxiety persisted, unremitting and unrelenting.

Since it is culture rather than psyche which is the focus of this presentation, let me essay a cultural analysis rather than a psychoanalysis of Ramnath's condition. At first glance, Ramnath's cognitive space in matters of illness and well-being seems incredibly cluttered. Gods and spirits, community and family, food and drink, personal habits and character, all seem to be somehow intimately involved in the maintenance of health. Yet these and other factors such as biological infection, social pollution, and cosmic displeasure—all of which most Hindus would also acknowledge as causes of ill health—only point to the recognition of a person's simultaneous existence in different orders of being; of the person being a body, a psyche, and a social being at the same time. Ramnath's experience of his illness may appear alien to Europeans only because, as I have elaborated elsewhere (Kakar, 1982), the body, the psyche, and the community do not possess fixed, immutable meanings across the cultures.

The concept of the body and the understanding of its processes are not quite the same in India as they are in the West. The Hindu body, portrayed in relevant cultural texts predominantly in imagery from the vegetable kingdom, is much more

intimately connected with the cosmos than the clearly etched Western body, which is sharply differentiated from the rest of the objects in the universe. The Hindu body image stresses an unremitting interchange taking place with the environment, simultaneously accompanied by ceaseless change within the body.

The psyche—the Hindu "subtle body"—is not primarily a psychological category in India. It is closer to the ancient Greek meaning of the "psyche," the source of all vital activities *and* psychic processes, and considered capable of persisting in its disembodied state after death. Similarly, for many Indians, the community consists not only of living members of the family and the social group but also of ancestral and other spirits as well as the gods and goddesses who populate the Hindu cosmos. An Indian is inclined to believe that his or her illness can reflect a disturbance in any one of these orders of being, while the symptoms may also be manifested in the other orders. If a treatment, say, in the bodily order fails, one is quite prepared to reassign the cause of the illness to a different order and undergo its particular curing regimen—prayers or exorcisms, for instance—without losing regard for other methods of treatment.

The involvement of all orders of being in health and illness means that an Indian is generally inclined to seek more than one cause for illness in especially intractable cases. An Indian tends to view these causes as complementary rather than exclusive and arranges them in a hierarchical order by identifying an immediate cause as well as others that are more remote. The causes are arranged in concentric circles, with the outer circle including all the inner ones.

To continue with our example: Ramnath had suffered migraine headaches since his adolescence. Doctors of traditional Hindu medicine, *Ayurveda*, had diagnosed the cause as a humoral disequilibrium—an excess of "wind" in the stomach which periodically rose up and pressed against the veins in his head—and prescribed *Ayurvedic* drugs, dietary restrictions as well as liberal doses of aspirin. Such a disequilibrium is usually felt to be

compounded by bad habits which, in turn, demand changes in personal conduct. When an illness like Ramnath's persists, its stubborn intensity will be linked with his unfavorable astrological conditions, requiring palliative measures such as a round of prayers (*puja*). The astrological "fault" probably will be further traced back to the bad karma of a previous birth about which, finally, nothing can be done—except, perhaps, the cultivation of a stoic endurance with the help of the weekly meetings of the Virgins of Brahma sect.

I saw Ramnath three times a week in psychoanalytic therapy for twenty-one sessions before he decided to terminate the treatment. At the time, although acutely aware of my deficiencies as a novice, I had placed the blame for the failure of the therapy on the patient or, to be more exact, on the cultural factors involved in his decision. Some of these were obvious. Ramnath had slotted me into a place normally reserved for a personal guru. From the beginning, he envisioned not a contractual doctor-patient relationship but a much more intimate guru-disciple bond that would allow him to abdicate responsibility for his life. He was increasingly dismayed that I as a psychoanalyst did not dispense wise counsel but expected the client to talk, and that I wanted to follow his lead rather than impose my own views or directions on the course of our sessions. My behavior also went against the guru model which demands that the therapist demonstrate his compassion, interest, warmth, and responsiveness much more openly than I believe is possible or desirable in a psychoanalytic relationship. I did not know then that Ramnath's "guru fantasy," namely the existence of someone, somewhere— now discovered in my person—who will heal the wounds suffered in all past relationships and remove the blights on the soul so that it shines anew in its pristine state, was not inherent in his Indianness but common across many cultures. Irrespective of their conscious subscription to the ideology of egalitarianism and a more contractual doctor-patient relationship, my European and American patients, too, approached analysis and the analyst

with a full-blown guru fantasy which, however, was more hidden and less accessible to consciousness than in the case of Ramnath.

Rather than Ramnath's expectations, I now realize, it was my disappointment which caused the analysis to flounder: I had expected Ramnath to be an individual in the sense of someone whose consciousness had been molded in a crucible which is commonly regarded as having come into existence as part of the psychological revolution in the wake of the Enlightenment in Europe. This revolution, of course, is supposed to have narrowed the older, metaphysical scope of the mind to mind as an isolated island of individual consciousness, profoundly aware of its almost limitless subjectivity and its infantile tendency to heedless projection and illusion. Psychoanalysis, I believed, with some justification, is possible only with a person who is individual in this special sense, who shares, at some level of awareness and to some minimum degree, the modern vision of human experience wherein each of us lives in his or her own subjective world, pursuing personal pleasures and private fantasies, constructing a fate which will vanish when our time is over.

In most psychoanalytic case histories, whether in Western or non-Western worlds, analysands, except for their different neurotic or character disturbances, sound pretty much like each other (and like their analysts); this is because they all share the post-Enlightenment world-view of what constitutes an individual. In a fundamental sense, psychoanalysis does not have a cross-cultural context but takes place in the same culture across different societies; it works in the established (and expanding) enclaves of psychological modernity around the world. We can therefore better understand why psychoanalysis in India began in Calcutta—the first capital of the British Empire in India where Indians began their engagement and confrontation with post-Enlightenment Western thought—before extending itself and virtually limiting itself to Bombay, which prides itself on its cosmopolitan character and cultural "modernity." It is also comprehensible that the clientele for psychoanalysis in India consists

overwhelmingly—though not completely—of individuals (and their family members) who are involved in modern professions like journalism, advertising, academia, law, medicine, and so on. In the sociological profile, at least, this client does not significantly differ from one who seeks psychoanalytic therapy in Europe and America.

Ramnath, I believed, was not an individual in the sense that he lacked "psychological modernity." He had manfully tried to understand the psychoanalytic model of inner conflict rooted in life history that was implied in my occasional interventions. It was clear that this went against his cultural model of psychic distress and healing, wherein the causes for his suffering lay outside himself and had little to do with his biography— black magic by father-in-law, disturbed planetary constellations, bad karma from previous life, disturbed humoral equilibrium. He was thus not suitable for psychoanalytic therapy, and perhaps I had given up on him before he gave up on me. But Ramnath, I realized later, like many of my other traditional Hindu patients, had an individuality which is embedded in and expressed in terms from the Hindu cultural universe. This individuality is accessible to psychoanalysis if the therapist is willing and able to build the required bridges from a modern to a traditional individuality. The Indian analyst has to be prepared, for instance, to interpret the current problems of such a patient in terms of his or her bad karma—feelings, thoughts, and actions—not from a previous existence but from a forgotten life, the period of infancy and childhood, his or her "prehistory." Let me elaborate on this distinction between traditional and modern individuals who both share what I believe is the essence of psychological modernity.

Psychological modernity, although strongly associated with post-Enlightenment, is nevertheless not identical with it. The core of psychological modernity is internalization rather than externalization. I use internalization here as a sensing by the person of a psyche in the Greek sense, an animation from within rather than without. Experientially, this internalization is a rec-

ognition that one is possessed of a mind in all its complexity. It is the acknowledgment, however vague, unwilling, or conflicted, of a subjectivity that destines one to episodic suffering through some of one's ideas and feelings. In psychoanalysis, these could be described as murderous rage, envy, and possessive desire seeking to destroy *and* to keep alive those one loves. Simultaneously comes the knowledge, at some level of awareness, that the mind can help in containing and processing disturbed thoughts, as can the family and the group (Bollas, 1992). In Hindu terms, it is a person's sense and acknowledgment of the primacy of the "subtle body"—the *sukshmasharira*— in human action and of human suffering as caused by the workings of the five passions: sexual desire, rage, greed, infatuation, and egotism.

Similarly, Buddhists, too, describe human suffering as being due to causes internal to the individual: cognitive factors such as a perceptual cloudiness causing misperception of objects of awareness but also affective causes such as agitation and worry— the elements of anxiety and greed, avarice and envy— which form the cluster of grasping attachment. This *internalization* is the essence of "individuation" and of psychological modernity, which has always been a part of what Hindus call the "more evolved" beings in traditional civilizations. The fact that this core of individuation is expressed in a religious rather than a psychological idiom should not prevent us from recognizing its importance as an ideal of maturity in traditional civilizations such as Hindu India; it should also give us pause in characterizing, indeed pathologizing India or any other civilization as one where some kind of familial self (Roland, 1988) or group mind (Kurtz, 1992) reigns in individual mental life. The "evolved" Hindu in the past or even in the present, who has little to do with the post-Enlightenment West, thus interprets the *Mahabharata* as an account of inner conflict in man's soul rather than of outer hostilities.

The "evolved beings" in India, including the most respected gurus, have always held that the guru, too, is only seemingly a

person but is actually a function, a transitional object in modern parlance, as are all the various gods who are also only aspects of the self. "The guru is the disciple, but perfected, complete," says Muktananda (1983). "When he forms a relationship with the guru, the disciple is in fact forming a relationship with his own best self" (p. ix). At the end of your *sadhana*, burn the guru, say the Tantriks; kill the Buddha if you meet him on the way, is a familiar piece of Zen Buddhist wisdom. All of them, gurus or gods (as also the analyst), have served the purpose of internalization—a specific mode of relating to and experiencing the self—and are dispensable.

Psychological modernity is thus not coterminous with historical modernity; nor are its origins in a specific geographical location, even if it received a sharp impetus from the European Enlightenment. My biggest error in Ramnath's case was in making a sharp dichotomy between a "Hindu" cultural view of the interpersonal and transpersonal nature of the human and a modern "Western" view of the human being's individual and instinctual nature and assuming that since Ramnath was not an individual in the latter sense, he was not an individual at all. Although suggestive and fruitful for cultural understanding, the individual/relational differences should not be overemphasized. Even my distinction between traditional and modern individuality is not a sharp one. In reference to his satori or enlightenment, occasioned by the cry of a crow, Ikkyu, a fifteenth century Zen master known for his colorful eccentricity, suggests the presence of a "modern" biographical individuality when he writes:

> ten dumb years I wanted things to be different
> furious proud I
> still feel it
> one summer night in my little boat on lake Biwa
> caaaawwweeeee
> father when I was a boy you left us now I forgive you (Berg, 1989, p. 42).

In spite of the cultural highlighting of the inter- and transpersonal, I found my traditional Indian patients more individual in their unconscious than they initially realized. Similarly, in spite of a Western cultural emphasis on autonomous individuality, my European and American patients are more relational than *they* realize. Individual and communal, self and other, are complementary ways of looking at the organization of mental life. They exist in a dialectical relationship to each other although a culture may, over a period of time, stress the importance of one or the other in its ideology of the fulfilled human life and thus shape a person's *conscious* experience of the self in predominantly individual or communal modes. It is undeniable that Indians are very relational, with the family and community (including the family of divinities) playing a dominant role in the experience of the self. It is also undeniable, though less evident, that Indians are very individualistic and, at least in fantasy, are capable of conceiving and desiring a self free of *all* attachments and relationships.

In positing some shared fundamentals for the practice of the psychoanalytic enterprise, I do not mean to imply that there is no difference between analysands from Bombay, Beirut, or Birmingham. The middle-class, educated, urban Indian, although more individualized in his experience of the self and closer to his Western counterpart on this dimension, is nevertheless not identical with the latter. Contrary to the stance popular among many anthropologists of Indian society, the traditional Hindu villager is not the only Indian there is, with the rest being some kind of impostors or cultural deviants. The urban Indian analysand shares with the others many of the broader social and cultural patterns which are reflected in the cultural particularities of the self. One of these particularities, frequently met with in case histories and a dominant motif in Hindu myths and other products of cultural imagination, is the centrality of the male Hindu Indian's experience of the powerful mother (Kakar, 1978, 1989b). Let me first illustrate this more concretely through a vignette.

Pran is a forty-five-year-old journalist who came to analysis suffering from a general, unspecified anxiety and what he called a persistent feeling of being always on the "edge." Until March of this year, Pran's three hundred and twenty sessions have been pervaded by his mother to a degree unsurpassed in my clinical work. For almost two years, four times a week, hour after hour, Pran would recollect what his mother told him on this or that particular occasion, what she thought, believed, or said, as he struggled to dislodge her from the throne on which he had ensconsed her in the deepest recesses of his psyche. She was a deeply religious woman, a frequenter of discourses given by various holy men. Pran accompanied her to these discussions which contributed significantly to the formation of his traditional Hindu world-view. In contrast to the mother, Pran's memories of his father, who died when he was eleven, are scant. They are also tinged with a regret that Pran did not get a chance to be closer to a figure who remains dim and was banished to the outskirts of family life when alive. He is clearly and irrevocably dead while the mother, who died ten years ago, is very much alive. The father was a man about town, rarely at home, and thoroughly disapproved of by the mother who not only considered herself more virtuous and intelligent, but also implied to the son that the stroke which finally killed the father was a consequence of his dissolute, "manly" ways.

Pran's many memories of his closeness to his mother include the hours they spent just sitting together, communing in silence, a feeling of deep repose flowing through him. He remembers being breast fed until he was eight or nine, although when he thinks about it a little more, he doubts whether there was any milk in the breasts for many of those years. In any event, he distinctly recollects peremptorily lifting up her blouse whenever he felt like a suck, even when she was busy talking to other women. Her visiting friends were at times indulgent and at others indignant. "Why don't you stop him?," they would ask his mother. "He does not listen," she would reply in mock helplessness.

Pran slept in his mother's bed till he was eighteen. He vividly recalls the peculiar mixture of dread and excitement, especially during his adolescent years when he would maneuver his erect penis near her vagina for that most elusive and forbidden of touches which he was never sure was a touch at all, or whether his penis had actually been in contact with her body. Later, his few physical encounters with women were limited to hugging, while he awkwardly contorted the lower part of his body to keep his erection beyond their ken. For a long time, his sexual fantasies were limited to looking at and touching a woman's breasts. As his analysis progressed, his most pleasurable sexual fantasy became one of the penis hovering on the brink of the labial lips, even briefly touching them, but never entering the woman's body.

After concluding his studies, at which he did very well, Pran joined a newspaper and became quite successful. The time for his marriage had now arrived and there began the first open though still subdued conflicts with his mother on the choice of a marriage partner. His mother invariably rejected every attractive woman he fancied, stating bluntly that sons forget their mothers if they get into the clutches of a beautiful woman. Pran finally agreed to his mother's choice of a highly educated, docile, and plain-looking woman. For the first six months, he felt no desire for his wife. (The fact that his mother slept in the room next to the bridal couple and insisted that the connecting door remain open at all times except for the night hours hardly worked as an aphrodisiac.) When the family used the car, his wife would sit in the back, the mother not holding with newfangled modern notions which would relegate her to the back seat once the son brought a wife home. Even now his sexual desire for his wife is perfunctory and occasional. He feels excited by women with short hair who wear makeup and skirts rather than any long-tressed Indian beauty in the traditional attire of *salwar kameez* or *sari*. Such a woman is too much like his mother. For many years, Pran has been trying to change his wife's conservative appearance, so reminiscent of his mother's, toward one

which is closer to the object of his desire. His efforts are to little avail. The wife feels short hair, makeup, and skirts will make her look like a prostitute. Pran would like to have the courage to say, "Exactly!"

Only since his mother's death has Pran experienced sexual intercourse with his wife as pleasurable. Yet after intercourse there is invariably a feeling of tiredness for a couple of days, and Pran feels, as he puts it, that his body is "breaking." His need for food, especially the spicy-sour savories (*chat*) which were a special favorite of his mother and are popularly considered "woman's food," increases markedly. In spite of his tiredness, Pran can drive miles in search of the spicy fare.

The need for sleep and spicy food, together with the feeling of physical unease, also occurs at certain other times. It is a regular feature of his work day when, after a few hours of work, he feels the need for something to eat and a short nap. The physical unease and craving for food and sleep increases dramatically when he has to travel on business or take people out for dinner. It is particularly marked whenever he has a drink at a bar with friends.

Relatively early in his analysis, Pran became aware of the underlying pattern in his behavior. Going to work, traveling, drinking, and, of course, sexual intercourse, are "manly" activities to which he is greatly drawn. They are, however, also experienced as separations from the mother which give rise to anxiety till he must come back to her through food and sleep. He must recurrently merge with her in order, as he puts it, to strengthen his nervous system. The re-establishment of an oral connection with the mother is striking in its details. Pran not only hankers after the mother's favorite foods but feels a great increase in the sensitivity of the lips and the palate. The texture and taste of food in the mouth is vastly more important for the process of his recuperation than is the food's function in filling his belly. His sensual memories of his mother's breasts and the taste of her nipples in his mouth are utterly precise. He can recover the body of the early mother as a series of spaced

flashes, as islands of memory. The short naps he takes after one of his "manly" activities are framed in a special ritual. He lies down on his stomach with his face burrowed between two soft pillows, fantasizes about hugging a woman, then falls asleep, waking up fresh and vigorous.

It took a longer time for Pran to become aware of the terror his mother's overwhelming invasiveness inspired in him as a little boy and his helpless rage in dealing with it. He railed, and continues to do so, at her selfishness which kept him bound to her and wept at memories of countless occasions when she would ridicule his efforts to break away from her to play with other boys or in the choice of his workplace, clothes, or friends. She has destroyed his masculinity, he feels. As a boy, she made him wash her underclothes, squeeze out the discharge from her nipples, oil her hair and pluck out the grey ones on an almost daily basis. The birth of his three daughters before he had a son, he felt, was due to this feminization which had made his semen "weak." He realized that all his "manly" activities were not only in pursuit of individuation as a man, or even in a quest for pleasure but also because they would lacerate the mother. "I always wanted to hurt her at the same time that I could not do without her. She has been raping me ever since I was born," he once said.

Often, as he lies there, abusing his mother, with a blissful expression on his face reflecting her close presence, I cannot help but feel that this is *nindastuti*, worship of a divinity through insult, denigration, and contempt, which is one of the recognized relationships of a Hindu devotee with a divinity.

I have selected this particular vignette from my case histories because in its palette of stark, primary colors and in its lack of complex forms and subtle shades, it highlights, even cartoons a dominant theme in the analysis of many male Hindu Indians. Judged by its frequency of occurrence in clinical work and its pre-eminence in the Hindu cultural imagination, the theme of what I call "maternal enthrallment" and the issue of the boy's

separation from the overwhelming maternal-feminine— rather than the dilemmas of Oedipus—appears to be the hegemonic (to use the fashionable Gramscian term) narrative of the Hindu family drama (Kakar, 1989a). It is the cornerstone in the architecture of the male self. The reason why I mention cultural imagination in conjunction with clinical work, when advancing a generalized psychoanalytic proposition about the Indian cultural context, is simple. Clinical psychoanalysis is generally limited to a small sample from three or four large Indian metropolises. It cannot adequately take into account the heterogeneity of a country of eight hundred million people with its regional, linguistic, religious, and caste divisions. Clinical cases can, at best, generate hypotheses about cultural particularities. The further testing of these hypotheses is done (and remains true to psychoanalytic intention and enterprise) by testing them in the crucible of the culture's imagination—its myths, art, fiction, cinema, and so on—before psychoanalytic propositions about another culture can be advanced.

The kind of maternal enthrallment and the prolonged mother-son symbiosis I have described in this particular vignette, including the peek-a-boo, was-it-or-was-it-not incest, would ordinarily be associated with much greater pathology in analytic case conferences in Europe and North America. Pran's level of functioning, however, is quite impressive in spite of his many inhibitions and anxieties. I wonder how much of this kind of psychoanalytic expectation that Pran is sicker than what I believe to be actually the case is due to a cultural contamination creeping into the clinical judgment of his sexual differentiation and separation-individuation processes. For instance, is the psychoanalytic evaluation of Pran's undoubted feminization and a certain lack of differentiation also being influenced by a Western cultural imagination of what it means to be, look, think, or behave like a man or a woman? This becomes clearer if one thinks of Greek or Roman sculpture with their hard, muscled men's bodies and chests without any fat at all and compares it

with the sculpted representations of Hindu gods or the Buddha, where the bodies are softer, suppler, and, in their hint of breasts, nearer to the female form.

I have no intention of relativizing Pran's pain and suffering out of existence. I only wish to point out that, between a minimum of sexual differentiation needed to function heterosexually with a modicum of pleasure and a maximum which cuts off any sense of empathy and emotional contact with the other sex experienced as a different species altogether, there is a whole range of positions, each occupied by a culture that insists on calling it the only one that is mature and healthy.

Compared to a modal Western analysand, then (and one needs to postulate such a being if civilizational comparisons are to be made), the Hindu counterpart highlights different intrapsychic issues and places different accents on universal developmental experiences. Yet, perhaps because of an underlying similarity in the psychoanalytic clientele across cultures discussed earlier, cultural otherness does not breach the psychoanalytic framework made increasingly flexible by a profusion of models. Clinical work in India is thus not radically different from that in Europe and America. An analyst from outside the culture, encountering the strangeness of the cultural mask rather than the similarity of the individual face, may get carried away into exaggerating differences. However, if he or she could listen long enough and with a well-tuned ear for the analysand's symbolic and linguistic universes, he/she would discover that individual voices speaking of the whirlings of imperious passion, the sharp stabbings of searing, burdensome guilt, the voracious hungers of the urge to merge, and the black despair at the absence of the Other are as much evident here in India as in the psychoanalysis of Western patients.

Clinical work in another culture, however, does make us aware that because of the American and European domination of psychoanalytic discourse, Western cultural (and moral) imagination sometimes tends to slip into psychoanalytic theorizing as hidden "health and maturity moralities," as Kohut (1979, p. 12)

called them. Cultural judgments about psychological maturity, the nature of reality, "positive" and "negative" resolutions of conflicts and complexes often appear in the garb of psychoanalytic universals. Awareness of the cultural contexts of psychoanalysis would therefore contribute to increasing the ken and tolerance of our common discipline for the range of human variations and a much greater circumspection in dealing with notions of pathology and deviance.

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Authenticity and the Psychology of Choice in the Analyst

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AUTHENTICITY AND THE PSYCHOLOGY OF CHOICE IN THE ANALYST

BY MICHAEL J. BADER, D.M.H.

There is a growing appreciation of an ethic of authenticity in analytic technique, a trend related to a recognition of the engagement of the spontaneous, unconscious dimension of the analyst's mind in the clinical situation. This liberatory trend in our theory of technique can and should be elaborated to take account of situations in which the analyst deliberately and strategically attempts to influence the patient for both analytic and therapeutic purposes. There is a complex, dialectical relationship between intentionally planning to provide mutative relational experiences for a patient and the irreducible emotional responsivity that marks every analytic encounter. It is suggested that the dangers of the patient's compliance with and idealization of the analyst usually associated with the analyst's deliberate enacting of attitudes presumed to be mutative are not necessarily inevitable.

In the 1920's, Ferenczi (Ferenczi and Rank, 1924) described a clinical approach in which he intentionally assumed the *stance* of an indulgent mother toward his patients. Later, Alexander (1950, 1956) advocated that analysts create particular *climates* in order to provide a corrective emotional experience for their patients. Kohut (1984) urged analysts to empathically *position* themselves in the patient's shoes in order to provide a mutative self-object experience. And Weiss (1993; Weiss and Sampson, 1986) has explicitly recommended that analysts strategically adopt certain *attitudes* intended to pass the patient's tests and to facilitate the patient's unconscious plan to overcome pathogenic beliefs.

These theorists—all of them critics of prevailing orthodoxy—differ from one another in crucial ways. However, they all share the assumption that analysts can and should intentionally provide particular experiences to the patient that are intended to counteract the consequences of developmental traumas. All of these positions have been subject to similar criticisms: they are said to invite analysts to be more or less inauthentic, manipulative, and presumptuous in providing corrective experiences for patients (for samples of these criticisms, see Rubovits-Seitz, 1988; Wallerstein, 1990). Any theory which suggests that the analyst deliberately fashion a stance, attitude, or position in order to provide a particular mutative psychological experience for the patient leaves the analyst open to the charge of disingenuousness or role-playing. When used in this negative way, "role-playing" refers to the analyst's attempt to influence the patient by acting in a manner which does not come naturally to that analyst in that particular clinical moment.

I will describe how current trends of thought about the nature of the analyst's emotional involvement focus increased attention on the question of authenticity in technique. This new awareness has profoundly deepened our understanding of the intersubjectivity—the complex relationship between two *whole subjectivities*—in the clinical interaction. In addition, these theories about how we experience ourselves in our work have generated pointed criticisms of any technique that presumes that we can deliberately shape our self-expression as part of "technique" and regulate our effect on patients. However, I suggest that our deliberate enactment of particular role relationships and intentional provision of certain affective experiences for the patient can be entirely compatible with the current emphasis on the analyst's authenticity and irreducible subjectivity (Renik, 1993b). I believe that when a fuller account of the analyst's mind at work is considered, the apparent tension between deliberate planning and authenticity in analytic technique can begin to be resolved.

THE PROBLEM OF AUTHENTICITY

Many have argued (e.g., Kohut, 1977; Mitchell, 1993) that today's psychoanalytic patients tend to seek treatment because they feel estranged from their true selves: they feel they are fleeing from or inhibiting a sense of internal authority, or they are longing for a more centered experience of being a "self." One could argue that the problem of authenticity of the self has replaced repression as our central clinical concern. Some of the most important developments within psychoanalysis over the past fifty years have turned on this new concern with the self. Winnicott, Kohut, and the psychoanalytic baby watchers led by Daniel Stern, for instance, have placed patients' search for confirmation of and attunement to their "true" or authentic selves at the center of their motivational theories.

At the same time, the personal authenticity of the analyst has also become the subject of debate. For example, in the relationship with the patient, how fully does the analyst express his or her subjectivity, including idiosyncratic conflicts, character style, and unconscious perceptual and interpretive biases? Freud's position was that the analyst should strive for the objectivity of a surgeon, should listen neutrally to and interpret the patient's distortions of a reality of which the analyst has a privileged grasp, and should restrain his or her more private self from contaminating the clinical encounter. This view has become radically transformed in the current intellectual climate. The voices of the social constructivists (Aron, 1992; Hoffman, 1983, 1991), interpersonalists (Greenberg, 1991a, 1991b; Mitchell, 1993), and hermeneuticists (Schafer, 1983; Spence, 1987) have joined with fellow travelers within the post-structural model psychoanalytic mainstream (Jacobs, 1991; Poland, 1988; Renik, 1993a, 1993b) to form a growing challenge to and revision of the main assumptions underlying Freud's classical vision of the analyst as detached observer. In its place there has emerged an acceptance not only of the inevitability of the full and authentic engagement of the analyst's personality in the clinical encounter, but a

growing sense that it is in the reparative effects of such an engagement, along with its retrospective analysis, that the core of analytic work actually occurs.

In this view, the analyst's self-representation as a neutral observer of uncontaminated processes *inside* the patient is an illusion fraught with various potential dangers and limitations. According to contemporary critics, the classical view discredits the patient's perceptions of the relationship with the analyst, which often leads to the patient feeling blamed and/or subtly undermined. Further, any model that brackets the analyst's subjectivity too much can potentially invite the patient's compliance and idealization and risks depriving the analyst of a rich source of information about the patient's idiosyncratic ways of influencing and using his/her important objects.

In contrast, the modern paradigm emphasizes the "perspectival" and constructed nature of *all* human knowledge, including analytic knowledge, and sees the analytic process as necessarily involving a passionate unconscious and authentic engagement between analyst and patient. Hoffman (1983), for instance, levels a powerful challenge to the implied premise that the patient is a "naïve observer" of the analyst, unable to perceive anything which the analyst wants ignored. Renik (1993a, 1993b) has argued that even the more modern analytic notions that countertransference is inevitable *still* mistakenly assume the possibility of objective behavior in the analyst independent of his or her essential subjectivity. From Boesky's (1990) assertion that the patient's resistances are not simply "in" the patient but are shaped, at least manifestly, in reaction to the analyst's personality, to Gill's (1982) theory that there is always a kernel of truth in the patient's transference distortions, analytic theorists are increasingly skeptical about the possibility of any technical position that views itself as free from the omnipresent influence of the analyst's authentic, personal, and multidimensional subjectivity.

This sensibility has emerged as a reaction to and critique of the presumption within the classical tradition that the analyst

can be more or less neutral and can therefore "know" that the patient's experience is transference based and not accurate. The evolving modern paradigm holds that because the analyst's ability to "know" himself/herself, as well as the patient, is inherently limited, the analyst cannot presume to predict in advance what effect interventions will have. Therefore, the analyst cannot strategically provide relational experiences for the patient with any confidence that they will have a selectively mutative effect. This position would tend to hold, for instance, that deliberately aiming to correct infantile defects or traumas through enacting a specific role relationship would cause the analyst to be inauthentic and self-deceiving. It is inauthentic because someone's emotional responses cannot be planned and deliberate. And it is self-deceiving because it rests on the illusion that the patient will "read" the analyst's behavior and affects exactly as the latter intends.

There are many examples of this kind of debate in the analytic literature. Just as Alexander was attacked for being manipulative, Kohut has been criticized for unrealistically attempting to provide an idealized mothering, and Weiss for claiming that the therapist can "know" in advance the patient's singular unconscious plan. Clearly, these theoretical models have been critiqued on multiple grounds, but the most common objection is that they all invite a potentially manipulative and inauthentic form of role-playing at the expense of analytic inquiry (for a further example of this line of criticism, see Renik, 1993a, 1993b).

While the current emphasis on authenticity is a necessary corrective to an authoritarian bias in our theory of technique, I would suggest that it risks oversimplifying the complex interplay of deliberate and unconscious responsivity in the psychology of the analyst. In particular, the assumption that the deliberate attempt to provide a patient with corrective experiences is necessarily inauthentic and manipulative is mistaken. I believe, instead, that it is possible to integrate a view that puts a premium on the analyst's intentionally striving to give the patient what he

or she needs, in words and actions (including corrective relational and developmental experiences) with a view that cherishes surprise, an appreciation of ambiguity, spontaneous responsiveness, and an acceptance of the free play of the analyst's unconscious. The picture of analytic technique that results might be controversial on a number of fronts. I am arguing, after all, that, without compromising our emotional authenticity in any way, we can deliberately and selectively feature one aspect of our emotional repertoire over another in order to influence the patient to more safely analyze and even directly alter unconscious conflicts.

Objections can be raised that my technique is manipulative and unduly "psychotherapeutic." I am arguing, however, that if these criticisms amount to more than a priori assumptions, then they have to be demonstrated clinically. I hope to show, for instance, in a case vignette that the presence of a high degree of premeditated intention and planning by the analyst to influence the patient is inevitable and can be deeply authentic. The issues which should legitimately distinguish the theories that feature the providing of corrective experiences from those that feature insight include how we validate our clinical proposition, the potential difficulty of identifying patient compliance, and our methods for evaluating the quantity and durability of analytic change. In this context, authenticity recedes as an important defining dimension of analytic technique.

THE PSYCHOLOGY OF CHOICE IN THE ANALYST

A clinical example might be useful to illustrate the complexities of the issue of choice in the analyst. I will choose an example in which I deliberately and strategically used humor with beneficial results. (This vignette is presented in greater detail in Bader [1993]).

John was a thirty-year-old Asian-American contractor who

complained to me about his unsatisfactory marriage to a critical woman, with whom he felt trapped and toward whom he felt "allergic" but guilty about feeling this way. In the transference, John seemed to experience me as relatively helpful, as long as I did not try to interpret the underlying meaning of his behavior in terms that he could infer were even remotely "psychoanalytic." He tended to insist that I give him practical advice and would accuse me of "one-upmanship" whenever I attempted to interpret these wishes. When I was silent for too long, he would excoriate me for my defensive withdrawal behind my "technique." He was exquisitely sensitive to feeling blamed and accused.

Over many months I attempted to talk to John about various dimensions of his experience of our interaction. I talked to him about how his relationships eventually turned into struggles of dominance versus submission, and how he had a great many anxieties about mutuality and collaboration. We reconstructed family history that seemed to relate to this problem, including his rage at his highly critical mother's efforts to control him and his despair at never being able to satisfy her. He remembered how even on Sunday drives in the country, his mother would harshly quiz her children about vocabulary and arithmetic. His experience of his mother's perfectionism and relentless dissatisfaction with her family was complicated by his perception of her underlying depression and self-condemnation. John had seemed to respond to this conflicted relationship by internalizing her accusatory and punitive aspects.

Harsh with himself and perfectionistic with others, John repeated this problematic object relationship inside and outside the transference. I pointed out to him that by putting me in the role he had passively endured with his mother, he was showing me what it was like for him to be the object of his mother's chronic dissatisfaction, unable to bring pleasure to her eyes. He found these interventions sterile and unhelpful, even if they might have been accurate. I explored with him his fantasies of magical rescue and his wish that we collude in denying our

respective limitations. He felt accused. We talked about the ways in which his reflexive need to denigrate my attempts to help him might be a form of attachment and might also serve to defend against separation anxieties. While he felt that this line of investigation was true, he derived little help from it.

In the countertransference, I felt frustrated and periodically demoralized by these no-win struggles, even as I also appreciated John's intelligence, wit, and obvious wish to master his self-defeating patterns. I engaged in a determined self-analysis which revealed that my experience of John's "assaulting" me with his dissatisfaction contained elements of my relationship with my own mother, who had often burdened me as a child with her complaints of being cheated and dissatisfied as a mother and a wife. These infantile echoes could be felt in my resentment of John's intense critical scrutiny and complaints about my ineffectiveness. In addition, I sought out consultation that helped me use these self-analytic insights to understand more compassionately how John's need to frustrate and torment me expressed his identification with the aggressor, turning passive into active, and various projective-introjective solutions to anxiety.

At least in part as a consequence of these efforts, I began to feel less trapped by John and freer in my emotional responses to him. For instance, because I felt less oppressed by John's discontent, I felt more willing and able to enjoy his wit. I noticed that he responded well to humorous exchanges between us. By well, I mean that he seemed to relax and be able to reflect on himself more analytically and to begin to tolerate a slightly wider range of affects. In response to these observations, I began to develop various clinical hypotheses. I came to understand the salutary effects of my humor as related to the metacommunication it conveyed about my internal psychological state. Specifically, I believed that my humor reassured John that I was not injured or demoralized by his dissatisfaction and criticisms in the same way that he was at the hands of his mother, providing him with a sense of safety and a model of identification. Further, I

believed that my humor communicated that I liked him and could maintain an appreciative connection with him in spite of his provocativeness, that I did not mistake the part for the whole, and that if I could tolerate ambivalence and relational complexity, and adaptively sublimate hostility, perhaps he could as well. I developed these hypotheses early on in the context of our joking. They became stronger as he continued to respond affirmatively. And, most important, they provided an enabling framework within which I allowed myself to both initiate and respond with humor and playful wisecracking.

The following would be a typical example: John was characteristically instructing me, during one session, about how one of my comments was poorly worded and implied blame. He ended his dissertation by coolly asking me: "Are you able to follow this?" I responded, "Wait. . . . could you speak more slowly?" He replied that he was trying his best but that I was a dumb student. I sensed that he was "playing" with me a little bit more than usual. I responded: "But I thought this was just a Sunday drive!" This allusion to his account of the pressure-filled Sunday drives with his mother made him laugh, and he then began to talk about how one of his clients had been "picky" about some remodeling that he had done for her. He realized that this kind of criticism could spoil his whole day, but imagined that *I* might think of this as an over-reaction. I commented that perhaps we had just gotten a glimpse of where part of his conflict might have originated. John responded, somewhat sadly, "Sunday was supposed to be a day of rest—but I don't even get that." After a pause he demanded, "O.K., hot shot, so now what?" I replied that he didn't want me to get lulled into the delusion that we were actually working together! He then went on to ridicule my apparent hopefulness, although his tone seemed to remain ambiguously playful.

These interactions were brief but increasingly common. The humor is subtle but characteristic. I felt that there was evidence that my willingness to play with John was an important factor in his gradual willingness to trust me and to think about his own

feelings, behavior, and history. I took as confirmatory evidence my regular observation that he seemed better able to engage in psychological self-observation as a response to my *choice* to engage him playfully or with humor at a given moment.

Now, the purpose of this vignette is to illustrate the complexities underlying a "choice" made by the analyst. In what way, for instance, does it make sense to say that I "chose" to respond to John with humor? Since it wasn't as if I were telling him premeditated jokes, wouldn't it be more accurate to say that I was *responsive* to something in John, that my humor was spontaneously *elicited*? In fact, isn't it somewhat self-canceling or at least suspect on its face to talk about being deliberately playful, or to plan to be witty? And isn't playfulness or humor better understood as an aspect of my character that is somehow going to come through to each and every patient in some form or another? What then, does it mean to *decide* to "use" a capacity that is as natural to me as breathing and is therefore always influencing the way that I interact with my patients?

I would argue that a more complete view of the analyst's subjectivity has to include the extent to which the conscious and rational aims and theoretical models that the analyst holds both shape and regulate what she or he experiences *and* what she or he expresses to the patient. The current emphasis in theory on the analyst's necessary irrationality and subjectivity has provided a powerful corrective to the view that the analyst has a privileged access to rationality. However, it would also be accepted by all sides that a major aspect of the subjectivity of the analyst includes her or his conscious analytic and therapeutic aims, theories of the mind and of analytic technique, and the host of moment-to-moment decisions about what she or he wants to convey to the patient in the office. A more variegated representation of the analyst's mind at work, then, somehow has to describe the dialectical relationship between what the analyst *believes* he or she is doing—and *intends* to do—and what he or she is unconsciously enacting. Both levels of being are obviously constituents of the analyst's omnipresent subjectivity. It is within

this complex relationship that a discussion of deliberateness and strategic choice in the analyst must take place.

We ask our patients this question all of the time: how much do you live your life and how much are you lived *by* your unconscious life? Unlike Freud's vision of mental health that celebrates rational control of the instincts, the modern answer has more to do with an ability to sustain a paradoxical and creative tension between control and surrender, between self-assertion and recognition, between autonomy and dependence. This should be true in our theories about the optimal functioning of the analyst's subjectivity as well. We need to be able to experience ourselves as both *in* and *out of control*, both strategically planning and spontaneously reacting (Levy, 1987). It seems to me that what differentiates us from the patient in this regard is mainly that we have powerful therapeutic aims and a distinct vision of both how the mind works and how our interventions and actions can help the patient achieve our jointly construed therapeutic goals. Just as it is crucial for us to appreciate the inevitable and mutative value of our own passionate unconscious engagement with the patient, so, too, it is important for us to focus all of our conscious resources on the task of helping the patient make use of analysis in order to change. This is axiomatic within our field.

Most of our theories of change assume that the analyst's intellectual abilities, capacity to regulate affect, professional role, and conscious and continued attempt to formulate meanings reflexively are crucially mutative in the analytic process. Whether it is the analyst providing a holding environment, a container for the transformation of projective identifications, or an observing/auxiliary ego, the conscious and intentional aspects of the analyst's professional activity have always been a part of how analysts view their function. The problem, in my view, has been that our theories have not adequately conceptualized how these more rational processes interact with the silent, unconscious, intersubjective dimensions of the analytic relationship.

So, for instance, I believe that I deliberately planned to re-

spond to John in a playful way. To overstate my case somewhat: my use of humor was strategically intended to provide a certain experience for him that I had inferred from the past would be reassuring in particular ways so that analytic exploration and certain novel and potentially relational experiences could develop. It could be argued that humor was simply a way I found of communicating with John in a manner that he found "safe" and that this merely constituted the starting place for the more definitive interpretive work. For my purposes, this is a moot point. It is not necessary to agree with my personal belief that when one intentionally provides safety to a patient, one is disconfirming a pathogenic unconscious belief and, therefore, not only making inner conflicts more accessible to analysis but also *directly* contributing to resolving them. It is enough to recognize that a great deal of crucial activity in the analyst's mind takes place in the service of strategic aims.

On the other hand, it is equally true that this form of humor and play is characterologically natural and easily accessible to me, and, to the extent that this was also true for John, it evolved as the kind of naturally occurring private language that usually comes to exist within an analytic couple. However, the theoretical model I had in my mind of what was going on in this relationship, as well as my theory of change and of the analytic process, seemed to regulate the quantity *and* quality of the humor and playfulness. I do not give vent to all of my naturally occurring responses—including humor—to a patient. For instance, there are patients with whom I experience a more cautious restraint than I did with John. In these cases, I have a conscious awareness that this kind of interaction would be a repetition of pathogenic patterns that might reinforce the patient's self-defeating beliefs. In other cases, I become aware of vague but greater than normal superego signals when I am tempted to be playful, signals that I have learned to heed, examine, and use to restrain my joking "reflex."

With John, my understanding of what was going on within him and within the transference set me free to be able to delib-

erately provide him with an experience that seemed to help him and our work. I pictured John as defensively repeating with me a pathological object relationship with his highly critical and unhappy mother, and alternately identifying with one or the other side of it. Observing his progressive responses to my humor, I formed the hypothesis that he was able to feel safer when he had unmistakable evidence that I was *not* going to join him in these enactments, evidence that he could apparently not perceive in a more muted or "neutral" affective analytic stance. Therefore, I decided to *initiate* humorous interchanges at times, sometimes without clear-cut invitations, more so than I would with another patient. I engaged in them for longer periods of time. I felt under less pressure to attempt immediately to analyze these interactions after the fact than I do with other patients. In other words, I believe that my conscious model of the situation, together with my particular professional therapeutic aims, regulated my experience of this patient and also enabled me to shape my attitude and behavior with him.

The resulting playful repartee felt entirely "natural" to me. Within my planned, strategic approach, which included permission or even encouragement for me to play with John, I felt "at home" when I did so. I did not experience myself as wooden or artificial or phony. Further, given John's exquisite sensitivity to being put down, patronized, "one-upped," or treated as a "case," it would seem to me that if he had experienced me in these ways, he would have responded negatively. Although I will discuss the patient's experience of my stance in more detail later, at this point I would suggest that John's salutary responses of increased reflectiveness, affectivity, capacity for positive connection, etc., were encouraging, if not confirmatory, signs that my way of working with him felt authentic and "real" to him, just as it did to me.

In some sense, my choosing to "use" humor in a way that felt natural and spontaneous reflects a universal dimension of all social interactions. In many of our interpersonal encounters, we intuit how the other person experiences the world and feels

most comfortable relating, and we tailor our words, tone, style, and actions in ways that are intended to connect with the person and to make him/her feel comfortable and affirmed. We are gratified in complex, unconscious ways while we are doing this. Nevertheless, we are molding who we experience and present ourselves to be, all of the time under the regulatory control of various aims and purposes. And while it is true that psychoanalytic theory has shown us that these aims and purposes are usually unconscious, it is also true that preconscious and even conscious aims and purposes are often of paramount importance in normal social intercourse. So, for instance, while I am inclined to wisecrack often with my friends and sometimes with my patients, I am usually also guided by considerations of context, person, and timing. I do not usually wisecrack with a humorless person, with a policeman writing me a traffic ticket, in the moment before orgasm, or when my best friend loses his wife to cancer. My aims as well as my inclinations are influenced by various complex considerations.

My point here is that deliberateness or strategic attempts to influence or connect with the other by subtly employing shifts in style, tone, or attitude are ubiquitous in everyday social life, as well as in analysis. Sometimes the issue is simply one of connecting with another person. For instance, in analysis, we often assume the importance of "speaking the patient's language." Hidden under the theoretical rubric of "tact and timing," this often involves a complex decision-making process, both conscious and unconscious, deliberate and spontaneous. I tend, for instance, to speak in a manner that is plainer and rougher in syntax and vocabulary when my patient is uneducated and streetwise, not because I'm role-playing a streetwise average Joe (which I am not) but because this sort of communication is easy for me, and, more important, I intuitively sense that the patient will be able to listen safely to me and understand me better this way. Is this spontaneous and reactive to the unconscious communicative play between parties? Or is it deliberate and strategic, proceeding from a conscious intent to make oneself "heard" by the other

and to avoid the potential danger of the patient's feeling intimidated or resentful of an elitist educated authority? I think that most analysts would say that it is both.

The objection could be raised that these kinds of automatic attunements that we all make in relationships are not in the same inauthentic ballpark as role-playing in psychoanalysis. I would suggest that the dividing line tends to be entirely arbitrary and varies according to the theorist's wish to define something as "nonanalytic." The continuum is complex and blurry. It is not easy, for instance, to differentiate among: (1) intuitively and preconsciously "tracking" and "mirroring" a patient in voice, tone, and gesture (a phenomenon that many analysts have noticed is ubiquitous); (2) consciously attempting to speak and act with a manner, tone, and style informed by one's knowledge of the patient's background and current conflicts so as to be maximally "heard"; and (3) deliberately enacting a role intended to counteract or disconfirm the patient's earlier object relationships. Simply labeling something as inauthentic or manipulative runs the risk of reducing the complex inner states of the analyst and the multiple levels of the intersubjective field to simple black/white or good/bad categories.

With my patient John, for instance, my use of humor was at first a naturally occurring but also intentional attempt to empathically respond within a linguistic and affective register that the patient found familiar, safe, and affirming. Because of my self-analytic efforts, my increased sense of clarity about the dynamics of the maternal transference, and my awareness of my clinical goal of creating conditions of safety to encourage the patient's self-exploration, I altered my own internal psychological environment. What had previously provoked or mildly injured me no longer did, and I was able to maintain our connection through a genuinely playful and communicative style. The patient responded to me as authentic and natural. Two processes coincided to produce this authentic engagement. First, the humor that is a natural relational style for me became more accessible because I formulated the case in a clearer way. In this

way, increased cognitive clarity regulated my spontaneous affectivity. Second, the patient needed to have such an experience, and thus was inclined to make good use of it, whether or not he actually felt that at each and every moment my humor was truly heartfelt.

In this sense, we are always both deliberate and spontaneous. Duxler (1993) has suggested that the relevant metaphor might be musical improvisation. Jazz musicians, for instance, are able to improvise without appearing to think about it in advance or without having to interpose any conscious framework of musical theory. Because they understand the abstract relationships among chords, keys, and harmonies in great complexity, on some level, they can take the scaffolding for granted and respond and improvise "spontaneously." There is a dialectical relationship between theory and spontaneity, between conscious intentions and unconscious playfulness and creativity. The knowledge of theory makes spontaneity possible. Similarly, in the analytic interaction, the analyst's deliberate intentions and theoretical understanding provide the scaffolding, within which a great deal of spontaneous interpretive and affective improvising can occur.

THE PATIENT'S RESPONSE TO THE AUTHENTICITY OF THE ANALYST

My discussion of authenticity has thus far centered on the analyst's internal experience. Authenticity, however, is also important in the eye of the beholder. As modern analytic theory has demonstrated, patients are as sensitive to signs of artificiality in the analyst as the analyst is to indications of falseness in the patient. The objections to the analyst's being too deliberate or strategic in her or his emotional expression are based, in part, on the presumption that falseness or inauthenticity in the analyst will be detected and felt to be manipulative by the patient, and that this perception, along with defenses against it, will have

deleterious consequences. The chief danger in the patient's adapting to the analyst's inauthenticity is in complying with the analyst's idealized authority at the expense of the patient's defining and analyzing her or his conflicted needs and fears (Renik, 1993b). A further risk is that the patient might defend against or ward off her or his perceptions of the analyst's pathological need to help or manipulate for a desired effect, with some kind of collusion or pseudomutuality developing (Greenberg, 1991b; Hoffman, 1983). In either case, the patient might adapt to the analyst's disingenuous enactments in ways likely to repeat pathogenic patterns—patterns that are difficult to detect and analyze precisely because they are accompanied by symptomatic improvement and confirm the analyst's view of himself or herself as helpful.

Compliance is extremely difficult to detect because its very intent is to be confirmatory of and pleasing to the analyst. Given this problem, the analyst is often well advised to eschew taking positions which are at odds with what she or he feels or which are based on too authoritative a prediction about how a particular attitude will affect the patient. The growing articulation, then, of an ethic that recognizes the tentative nature of the analyst's interventions, and that strives to resist temptations within the analyst's theory and psyche to arrogate to him/herself too much authority to define what is "good" for the patient, is based on concerns about clinical consequences. It is an ethic intended to minimize patient compliance and false adaptation to the analyst—or, at least, to maximize the ability to analyze these processes. Falseness in the analyst invites falseness in the patient.

I believe, however, that an analyst can be highly deliberate and strategic, in words and in deeds, and neither feel nor be perceived as false. Role-playing, for instance, can be—but is not necessarily—false. Most of us would accept that we can hardly relate to other human beings outside of roles. Clearly, the issue of authenticity in the analyst is extremely complex and difficult to define. In addition, however, some measure of our evaluation

of the authenticity of an analyst's interventions must lie in assessing the nature of the patient's responses. To some extent, we need first to ask the question: how interpersonally *successful* has the analyst been when he or she chooses deliberately to express or provide to the patient a particular attitude, role, or emotional response that the analyst believes will help the patient? By successful, I mean the extent to which the patient perceives and experiences what the analyst wants the patient to perceive and experience. In other words, to what extent can the analyst fashion his or her subjectivity and feel confident that the patient will read the result in the way the analyst intends it?

In the case of John, I would argue that there were various indications that pointed toward the probability that he experienced my humor as I intended him to experience it—both as a reassuring disconfirmation of his omnipotent worry that he could hurt, paralyze, and enrage me and as an expression of my pleasure in connecting with the healthier side of him despite his provocations. The indicators included an uncharacteristic lightening of his mood, a perceived—and sometimes acknowledged—relaxation of his stereotypical and rigid distrust and defiance of me, the appearance of new affects such as sadness, an increased ability to tolerate feelings of remorse and affection toward me, the emergence of new memories, and an increased ability to think about himself psychologically. These changes were often subtle and rarely occurred all together, but they were also more evident following my recognition of the potential strategic value of allowing myself to play and joke with him. I think that John's exquisite sensitivity to being manipulated or treated by a "technique" behind which I hid my true self would have led him to escalate his attacks or countermeasures in response to a perception of me as fraudulent.

I am not arguing that the fact that a deliberate enactment or role seems to have the intended effect necessarily means that the patient is oblivious to the other complex, unconscious, aspects of the analyst's personality. It *might* mean, however, that these other perceptions are unimportant, or not of great clinical in-

terest at the moment. For instance, although I strategically decided to use humor with John, I would be the first to admit that my use of humor typically subserves various other motives and functions. For instance, it helps me to sublimate aggression, to protect and please the other, and to ward off anxieties about competitiveness and/or separation. These complex dynamics constitute the subjectivity that I undoubtedly communicate unconsciously in all of my interactions. My conscious aim in this case, however, was selectively and preferentially to feature my sense of humor more prominently in my interactions with John in the service of the particular therapeutic aim of increasing his sense of safety by disconfirming the pathogenic beliefs expressed in his transference. Based on these considerations and understandings, I expected my use of humor to have a salutary effect on John and the analysis. I felt that there was evidence that the patient did, in fact, respond to what I had intended that he respond to—the humor and its attendant communicative meanings. He did not seem to me to respond to what I did not particularly want him to experience in my joking—my aggression or competitiveness, for instance—even though those affects were present.

This example seems to suggest that while a patient is never a naïve observer, he or she is always a selective one and the analyst can, to an important extent, regulate what the patient is maximally liable to observe and can do so in the service of giving the patient something that he or she needs. Of course, psychoanalysis *always* understands the patient as a selective observer of and responder to the analyst's psychology. Classically, this has meant that, under the sway of the transference, the patient distorts the reality of the analyst's personality. More modern observers have offered the corrective that the patient often quite rightly perceives the unconscious mental life and character of the analyst, although the way that these perceptions are elaborated is highly idiosyncratic and subject to distortion.

If one adds to this view the equally modern but more controversial concept that the patient uses the analyst for needed de-

velopmental, self-object, or safety reasons, and that he or she is motivated by a wish to grow and to master as well as to repeat pathology, then it is easy to understand how the patient can find one attitude or behavior in the analyst extremely relevant and helpful and other aspects of the analyst's psyche irrelevant or uninteresting. It would not be the case that the patient did not perceive multiple, unintended aspects of the analyst's personality or that the analyst should not be always alert to the fact and potential meanings of these observations, but that these perceptions might often *not* matter too much to the patient in proceeding with the task at hand. In other words, the patient might perceive certain unintended things about the analyst without any significant clinical consequences, while other perceptions might have great consequences for the patient insofar as they bear directly on the conflicts that the patient is either repeating or trying to master and work through. Therefore, it would be possible for the analyst quite deliberately to emphasize one attitude or trait or de-emphasize another. If he or she were attuned enough to the patient's needs at that moment, the patient might not care if there were aspects of the analyst's personality being suppressed or withheld. Even if the patient did perceive that the analyst *was* enacting a role more than usual or in a more exaggerated way than before, the patient would not necessarily feel manipulated or experience the analyst as false, particularly if this role was reassuring or useful and helped the patient engage and work through key developmental traumas or pathogenic beliefs. For some patients, *any* sense that the analyst is doing something deliberately *for* them might be unconsciously problematic because of idiosyncratic associations with that perception. For many others, however, it would not be so much the question of the analyst's deliberateness, or role-enactments, but rather whether the roles, attitudes, and experiences provided were empathically responsive to what the patient needed in order to move forward.

John, for instance, indicated at several points that I had changed my style somewhat and was more emotionally playful,

humorous, and available to him. He clearly liked it, and he did not seem to experience it as manipulative or artificial. In fact, his overall feeling was that I understood him better, that I was more attuned to him, and that he could trust me more. I would argue that this was because the attitude that I deliberately made available to both of us—my playful and sarcastic humor—accurately spoke to certain issues that he was struggling with, issues around omnipotence, helplessness, and passivity. My humor provided tangible reassurance that these outcomes were not inevitable in an intimate relationship and that a more gratifying experience of mutuality was possible.

CONCLUSION

Psychoanalysis has undergone a transformation in its understanding of how the clinical situation involves the interaction of two complex psyches. Much as the classical picture of a patient containing discrete symptoms has broadened to envision a self striving in conflicted ways to feel authentic, so our picture of the analyst applying an objective technique isolated from her or his own subjectivity has been broadened to include a *whole* analyst involved in a genuine, multidimensional, and passionate relationship. The experience and the analysis of this complex relationship are now both presumed to be mutative. The new emphasis on and valuation of personal authenticity in the analyst has proceeded in step with the modern acceptance of the deep and continual role of the analyst's personal psychology in the clinical interaction. Analysts have been increasingly liberated from the impossible demands of the reified ideals of analytic objectivity and correct "technique."

It seems to me, though, that psychoanalysis has not yet adequately integrated into its new understanding of the omnipresent expression of the analyst's unconscious the critical role of her or his equally inevitable deliberate strategies to influence the patient to achieve analytic and therapeutic aims. Analysts are

increasingly open about the ways in which they "customize" their technique to suite the idiosyncratic requirements of the patient: how they deviate from their "roles" in whatever way helps the patient accomplish the goals that each analytic couple generates. These goals might range from intra-analytic goals, such as greater awareness of resistances or increased self-cohesion, to broader therapeutic goals of symptom relief and heightened subjective pleasure and efficacy. To accomplish these aims, analysts develop elaborate theories which change over the course of an analysis about the kind of help that the patient seems to need to move toward the goals. These theories dictate divergent interventions, from resistance interpretations to the assumption of particular attitudes intended to directly reassure the patient.

In any case, the interventions flow in part from the analyst's wish both to help and, broadly speaking, to influence the patient. It seems to me that it makes sense to call this dimension of analytic technique deliberate and strategic. It is deliberate because it is guided by the careful therapeutic aims of the analyst. The particular form that the intentionally helpful interventions take varies enormously among competing analytic paradigms. But the key differences among these models are not defined by their degree of authenticity. Some models, like my own, might claim to know more in advance about what the patient needs in order to move forward analytically and therapeutically. I might therefore be legitimately challenged on both empirical and epistemological grounds. How do I know? How do I validate my propositions? How do I guard against compliance? What are my criteria for change? These are crucial questions. Authenticity is not one of them. The association of inauthenticity with a technique that advocates the deliberate and planned attempt to influence the patient is not a useful or even necessarily accurate connection.

I would argue that role-playing in some form is an inevitable part of all human interactions, including the analytic one. It is no more compelling to view this as inauthentic than to see a

patient's desire to make his or her analyst feel good as necessarily disingenuous or false. In circumstances such as those described in my work with John, making a premeditated choice to be more openly playful is no more inauthentic than an analyst's expressly limiting a patient's self-destructive acting out despite his or her own feelings of hostility toward that patient. Role-playing in the analytic situation can be as salutary and necessary as such commonplace interactions as a father's deliberate expression of pride and pleasure in his daughter's appearance as she leaves on her first date, despite his conceivably feeling jealous or anxious.

The modern critique of the classical ideal of analytic objectivity is powerful and extremely useful clinically. It is my belief that as an ideal, analytic authenticity is compatible with theories of technique ranging from those based on the analysis of resistance to those emphasizing the deliberate and strategic provision of certain emotional nutrients to a patient. Whichever clinical approach an analyst favors, the challenge of authenticity is critical.

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Psychoanalytic Technique and the Creation of Analysands: On Beginning Analysis with Patients Who are Reluctant to Pay the Analyst's Fee

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PSYCHOANALYTIC TECHNIQUE AND THE CREATION OF ANALYSANDS: ON BEGINNING ANALYSIS WITH PATIENTS WHO ARE RELUCTANT TO PAY THE ANALYST'S FEE

BY ARNOLD ROTHSTEIN, M.D.

This paper discusses prospective analysands who are able but reluctant to pay analysts' fees. The author presents analytic data in which analysts decided to gratify their reluctant analysands by reducing their fees in order to facilitate the subsequent analysis of their reluctance. These examples are employed to discuss the general question of fee reduction.

The purpose of this paper is to discuss some of the things an analyst can do to help a patient who is able but reluctant to pay the analyst's fee at the beginning of an analysis. I will review some of the pertinent literature on technique and then outline my own thinking about how to understand and interpret this reluctance so that the patient can then experience a standard psychoanalysis. Two cases in which the patients were able but reluctant to pay the analysts' fees will be presented and discussed. Modifications of the usual procedures in regard to fee helped these analysands to begin working in standard analytic situations. Although these cases were unusual, they serve to facilitate discussion of questions of technique, with particular reference to the analyst's functioning in the consultation and in the opening phase of analysis.

Glover is reputed to have said, "If you want to sleep well, choose your patients carefully." I suggest that if you want to be more successful in helping prospective analysands begin an analysis, it is worth reconsidering the practice of being choosy.

Implicit in my perspective is a criticism of the pedagogic methodology of institute courses in selection and unanalyzability; candidate analysts are taught to be selective, to be choosy, to exclude people from the opportunity to "try" analysis.

Freud was also choosy later in his career when he could afford to be. His suggestions about the selection of analysands and the beginning of treatment were written from the perspective of the successful founder of psychoanalysis who was deluged by affluent prospective patients, many of whom wanted to be analysts and could afford his eight dollar fee. In spite of the profound differences between Freud's situation and those of most contemporary psychoanalysts, the technical ideals he enunciated eighty years ago remain the foundation of the standard technique with regard to the parameters of the analytic situation and the rules for beginning a treatment.

Freud's comments on selection are complex. In 1905 as he reflected on his experience in founding psychoanalysis, he noted that many of his early analysands were quite impaired.

> Psycho-analytic therapy was created through and for the treatment of patients permanently unfit for existence, and its triumph has been that it has made a satisfactorily large number of these permanently *fit* for existence (p. 263).

In contrast, as he looked toward the future and his commitment to establishing psychoanalysis as the optimal form of psychotherapy for select patients, his recommendations concerning selection became more conservative. Freud (1905) stated:

> One should look beyond the patient's illness and form an estimate of his whole personality; those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused. It must not be forgotten that there are healthy people as well as unhealthy ones who are good for nothing in life, and that there is a temptation to ascribe to their illness everything that incapacitates them, if they show any sign of neurosis. . . . [A]nalytic psychotherapy is not . . . the method applicable to people who are not driven to

> seek treatment by their own sufferings, but who submit to it only because they are forced to by the authority of relatives (pp. 263-264).

It is worth remembering that these comments on selection were made at a time when Freud's understanding of symptoms and character were quite different from our understanding today. Nevertheless, the moralistic tone that implied that good people make good analysands still influences contemporary considerations on selection. Most scholars of Kohut trace the emergence of self psychology to his 1959 theoretical paper on empathy and introspection. Equally important was his explicit reaction to the kind of conservative moralistic thinking that characterizes Freud and mainstream psychoanalysis. It is noteworthy that Kohut's first paper on narcissism begins with a long introductory reaction against such "prejudice." Kohut (1966) stated:

> Although in theoretical discussions it will usually not be disputed that narcissism . . . is per se neither pathological nor obnoxious, there exists an understandable tendency to look at it with a negatively toned evaluation as soon as the field of theory is left. . . . I believe . . . that these views . . . are due to the improper intrusion of the altruistic value system of Western civilization. Whatever the reasons for them, *these value judgments exert a narrowing effect on clinical practice* (pp. 243-244, italics added).

In regard to diagnostic evaluation in the service of selection, by 1913 Freud's clinical experience had taught him that diagnostic interviews were not very helpful in prognostic assessments of analyzability. Instead, he recommended a one- to two-week trial of analysis in order to ferret out latent schizophrenics who might be presenting as obsessional or hysterical neurotics. Freud (1913) stated:

> . . . I have made it my habit, when I know little about a patient, only to take him on at first provisionally, for a period of one to two weeks. . . . No other kind of preliminary examination but

> this procedure is at our disposal; the most lengthy discussions and questionings in ordinary consultations would offer no substitute. This preliminary experiment, however, is itself the beginning of a psycho-analysis and *must conform to its rules* (pp. 123-124, italics added).

Freud continued:

> There are also diagnostic reasons for beginning the treatment with a trial period of this sort. . . . Often enough, when one sees a neurosis . . . it may be a preliminary stage of . . . dementia praecox . . . (p. 124).

Freud concluded these thoughts about the value of a trial of analysis by adding that if the psychoanalyst makes a mistake in selection, "he has been responsible for wasted expenditure and has discredited his method of treatment" (p. 124).

On the basis of these statements about selection and differential diagnosis, it seems reasonable to suggest that although Freud was undoubtedly interested in helping people, he was also motivated by his interest in promoting the field he had created. From his unusual and complicated vantage point, he assimilated his clinical experience with a group of prospective analysands. From this experience he wrote in an authoritative manner about the rules for "beginning the treatment" (p. 123). He (1913) stated: "In regard to time, I adhere strictly to the principle of leasing a definite hour. Each patient is allotted a particular hour of my available working day" (p. 126). In regard to payment he added, "it [i.e., the hour] belongs to him and he is liable for it, even if he does not make use of it" (p. 126). In addition, he stated that he "also refrain[s] from giving treatment free, and make[s] no exceptions to this. . . . Free treatment enormously increases some of a neurotic's resistance" (p. 132). He did not comment directly on the advisability of reducing or deferring payment of fees. In this paper, I present analytic data to suggest that although Freud may have been correct about some patients, he was not correct about all patients. Fees have been significantly reduced for candidates since the inception of the

institution of training analyses, a practice generally accepted as not rendering all such analytic relationships permanently distorted and unworkable.

It is a tribute to Freud's genius that although he stated clear and simple authoritative rules, he also communicated his profound appreciation of the complexity and individuality of each analytic collaboration. In that regard Freud (1913) noted: "I think I am well-advised, however, to call these rules 'recommendations' and not claim any unconditional acceptance of them" (p. 123). He continued:

> The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end (p. 123).

The last quotation resonates with a letter Freud wrote, fifteen years later, to Ferenczi concerning the tendency of his followers to ritualize his suggestions on technique:

> . . . 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. They would have had to be revised someday, but without setting aside the obligations (Grubrich-Simitis, 1986, p. 271).

In 1941 Fenichel began and ended his classic, *Problems of Psychoanalytic Technique*, by noting:

> The psychoanalytic literature is very extensive. It is amazing how small a proportion of it is devoted to psychoanalytic technique and how much less to the theory of technique: an ex-

planation of *what the analyst does* in psychoanalysis (p. 98, italics added).

To set the stage for my own considerations on technique with reluctant patients, I will outline relevant comments on technique from Fenichel (1941) and from two other classics on the subject, Glover's (1955) *The Technique of Psychoanalysis* and Brenner's (1976) *Psychoanalytic Technique and Psychic Conflict.* In doing so, two facts seem clear. First, Fenichel's observation on the sparseness of the literature on technique is as true today as it was a half century ago. The literature on technique concerning the beginning of analyses is particularly sparse while papers on fee reduction are rare indeed. Second, the literature on technique is concerned with patients who are *in* analysis. In this paper, as well as in previous communications concerning patients' reluctance or immediate unsuitability to begin an analysis, I am writing about people who, according to our usual way of thinking, are not *in* analysis because they have not agreed to work with the analyst in the prescribed manner. If patients will not accept the analyst's fee, four or five regular sessions per week, and the use of the couch, such patients are thought of as not *in* analysis. If these patients are seen less frequently and/or work sitting face-to-face with the analyst, they are considered to be *in* psychotherapy, a psychotherapy that might aim covertly or overtly, implicitly or explicitly, to prepare a patient to begin to be *in* an analysis. Such therapies must be *converted* into psychoanalyses.

Even though Glover's book was published in 1955, his comments on the opening phase were basically those he originally presented as lectures to candidates in 1928. It is important to emphasize that Glover, like Freud, was writing primarily for inexperienced colleagues. In regard to selection, Glover, in contrast to Freud, believed he could select good cases in a diagnostic interview situation. He referred to such analysands as "accessible cases" (p. 186). Glover distinguished these good cases from "moderately accessible and intractable cases" (p. 187). He stated: "A prerequisite of successful practice is accuracy in estimating

accessibility, or, to use a more illuminating phrase, the transference potential of the patient" (p. 185). Once the analyst succeeded in selecting an "accessible" patient, the opening phase with such a patient *in* analysis was conceived of as the analyst's "get[ting] the analytic situation going, . . . remov[ing] obstacles from the progress of association" (p. 38).

Glover's suggestions to his students reflected his expectation that in order for a patient to be ready to be *in* analysis, a significant capacity for compliant cooperation must be manifest. Because cases were selected for candidates, Glover (1955) suggested that the candidate has

> first, *to confirm the patient's conscious readiness to be analyzed* and second to settle the various practical details that are essential to its smooth conduct. . . . The list includes: number of sessions per week, length of session, the question of a fixed or varying hour of attendance, number and duration of holiday breaks, fees, method and time of payment [and] the problem of 'canceled sessions'. . . . *On these and similar points it is well to have a settled policy and to leave the patient no doubt regarding it* (p. 19, italics added).

More specifically, in regard to the issue of setting the fee and the related issue of the analyst's wish to make money by doing more lucrative, shorter, less intense psychotherapy, Glover suggested that the analyst ask "at what point must the legitimate economic motives of the analyst be restricted by his desire to practice psycho-analysis proper" (p. 20). Glover proposed that in regard to fee,

> there are two sets of sometimes conflicting interests, his own and those of the patient, and in the majority of cases the outcome must again be a compromise. One guiding rule should invariably be followed, namely, never to insist on a fee that is likely to be burdensome to the patient. It is generally agreed that a certain amount of financial sacrifice is favorable to the progress of analysis. On the other hand many patients in their eagerness to obtain treatment are ready to agree to undertake financial obligations that are excessive (p. 22).

Glover is explicitly suggesting that "a certain amount of financial sacrifice" is also "favorable to the progress" of an analyst's career and the development of his or her analytic practice.

Fenichel's (1941) contribution was similar to Freud's in content and spirit. He presented the established idealized conception of technique as well as a more realistic appreciation for the creative possibility of each analytic collaboration. From the former perspective he stated:

> The ideal analytic technique consists in the analyst's doing nothing other than interpreting, and the ideal handling of the transference too, consists in not letting oneself be seduced into anything else (p. 87).

From the latter perspective and in the spirit of this paper he noted:

> . . . we can and must be *elastic* [italics in original] in the application of all technical rules. Everything is permissible, *if only one knows why. Not external measures, but the management of resistance and transference is the criterion for estimating whether a procedure is analysis or not* (pp. 23-24, italics added).

He continued in regard to a patient's reluctance to use the couch:

> As a rule, we do not yield to resistances but analyze them. However there are exceptions to this rule. . . . If we have the impression that a patient *cannot* lie down and would rather forego the analysis than do so, we will allow him to sit (p. 24).

Brenner (1976), writing about patients in analysis, noted:

> An essential part of an analyst's task is to understand the nature and origins of his patients' pathogenic mental conflicts. A consistent focus on this task. . . . [*a*]*s far as possible* . . . should determine an analyst's behavior in the analytic situation (p. 33, italics added).

Brenner's description of his work with a woman who was reluc-

tant to use the couch is resonant with my description of beginning with reluctant patients. Brenner described

> a patient who at the very start made it a condition of her treatment that she not be required to lie down on the couch. When asked her thoughts about the request, she replied that she'd been told that one of the things about psychoanalysis is that every patient has to fall in love with her analyst. . . . I said . . . "I guess you think that if you agree to lie down it's the same as agreeing to fall in love." No more had to be said. She walked to the couch and lay down like any other patient (p. 181).

Brenner continued:

> Should one not consider that what went on during the few minutes while the patient was sitting in a chair facing me was analysis? . . . It seems to me very hard to deny the name "analysis" to what went on while we were face to face (pp. 181-182).

Before outlining my perspective on beginning with reluctant patients, I think it is worth reiterating that Freud (1913, 1915) was strict and authoritarian in outlining his rules of technique so that neophyte analysts would be protected against the temptation to be seduced into making suggestions, into playing "the part of prophet" (1923, p. 50, n.), or worse, into the enactment of sexual and other boundary violations.

I am suggesting that the theoretical perspective I outline can help transform patients who are reluctant to accept one or more of the parameters of the standard analytic situation into the more typical ambivalent analysands who work in standard analyses.

First, I approach a consultation with a prospective analysand armed with the conviction that a trial of psychoanalysis is the optimal form of treatment for most people who seek analysts' help.

Second, in my view a trial of analysis, of weeks to years in duration, is the most reliable way to assess the suitability for analysis of a particular patient with a particular analyst. The trial

of analysis is conceived of as beginning when a patient first contacts an analyst.

Third, because assessment of analyzability cannot be made accurately until an analysis is complete (see Bachrach, 1990), the analyst's focus during a consultation should be on analyzing the analysand's reluctance to accept the analyst's recommendation and in collaboratively establishing an analytic situation. Freud (1913) noted that the "patient's first . . . resistance . . . may betray a complex which governs his neurosis" (p. 138). Because that is true of many reluctant patients, I have suggested conceiving of their reluctance as "enactment resistances" (Rothstein, 1990, p. 154). It is helpful, when working to analyze these resistances, for the analyst to regard recurrent pessimistic thoughts about the patient's suitability for analysis, and about the patient's diagnosis, as evoked or induced fantasies. It is also helpful to think of the patient as analyzable until the patient proves he or she is unanalyzable in a trial of analysis. Work to maintain these perspectives, combined with the belief that analysis is the optimal treatment for the patient, contributes an optimistic tone to the collaboration.

Fourth, in response to patients' reluctance to accept the recommendation, I begin by attempting to understand the resistance by inquiring about it. I often ask, "How do you understand your reluctance to let yourself have the optimal treatment?" After making the recommendation of analysis, I agree to work with patients on their own terms if they accept that we will be attempting to understand why they will not let themselves have the optimal treatment. If such patients insist that they have absolutely no interest in psychoanalysis as a treatment but still express the desire to work with me less intensively, I decline. I explain to the patients that they will be better off working with someone less intensively who believes that such a psychotherapy is the optimal treatment for them. A resident in psychiatry sought my help and was adamant about his wish to see me once a week. After experiencing his conviction about the frequency he wished for himself, I asked him how frequently he saw his

psychotherapy patients. He answered spontaneously, "Two or three times a week," and then added that he was in his third year of his residency and there was the "realistic" possibility that he might want to take a fellowship in another city at the completion of his residency. I made no comment about his concerns about the future but thought about them as possibly part of the complex of compromise formations that constituted his enactment resistance. After a year of work with the reluctant resident, at a frequency of once a week, he was referred to a colleague for analysis at a fee the resident felt he could afford.

Considering patients' reluctance as "enactment resistances" reflects the evolution of analytic thinking about activity. Freud's (1914) paper on remembering and repeating, written within the framework of the topographic model, influenced analysts to consider that enactments in the transference were undesirable and counter to the goal of verbally associating. Anna Freud (1968) and Boesky (1982, 1991) have made contributions that emphasize that activity in general and enactments in the transference in particular are fundamental to the understanding of a patient's conflicts. These contributions provide a framework that conceives of enactments, from a structural perspective, as derived from complexes of conscious and unconscious fantasies best conceived of as compromise formations. In this paper, for tactical reasons, I am stressing the resistant or defensive aspect of the enactment.

Before I offer relevant clinical material, a qualifying note is indicated. I have presented a model for doing a consultation and for analyzing prospective analysands' reluctance to accept the analyst's recommendation of analysis. This model is intended to counter the more common cautious practice of accepting patients' reluctance at face value, of working with such people in a psychotherapy conceived of as *preparatory*, and of overtly or covertly working to *convert* the psychotherapy into a psychoanalysis. My clinical experience continues to reinforce my belief that a trial of psychoanalysis is the best form of psychotherapy for *most* of the patients I see in consultation.

I do not recommend a trial of psychoanalysis to *all* the patients I evaluate. During the past year I began differently with two patients who sought my help.

One, a married lawyer in her mid-thirties, was referred by her internist who had prescribed Valium for the patient's first episode of acute anxiety. The episode had followed Ms. D's first assignment as a senior associate after spending the previous four years in a "junior" position. The exigencies of her immediate situation required that she be helped to function on an assignment which had to be completed in four weeks. I understood her anxiety to reflect her conflicts over competition and success. Six psychotherapy sessions were sufficient to accomplish the goal of this brief treatment.

The second patient, a fifty-year-old virginal single woman, was referred for treatment after experiencing an acute psychotic confusional state that lasted thirty-six hours. Ms. O was shaken by this unique experience and was very responsive to my interest in helping her. Because of the history and because of a subtle looseness of her associations, I proceeded more slowly and with caution. I began working with Ms. O sitting up and at a frequency of three times per week. After a week there was no longer evidence of disordered thinking. After a month we increased the frequency of this face-to-face psychotherapy to five times per week. It is not yet clear whether this treatment will or should evolve into a psychoanalysis.

CLINICAL MATERIAL

A number of years ago when I considered myself "junior," a "senior" respected colleague called to refer a "good case" to me. I was quite pleased to receive the referral and immediately motivated to succeed with the patient, in part, to solidify the approval of this important colleague. After telling me of this "good case," my colleague added that the patient had experienced a failed five-year analysis and now required a reduced fee of $75

per session for the second try at analysis. I responded that I worked with a range of fees from $80 to $130 per session. I suggested that he refer the patient to me and allow me to work out the fee.

Mr. A, a single academic in his early forties, sought analysis for difficulties in making a commitment to Phyllis, with whom he had been living for nine years. Previous analytic work had helped him to understand that his interest in affairs with other women and his terror at the prospect of the responsibilities associated with raising a family reflected personal conflicts that analysis might help him with. He believed his first analysis had failed because his analyst did not like or approve of him. He did not question the validity of this belief.

Because Mr. A came seeking analysis and because I accepted and agreed with the wisdom of the referring analyst's recommendations, our task in our first sessions focused primarily on negotiating the details of the analytic situation. Mr. A's concerns focused on money. My senior colleague had originally referred Mr. A to Dr. J, who had stated that his $130 fee was not negotiable. Although Mr. A felt he could afford the fee, he believed it was excessive and experienced Dr. J as both rigid and arrogant. Mr. A had told Dr. J that he thought he was a "good" case. He added that because analysts were interested in doing analysis and because good cases were not easy to find, Dr. J should be willing to treat him at a lower fee. Dr. J's refusal to lower his fee had resulted in Mr. A's return to the referring analyst for the name of a more agreeable analyst whom he might be able to manipulate.

After listening to this story, I said to Mr. A that it was clear that money was important to him and if we could agree on the financial arrangements, we would want to understand more about what money meant to him. I added that I had a range of fees from $80 to $130 and that I would be willing to work with him at an $80 fee with the understanding that we would try to discover why it was so important to him not to pay my higher fee, despite his feeling that he could afford it. This arrangement

was acceptable to him, and after two sessions we began an analysis at a frequency of four times per week. I add this note about frequency because subsequent experience with re-analysis has taught me to recommend a frequency of five times per week as optimal for "trials" of analyses after previous unsatisfactory analytic experiences.

Over the next five years we learned a good deal about the meanings of the modification that Mr. A had insisted on our enacting together. The first thing he told me about was the shaping influence of his father on his attitudes toward money. Mr. A's father had owned the equivalent of a motorized push-cart. When Mr. A was a young child, the family business consisted of selling fruit from a truck in lower middle-class neighborhoods of Brooklyn. Mr. A's father would cheat his customers by tampering with the scales that weighed the fruits and by "shortchanging" selected customers. Mr. A recalled his father's pleasure in his experience of "screwing" his customers. Subsequently, his father's entrepreneurial ability allowed him to make a great deal of money in the wholesale fruit business, money Mr. A had inherited and with which he did not want to part.

Thus, the first thing we learned about his "enactment resistance" expressed in his concern about fee was that he was enjoying "screwing" me rather than being "screwed" by me. Mr. A was able to work productively with this insight and had associated to his belief that his previous analyst had interpreted sadistically. In this context Mr. A was able to work on his projective tendencies as well as on his competitive wishes to defeat his analysts. Over the course of the analysis Mr. A would deepen his appreciation of the complexity of his wish to "screw" me concerning the fee. He not only experienced interpretations as sadistic, but also as frightening, and he longed for anal penetrations. These frightening longings were related to his wish to be a woman, to have his father's baby, and to be impregnated by the analyst's omniscient interpretations. After seventeen months of work, during which time Mr. A came to understand that he believed my lowering the fee reflected my particular interest

and affection for him, he was able to voluntarily raise his fee to $130 per session.

A colleague described a similar situation. Dr. T was working twice a week with a young married woman who he thought should be in analysis. He had communicated this recommendation to her repeatedly. In spite of the fact that inherited wealth should have allowed her to afford the increased frequency, she insisted that she had discussed it with her husband, and they did not want to spend their money in that way at this time. At this point, in this psychoanalytically oriented psychotherapy, Dr. T understood that the patient's reluctance reflected a specific identification with a penurious parent. However, attempts to interpret this identification and the derivative reluctance so as to be able to convert the psychotherapy into psychoanalysis were unsuccessful. The analyst believed the patient needed and could afford analysis. He also believed she would be better able to afford it in the future. For these reasons and because he wanted to work in analysis with her, he proposed a modification to deal with her reluctance. He offered her an interest-free loan, and she accepted. He agreed to see her at a frequency of four times per week for the fee he was charging her for the twice weekly psychotherapy with the understanding that she would pay him the difference at a specified future date.

DISCUSSION

It is important to emphasize that Dr. T and I are aware that countertransference undoubtedly influenced our willingness to reduce our fees for these select patients. This countertransference is understood to reflect an aspect of the match and must be attended to. However, this countertransference may not be categorically different from the institutional countertransference toward candidates that routinely encourages training analysts to reduce their fees. The gratifications explicit in these countertransference-transference enactments must be sufficiently ana-

lyzed for analyses to be successful. I am emphasizing that, as with training analyses, reducing a fee does not definitively distort the transference so as to render it unanalyzable. I am stressing that in all analyses, those conducted with or without the analyst's conscious awareness of actively engaging in gratifying modifications, an assessment of analyzability cannot be made until the analyses are completed. Although we do not as yet understand the fate of Dr. T's decision to gratify his patient, Dr. T decided that he would not be able to learn about it analytically unless he engaged in the enactment of gratifying his patient.

For Freud and many of his contemporaries, "good" cases were educated, worthwhile human beings. For Glover, good cases were relatively compliant, cooperative human beings who could use the analytic situation to express their transference potential in words.

Reluctant patients are not usually experienced as good patients. They are often somewhat obstinate and/or defiant. They may express some disdain for the analyst's preferred vision of the way things should be, and they may present their own treatment plan in an arrogant, entitled manner. A good deal of tolerance for this kind of abuse, played out in the consultation, is required to help such patients experience themselves as participants in an analytic collaboration.

In the examples presented in this paper I am emphasizing that the *analysts decided to gratify their reluctant patients* in order to facilitate analyzing their reluctance. This emphasis highlights the fact that gratifying enactments are essential aspects of selected analyses.

Analytic technique has been taught from a theoretical perspective which proposes that in an ideal analysis the analyst functions from a neutral perspective and interprets. At the same time the analysand functions within the prescribed structure of analytic abstinence and assimilates interpretations in the service of analytic self-observations. This ideal analytic collaboration requires that the analysand accept the parameters of the analytic situation, including the use of the couch, a frequency of four or

five times per week, and the analyst's fee. In addition, the ideal analysand is expected to possess a sufficiently developed personality, one that provides her or him with a reasonable degree of affect tolerance, a capacity to distinguish reality from fantasy, and an ability to observe her/himself. These traits are believed to be necessary attributes to enable the analysand to endure the regressive pull of the analytic experience and to resist diversionary enactments. Human beings who are not so endowed are considered unsuitable for standard psychoanalytic treatment. Some might be helped to become suitable with an experience of preparatory psychotherapy while others might be helped to have an analytic experience by modifying the ideal standard technique in the introductory phase of analysis.

In the tradition of Stone (1954) I have described modifications (Rothstein, 1990) that were helpful with analysands who were reluctant to accept the regular parameters of the analytic situation with regard to frequency of sessions and the requirement of regularly scheduled appointments. In that communication I proposed that their reluctance could be conceived of as "*enactment resistances*" (p. 154) and, like any enactment, could best be understood as a compromise formation. I demonstrated that to analyze the enactment, the analyst must first be able and willing to accept it and to allow it to occur. I suggested that the "analyst has to be able to accept that the patient must do it his way first before the enactment can be understood. Stated another way, the analyst has to be able to accept being frustrated by the patient while the patient is gratified" (p. 154).

In this communication I am emphasizing *the activity* explicit in analysts' decisions to gratify their patients by treating them at lower fees or by offering interest-free loans. These patients' resistances to analysis expressed themselves primarily in terms of their reluctance to pay the analysts' fees. Traditional discussions of technique suggest that such reluctance should be worked with in a preparatory psychotherapy. When understood, analyzable patients should be able to overcome their reluctance sufficiently so that they can then pay the analyst's fee

and begin a standard psychoanalysis. In this paper I am emphasizing that for selected patients, the unconscious wishes underlying their reluctance must be gratified before the unconscious aspects of their resistances can be analyzed.

The analyst's activity in gratifying these patients' resistances is conceived of as similar to the child analyst's agreement to play with the child patient. In the adult analytic processes described, the analysts decided that it was necessary to gratify their patients by playing with them, by enacting with them, in order to bring their transference potential, expressed as enactment resistances, under more focused analytic scrutiny. These clinical suggestions are similar to Stein's (1973) proposals with regard to the analysis of acting out; first the enactment occurs, and then, after the fact, the analyst works to understand it with the acting-out analysand.

There is an "established wisdom" associated with the ideal conception of analysis that suggests such gratifying enactments on the part of analysts establish unanalyzable situations. I agree that it is better and possibly easier if an analysis is conducted without modifications. Analytic candidates are taught from a perspective that encourages them to believe that they can choose people who can be analyzed without modifications of technique. However, the realities of practice confront neophyte analysts with the stark fact that many of the patients who might become analytic collaborators require modifications. My difference with the "established wisdom" is a difference of emphasis. I suggest that the modifications I am describing allow some patients to have analyses who would otherwise be unable to allow themselves such experiences. In addition, although I agree that the modifications I describe complicate the subsequent process, they do not doom these analyses to failure. These modifications are the opening expression of the transference-countertransference engagement that can be understood and interpreted in selected analytic collaborations.

In conclusion, it is necessary to discuss analysts' attitudes about the income they would like to earn. We are all profession-

als who have matured expecting to make substantial incomes. Yet colleagues everywhere are complaining about the paucity of suitable patients who can afford to pay the fee the analyst expects or would enjoy receiving for services. In this regard Glover (1955, p. 120), long ago in the mythical heyday of psychoanalysis, suggested that analysts acknowledge to themselves the conflicts and compromises required to have an analytic practice. He explicitly encouraged colleagues to "restrict" their incomes in order to have analytic practices. Such advice is undoubtedly easier to give than to implement. In a related vein, Erle (1993) has meaningfully discussed analysts' attitudes toward fee.

In addition to the conflicts just mentioned, however, analysts who believe that analysis is the optimal treatment for most patients are presented with *an ethical dilemma* when they have numerous open hours and are consulted by a patient who they believe can only afford to purchase one or at most two of their hours. Do they refer the patient for the treatment they believe is optimal to a colleague who will see the patient in analysis at a significantly lower fee, or do they fill one of their open hours? I believe that if an analyst thinks a trial of analysis is the best treatment for the consulting patient, then the analyst will resolve this conflict by lowering his or her fee or by referring the patient to a colleague who works for lower fees or to a clinic.

In this paper I have focused on patients whose reluctance to pay the analyst's fee was a presenting resistance that required gratification before it could be analyzed. There are, of course, many patients who are reluctant to pay the analyst's fee because they truly cannot afford it. When this is understood to be the case, the analyst will either lower the fee or the analyst will refer the prospective analysand to another colleague or a clinic. However, things are sometimes more complicated. There are patients who appear in consultation to be unable to afford the analyst's fee but who subsequently turn out to have been able to afford more than was at first apparent. Insurance policies that were not well understood, trust funds, or family support may subsequently make their appearance.

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Neglected Classics: M. N. Searl's "Some Queries on Principles of Technique"

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NEGLECTED CLASSICS: M. N. SEARL'S "SOME QUERIES ON PRINCIPLES OF TECHNIQUE"

BY FRED BUSCH, PH.D.

In 1936[1] M. N. Searl published a brilliant exposition on the significance of resistance analysis. It was as well a singular exploration of some technical variables to be considered when the role of the ego is contemplated as part of our interpretive methods. I would consider it one of the preeminent examples in our literature of an ego psychological approach to the psychoanalytic process. Searl grasped the clinical implications of Freud's (1923, 1926) introduction of the structural theory and of his second theory of anxiety as few authors before or since have done.

If my reading of the significance of Searl's article is correct, it is deserving of further study because it is a remarkable historical document that presages the work of such psychoanalytic scholars as Kris, Gray, and Schafer writing in this same area some forty to fifty years later (Gray, 1973, 1982, 1986, 1990, 1992; Kris, 1982, 1983, 1990, 1992; Schafer, 1983). However, Searl's article also stands out as an exceptional rendering of the psychoanalytic process, with the ego at the center of the analytic work. Like few papers in our field, it gives the clinician a feeling for an ego psychological approach to the data of psychoanalysis that is an alive, dynamic method of working in the clinical situation. Yet I have seen Searl's paper referred to only in two works, widely separated in time but not in tone (see, Fenichel, 1941; Gray, 1982). That it has not been more widely cited

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[1] Throughout the body of this article I will be referring to this paper, so that the year will not be listed at each citation.

seems, in part, due to our longstanding struggle to integrate the structural theory with clinical technique (Apfelbaum and Gill, 1989; Gray, 1982).

Searl's paper compares favorably with well-known works written contemporaneously—i.e., Reich's (1933) *Character Analysis* and Anna Freud's (1936) *The Ego and the Mechanisms of Defence.* While Reich was one of the first to grasp the significance of resistance analysis in analytic work, he was not as consistent as Searl in applying an understanding of the ego in resistance analysis. Furthermore, as Schafer (1983) has pointed out, Reich lapsed into thinking of resistance analysis as a battleground, with the richly textured meanings of resistances reduced to a type of motiveless opposition that needed to be rooted out. Searl's paper seems a compendium to Anna Freud's work, providing a sophisticated approach to resistance analysis with adults while extending our understanding of the role of the ego in clinical psychoanalysis.

Thus it appears that an article which should have led the way toward an exciting exploration of Freud's new understanding of the role of the ego in the psychoanalytic process instead remained ignored. In the spirit of attempting to revive interest in this overlooked gem, I will present a summary of Searl's major points. For the sake of expository simplicity I have broken her article into two major areas—i.e., resistance analysis and the role of the ego. In the article itself, as in the analytic process, these two areas are not as neatly divided.

Analysis of the Resistances

Searl's beginning assumption was that up to that time, 1936, Freud's views on resistance analysis were only a "*promising way to pursue*" (p. 471, italics added), and not a detailed presentation of principles of technique. The implication was that much more needed to be explored about this new method of understanding resistances on the basis of Freud's second theory of anxiety. This refreshingly blunt appraisal of psychoanalytic understanding of

resistance analysis stands in marked contrast to the more typical idealization through the years of Freud's contribution to the *clinical* methods of resistance analysis.

It was almost fifty years later that Gray (1982) highlighted the "developmental lag" between psychoanalysts' belief in the significance of resistance analysis, and the level of sophistication of clinical thinking based upon our understanding of the ego's role in the formation of resistances:

> It has for some time been my conclusion, rightly or wrongly, that the way a considerable proportion of analysts listen to and perceive their data has, in certain significant respects, *not* evolved as I believe it would have if historically important concepts concerned with the defensive functions of the ego had been wholeheartedly allowed their place in the actual application of psychoanalytic technique (p. 622).

While Freud's clinical brilliance led him to understand the crucial significance of resistance analysis, he never fully integrated the clinical potential of working with resistances from the perspective of the ego as the seat of anxiety. Thus Searl was one of the first to note that while Freud's new views on resistances were "promising," much needed to be learned. This seemed to allow her to pursue the technical implications of the theory while her contemporaries and most of those who followed were in adulation of what was understood and thus kept repeating Freud's tendency to view the resistances as primarily something to overcome rather than understand.

Searl approaches the specifics of resistance analysis from a number of subtly different but interlocking perspectives that are not only forerunners of current thinking, but show a dazzling understanding of the complexities of the topic. She offers a clinical perspective that is timely and modern. Her clear descriptions of the technique and underlying assumptions of resistance analysis, presented via a series of observations and questions, gives the analyst a point of view from which to approach the resistances that is rare in the clinical literature even today:

In the first place I find something to regret in the technical term 'resistance', even though it may on the whole be the best shorthand for the purpose. It puts the emphasis on the negative strength exerted by the patient rather than on the cause. Analysis depends for its success on co-operation with that part of the patient's mind which, however mistakenly and ineffectively, seeks a better solution. In that sense, then, what we call analysis of resistances is really an analysis of ineffectual capacities, or of conflicting and mutually damaging processes. If we centre our activities as analysts on the aim of restoring his full capacities to the patient, we are constantly asking ourselves such questions as 'Why can he not . . .?' 'Why is there a difficulty?' Then we are able to limit our activities to explaining those difficulties when and as we see them (p. 481).

This method Freud contrasts with 'divining from the patient's free associations what he failed to remember'. We cannot therefore doubt that Freud wished to substitute interpretation of resistances for interpretation of absent content.

The analysis of resistances seems to me, then, to imply the knowledge of 'what' is subservient to the understanding of 'why?' or 'why not?'; and close adherence to this simplifying principle can alone gradually bring clarity and order into confusing varieties of attempts to deal with the patient's material, and can ultimately give us a firm basis from which to proceed (pp. 476-477).

If on the other hand, we say to a patient, 'You are thinking so and so', 'You have such and such a phantasy', and so on, we give him no help about his inability to know that for himself, and leave him to some extent dependent on the analyst for all such knowledge. If we add 'The nature of this thought or phantasy explains your difficulty in knowing it for yourself', we still leave the patient with increased understanding related to a particular type of thought and phantasy only, and imply, 'One must know the thought or phantasy first before one can understand the difficulty about knowing it'. The dynamics of the patient's disability to find his own way have been comparatively untouched if the resistance was more than the thinnest of crusts, and will therefore still be at work to some extent and in

> some form whatever the change brought about by the interpretation of absent content (pp. 478-479).

There are few places in the analytic literature where one can find such a clear, straightforward description, free of jargon, that captures the essence of working with the resistances and is consistent with the structural theory. Resistances are presented as adaptations from an earlier time that have gone awry and are now interfering with the individual's functioning (i.e., ineffectual capacities). Searl's central question in approaching the resistances, "*What* is being resisted?," keeps the analyst focused on the threat that drives the resistance rather than on circumventing it to get to the underlying fantasies (i.e., absent content) and overcoming the resistance. Finally, instead of pursuing the goals often associated with more authoritarian approaches (finding buried memories, making the unconscious conscious, etc.), Searl seeks to help patients find their own way by understanding what is stopping them. Thus, she captures the essence of Freud's changed views of anxiety—from its being caused by dammed-up libido to being the result of a threat to the ego.

Translated into clinical terms, in the face of a resistance it is incumbent upon the analyst to consider the question of what threat the analysand feels under that leads him or her to avoid knowing more about his or her thoughts. If a resistance is in operation, it is indicative of the fact that the patient is under some threat. The purpose of the resistance is to keep the threat from awareness. Interventions that do not respect the analysand's resistance to certain thoughts and feelings becoming conscious will be irrelevant at best, and potentially dangerous.[2]

[2] I realize I am simplifying the clinical process where "what is defense one moment in relation to a given wish may the next moment become the wish defended against" (Apfelbaum and Gill, 1989, p. 1076). It is the heart of the complexity of the clinical process to know when to emphasize one aspect of the resistance over another. However, it has been the defense components of resistance analysis which have been neglected, and these may be usefully focused on in isolation both clinically and pedagogically.

It is a free-association based, process-oriented approach that has come to be specifically championed in the literature only many years later. By focusing on the analysand's relationship to his or her own thoughts, resistance analysis becomes the centerpiece of the analytic process and is based upon looking at what stops the patient from becoming aware of what is on his or her mind. This allows Searl to eschew combat metaphors so prominent in discussions of resistance technique through the years; such metaphors still serve as a point of attack for those arguing against what they view as the "classical" technique of resistance analysis (Busch, 1995a). Searl speaks to this point when she states,

> It is not, it seems to me, a method of 'breaking' or of 'conquering' or 'melting' resistances or even of shewing how 'unreasonable' they are—although it is true that the patient's own recognition of some lack of reason in them is an essential preliminary to the desire for something better. *It is simply a method of understanding them* (pp. 485-486, italics added).

The depth of Searl's understanding is captured in her discussion of resistance analysis versus the interpretation of what she calls "absent content." The essence of her position is that when the patient comes to some blockage in her or his thoughts, the question of *what* is being blocked is subservient to *why* there is a blockage.[3] The thoughts, fantasies or feelings being blocked or causing the block, *may be* less significant than the specific threat the patient feels under at the time. As I have indicated elsewhere (Busch, 1992), even analysts who regard Freud's second theory of anxiety as a turning point in resistance analysis frequently fall into searching for the hidden unconscious fantasy or getting out the strangulated affect as primary methods of dealing with resistances. A frequently heard scenario in clinical discussions is one in which the analysand's hesitation in talking is interpreted as due to some feeling toward the analyst, before the

[3] While the resistances may take the form of an actual blockage of thoughts, there are an infinite number of ways the analysand may keep from knowing or revealing thoughts while verbalization continues.

question of the patient's reluctance is ever taken up. Schafer (1983) succinctly captures this same point, almost fifty years later, when he states:

> There are many moments in the course of an analysis when analysands seem to dangle *unexpressed content* before the analyst. There are the moments when the analyst is tempted to say, for example, "You are angry," "You are excited," or "You are shamed." But if it is so obvious, why isn't the analysand simply saying so or showing unmistakably that it is so? To begin with, it is the hesitation, the obstructing, the resisting that counts. If the analyst bypasses this difficulty with a direct question or confrontation, the analysand is too likely to feel seduced, violated, or otherwise coerced by the analyst who has in fact, even unwittingly, taken sides unempathically (p. 75, italics added).

Searl sums up the contrast between the analysis of absent content and resistance analysis in the following manner:

> . . . the analysis of absent content says in effect: 'We can conclude from what you have said that you are resisting such and such an affect, memory, thought or phantasy; and in order to know *why* you are resisting we have first to know *what* you are resisting'; the analysis of resistances says in effect, . . . 'We can conclude from what you have said that you have taken and are taking such and such a method of dealing with a painful situation. That way may have been the best you could find in some circumstances, but it contained an alteration of a real state of affairs to suit emotional troubles, and therefore, whatever it did for you, it had to leave some of the real difficulty not really dealt with. That is the difficulty you are meeting at the present time, and it is increasing any other difficulty you may have in keeping to the conditions of analytical treatment' (pp. 489-490).

In this Searl also anticipates Stone's (1973) observation that resistances have an effective, functional, protective side which is the result of an adaptation to a situation perceived as overwhelming at one time. Searl defines a resistance as "the best

form of defence [the patient] has been able to adapt to a particular difficulty" (p. 480). She sees this as a crucial part in helping analysands understand the logic for a resistance continuing in spite of the obvious difficulties it is causing. Thus, she brings to the patient's attention the "fact that we recognize his difficulty and that we can offer a reason not only for it, but for his incapacity to emerge from it . . ." (p. 478). It is a clinically useful perspective that can help with the accusatory/guilt components that creep into interpretations of resistance, while also making the analysand's behavior perfectly understandable as a solution to an earlier threat.

Felicitous clinical suggestions occur throughout Searl's paper: the resistance as a joint creation of analyst and analysand (p. 488, à la Boesky, 1990); process-based resistance analysis as an antidote to the problem of "dosing" interpretations (p. 480); ways of dealing with conscious and intellectual resistances (p. 490)—these are just some of the clinically useful ideas woven throughout Searl's larger discussion of the ego psychological perspective on the resistances.

The Significance of the Ego in Clinical Technique

In the context of Apfelbaum and Gill's (1989) conclusion that the technical implications of the structural theory seem not to have been noted and implemented, it is startling to find in Searl's paper so many issues germane to the clinical application of the ego in psychoanalysis. Throughout the paper she offers an ego-based view of the analytic process that is a remarkable forerunner of current thinking while conveying, like few articles before or since, what this method of treatment looks like. She also formulates some goals for treatment with the ego at center stage that are models of clarity and that reappear in our literature some fifty years later. Consider the following which includes all of the above:

> Another pronounced advantage in the analysis of resistances is that it removes from the analyst the difficult and precarious

> business of 'dosing' in determining the amount of anxiety to be aroused. That is left to the working of the patient's own mind in conjunction with circumstances extraneous to the analysis itself, and the test of the amount of anxiety he can bear is—for adult patients—the amount of anxiety-laden thought he has been able to put into words. A correct interpretation about the *reason why* he has not been able to put more into words still leaves the option with him. But to put his thoughts or feelings into words *for* him is to interfere with the action of a kind of mental sieve, depriving both the analyst of a sure guide about the integrating power of the ego, and the patient of the best form of defence he has been able to adapt to a particular difficulty; it is therefore one that should be left to him until he has found a better method. By telling him what he has not put into words, whatever the subsequent result, one has not increased but has rather provided a substitute for his own power of verbal expression in the particular instance under consideration. One is saying to him in effect 'You see what your sieve was keeping back—how harmless, indeed how helpful, this piece of knowledge, how unnecessary such rigid sieving', and one may indeed do much for the patient by such methods. But in addition to its use as an anxiety mechanism the process of discriminatingly sieving his thought may be very useful to him in other circumstances, and we do not want to injure it. In other words, one wants to further a power of reasonable choice and control rather than rigid censorship or lack of control between conscious thought and speech as well as between the conscious and the pre-conscious, and the unconscious. And the quickest and surest way to this end is to shew good reason, however misapplied, for its previous use rather than unreason (pp. 480-481).

In this we see again Searl's view of the ego as the seat of anxiety, which allows in thoughts based upon adaptations that were necessary at one time. She highlights the importance of not circumventing the ego's adaptations, primarily because she views ego strengthening via greater inclusion of the ego in the process of analysis as crucial to its success. Searl's premise, not

generally accepted at the time and only recently a part of our understanding of the analytic process, is that what seems to happen in successful analyses is not the cessation of conflict, but rather the ability to engage in a process of self-analysis when conflicts arise. Her views on this come close to those of outcome studies done many years later (Pfeffer, 1961; Schlessinger and Robbins, 1983). Searl states:

> The only satisfactory objective criterion of a finished analysis . . . involves the capacity to retain or quickly regain that total improvement, when tested by the independent facing of difficulties subsequently encountered (p. 472).

Compare this with Schlessinger and Robbins's conclusions that the "effect of analysis is not the obliteration of conflict, but a change in the potential for coping with conflict . . ." (1983, p. 167).

From Searl's premise quoted above follows one of her major technical points—i.e., a significant component of any analysis needs to focus on those characteristic methods and conflicts which keep analysands from knowing more about themselves. Thus, if one believes that what analysis can provide is in part a way of understanding that helps analysands deal in an ongoing way with conflicts, then working on the barriers to that understanding needs to become a major part of the analytic task. As stated by Searl,

> . . . that which is important is not the extent to which *we* may be able to impart to the patient our knowledge of his life and psyche, *but it is the extent to which we can clear the patient's own way to it and give him freedom of access to his own mind* (p. 487, italics added).

It is striking to compare this with Gray's (1982) recent work in which he comes to the conclusion that

> *the therapeutic results of analytic treatment are lasting in proportion to the extent to which, during the analysis the patient's unbypassed ego*

> *functions have become involved in a consciously and increasingly voluntary co-partnership with the analyst* (p. 624, italics in original).

In this point of view the analytic task is framed as an attempt to give analysands greater mastery over and accessibility to their own thought processes. It is a process-oriented method which suggests there are characteristic methods patients use to keep themselves from knowing what they think, and knowing what they think about their thinking, as a way of warding off painful affects. Searl's perspective is to help patients with those characteristic methods that stop them from using the full range of ego capacities which are caught up in repressive and regressive measures. Over and over again she makes the point that her perspective is "What keeps the patient from saying?," "What keeps the patient from knowing?"

> By telling him what he has not put into words, whatever the subsequent result, one has not increased but rather has provided a substitute for his own power of verbal expression in the particular instance under consideration (p. 480).

This is a forerunner of recent interest in the issue of self-analysis. It anticipates Calef's (1982) remark that the results of analysis are related to the degree to which the patient has identified with the process. In Searl's work the process of analysis is the focus, with the end result geared toward understanding those resistances toward self-analysis.

Searl also touches directly on an issue that analysts since Freud have struggled with—i.e., what one does with the data of analysis (the patient's free associations). Once again Searl's emphasis is remarkably prescient when compared with recent psychoanalytic authors (e.g., Davison, et al., 1990; Levy and Inderbitzin, 1990; Paniagua, 1985, 1991) who suggest accrued analytic benefits by staying closely attuned to the surface of the patient's thoughts. This is in contrast to those who would look to the patient's thoughts unfailingly as symbolic representations of deeper unconscious meaning. Thus, with the first perspective, a

pause in the analysand's associations might be pointed to as a resistance in operation, while the "depth" perspective might listen for the associations (the patient's or the analyst's) to determine what primitive instinctual impulse was being gratified. In essence, Searl's position is that there are numerous benefits to be gained by staying close to the surface of what the analysand is saying:

> I believe that only when one abandons the attempt to deal directly with absent content and with truly unconscious material—or at least when one tries to do so—does one become aware of the wider possibilities of analytical work which lie hidden in the conscious and pre-conscious material—the regrouping, the re-arrangement of it, the dissolving of compulsive fusions, the tracing of hidden links, unsuspected connections, etc. This work of putting things in the places to which they belong, making true wholes and separating false ones, can be more effectively carried out, I believe, if the analyst keeps his own work in the place to which the patient allows that it belongs—voluntarily expressed material. It can hardly be necessary to say that one does not abandon one's knowledge of the 'true unconscious' because one makes no attempt to apply it directly. All that is in question is the best way in which the patient himself may reach such knowledge (p. 484).

In this Searl is making the point that there are many components of what might be called the "observable" data between analyst and analysand that are the basis of useful analytic data. When Searl's views are compared to some of Gray's recent comments, we can see again how forward-looking they were.

> In listening to the patient, I focus on the flow of material with an ear for evidence, at the manifest surface level . . . (1990, p. 1085).

> My aim is a consistent approach to *all* of the patient's words, with priority given to what is going on with and within those productions as they make their appearance, not with attempts to theorize about what was in mind at some other time and place (1992, p. 324).

Searl points out that deep interpretations of absent content enforce a type of passivity on the patient. They also encourage a belief in the analyst's omniscience while stimulating the patient's omnipotent fantasies and magical thinking. Freud himself struggled with this issue: it was not unusual for a single paper (see Freud, 1910) to contain a critique of not staying close to what the patient was talking about and could be aware of, and the suggestion that this could do no harm and possibly do some good. It was a consequence, at times, of the struggle between Freud the clinician and Freud the theoretician, and at other times between competing models of the mind (e.g., anxiety as dammed-up libido versus the ego's response to threat). Searl's work is consistent with the newer approaches to the clinical application of ego psychology.

Finally, Searl's paper is filled with sensible clinical guidelines based upon a solid understanding of the ego's role in the defensive process. As an example, her observations on the role of action seem positively brilliant, and could serve as a useful reminder in any discussion of the topic:

> Naturally the analyst, like the patient, learns much from the action, bearing and expression of the other; but, for the analyst's purposes, the knowledge thus gained is and remains secondary to that from verbal expression, in the sense (1) that his interpretations should be based on and referable to or explicable in terms of what the patient has put into words and that alone; and (2) that our chief concern is with that which prevents him putting more into words. We are taking away the patient's accepted and reasonable responsibility if we in any way shift the importance away from the only, though the very difficult, technique which analysis asks of him; and we encourage him to belief in magic, which is independent of conditions, if we do not evince our belief in the conditions in which analysis can be carried on. How to be firm about it without being harsh or rigid is indeed a problem for the analyst, but an essential one (p. 489).

Here again we see Searl focusing on the action as a possible resistance that needs to be explored. This is in contrast to much of the other literature on action, beginning with Deutsch (1952), in which action is seen as just another form of communication or as an impediment to progress, and interpretations seem directed not to the reasons for the resistance occurring in action form, but to a determination of the symbolic meaning of the behavior as an attempt to break a treatment impasse (see Anthi, 1983). In this we can see the return to a battleground metaphor à la Reich: action as an unconscious ego resistance is seen as an impediment rather than an inherent aspect of the treatment. Searl focuses on the form of the behavior. She asks what to me seems the most germane question: Why is the behavior occurring in this particular form? This leads her to wonder what use can be made of actions, and what are the consequences of doing so. Rather than dealing with action along the lines of Deutsch and Reich, I have found it more clinically useful to think of action as Searl does—as being a manifestation of a behavior occurring in a regressed form that is not easily usable by the patient (Busch, 1989, 1995b).

In discussing action, Searl again raises the problem caused for the analysand by interpreting without her or his participation. In addition to what she has already pointed out (that it encourages a belief in magical thinking and the omniscience of the analyst, and puts the patient in a passive position), Searl suggests that use of this method discourages the analysand's increasing participation in the analytic process. This perspective (the role of the ego in the interpretive process), along with Searl's other major contribution in this paper (a clinical approach from the side of the resistances), could fruitfully have been one direction in which investigations of the ego in the psychoanalytic process might have gone after Freud's initial formulations. The article was instead neglected, resulting in a loss to psychoanalysis that only recently has begun to be corrected.

Postscript

Who was M. N. Searl, and why was her article ignored? At this point I can offer the reader some data, some speculations, and some intriguing questions. In short, I would like to offer the possibility that what happened to Searl and her article seems to represent one of the more bizarre and tragic examples of our difficulty in integrating the structural model into our psychoanalytic theory of treatment. If, as indicated above, this is not a problem only from the past, it should prove to be a useful chapter to future historians on the politics of theory.

M. N. (Nina) Searl, a Training Analyst at the British Psycho-Analytical Institute, was a significant contributor to the psychoanalytic literature from 1924 to 1938. According to Mosher's (1991) *Title Key Word and Author Index to Psychoanalytic Journals*, she published fourteen articles during this time, all in the *International Journal of Psycho-Analysis*. From the Archives of the British Psycho-Analytical Society I have also learned that from 1924 to 1937 she was a frequent presenter at their scientific meetings (eighteen presentations during this time). In addition to being a prolific writer, she was one of the first (if not the first) to present a paper to the British Psycho-Analytical Society on the technique of child psychoanalysis. However, her psychoanalytic career ended abruptly in 1937, just one year after the publication of "Some Queries on Principles of Technique."

In King and Steiner's (1991) comprehensive account of the Freud-Klein controversies in the British Psycho-Analytical Society, we learn that Searl was a longstanding target of a Kleinian vendetta. Thus, in the second in a series of meetings held between February and June 1942 to discuss the acrimony and distrust between the Freudians and the Kleinians, Melitta Schmideberg, who was Melanie Klein's daughter and one of her fiercest critics, scathingly attacked the Kleinians for trying "to force their opinions on us, and to browbeat us by subtle and by not so subtle methods into accepting it" (King and Steiner, 1991,

pps. 97-98). In this context Schmideberg had the following to say about Nina Searl:

> About 1932 started the crusade against Miss Searl. To give only one example of the methods employed: when she gave lectures for candidates Kleinian training analysts and full Members attended them in order to attack her concertedly in the subsequent discussion in front of the candidates. This induced the Training Committee to lay down the rule that Members should not attend lectures for candidates. In the meetings no occasion was omitted to make a joint attack on her.
>
> After the attack against Miss Searl was brought to a successful conclusion, the methods worked out were employed on others (p. 93).

The "successful conclusion" Schmideberg refers to was that in November 1937 Searl resigned from the Society. It is important to note that no member disputed Schmideberg's assertion that the attacks on Searl led to the above-mentioned changes by the Training Committee.

Why this Kleinian cabal against Searl? What we do know is that individuals go on the attack when feeling threatened. Thus, I am particularly intrigued with the possibility that Searl's work on the ego was a threat to the Kleinian's characteristic ways of thinking about the analytic work. I have seen similar (although certainly more subdued) responses to Gray's work, where his focus on the technical implications of Freud's ego psychology and the unconscious resistances is either mistakenly taken by some as a repudiation of the role of unconscious fantasies in mental life, or (possibly even more hostilely) dismissed as already "well known." Anna Freud (1965) noted the hostility I am pointing to, and put it in a historical perspective:

> In the earliest era of psycho-analytic work . . . there was a marked tendency to keep the relations between analysis and surface observation wholly negative and hostile. This was the time of the discovery of the unconscious mind and of the grad-

> ual evolvement of the analytic method, two directions of work which were inextricably bound up with each other. It was then the task of the analytic pioneers to stress the difference between observable and hidden impulses rather than the similarities between them and, more important than that, to establish the fact in the first instance that there existed such hidden, i.e., unconscious motivation (p. 32).

Searl's work emphasized not only the benefits of staying closer to the surface at times, but also the necessity of doing so for observation and work with the resistances, and to encourage the process of self-analysis. This was anathema to those analysts who defined the analytic task as the "sole concentration on the hidden depth of the mind" (A. Freud, 1965, p. 32). There have been other suggestions about why there has been this difficulty in integrating an ego psychological perspective with clinical technique (Busch, 1992, 1993, 1995b; Gray, 1982), but I do not believe we have penetrated to the reasons for the degree of antagonism seen in the attacks on Searl and the unpleasantness of the Freud-Klein controversies.

In relation to "Some Queries on Principles of Technique," it seems clear that at the time of its publication Searl was caught up in the psychoanalytic maelstrom sweeping through the British Psycho-Analytical Society, and that this likely affected the hearing this paper got at that time. Also potentially contributing to this was Searl's withdrawal from psychoanalysis and the tragic circumstances surrounding it.[4] I hope this review of the paper will go some way to restoring it to a significant place in the

[4] W. C. M. Scott (personal communication) reports on the meeting when Searl resigned: "As I remember it (and I know many other people's memories are very different and I have never discovered what was in the minutes of that meeting) she said she wished to make a personal statement. She said that she had begun to hear the voices of her hallucinating patient and knew that this was not analysis and that she must resign in order to discover what was going on in her life. I do not remember discussing details after the meeting with anyone, and the next I heard was years later when I heard she had become a fire warden in London during the war. And much later I heard that her life ended as a nun or at least as a resident in a convent."

psychoanalytic literature. It is significant that this is Searl's *second* "neglected classic" (Scott, 1976). While the other article is of a very different type, I know of no other psychoanalytic author with this dubious honor. Whether Searl's epiphany is part of a larger corpus deserving of study is another question worthy of further investigation.

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Unconscious Phenomena in the Process of Theater: Preliminary Hypotheses

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UNCONSCIOUS PHENOMENA IN THE PROCESS OF THEATER: PRELIMINARY HYPOTHESES

BY ERIC J. NUETZEL, M.D.

Anyone who has ever been in or around a theatrical production knows that the journey from rehearsals to scheduled performance is an intense emotional experience. All concerned invest time, energy and ideas in the final product. There are personal agendas, as well as individual technical and artistic effects, which each person involved wants to achieve. In addition, there is a group agenda: the artistic, pedagogic, and/or commercial success of the play as whole. The process of theatrical production is, in Bion's terms, a work group activity with a clear task—to bring a play to life. Bion (1961) wrote:

> . . . any group of individuals met together for work shows work group activity, that is, mental functioning designed to further the task at hand. Investigation shows that these aims are sometimes hindered, occasionally furthered, by emotional drives of obscure origin (p. 188).

The purpose of this communication is to describe how theatrical aims are hindered and furthered by emotional interchanges which I hope to make less obscure. My aim is to formulate a psychoanalytic theory of the theatrical process as it unfolds within a production of a given play. In applying psychoanalytic concepts to the process of theater, I am reversing the usual direction of the exchange between these two disciplines. Psychoanalysts since Freud have borrowed from the theater when a metaphor seemed particularly apt. Freud's use of Oedipus to describe a triangular family romance is prototypical. Today it is commonplace for psychoanalysts to speak of their

work in theatrical terms, such as "the analytic stage" and "the theater of the mind." Loewald (1980) argued that the psychoanalytic process has much in common with theater, writing:

> Considered as a process in which patient and analyst are engaged with each other, psychoanalysis may be seen as an art in another sense: The psychoanalytic situation and process involves a re-enactment, a dramatization of aspects of the patient's psychic life history, created and staged in conjunction with, and directed by, the analyst (p. 353).

Loewald posits that psychoanalysis, like all drama, involves the "imitation of action" yet differs in that an analysand's imitation of action develops from the analysand's own life experience (p. 353). The analyst enables the analysand to improvise his or her own play in the drama that unfolds between them. Enabling this drama to develop is the psychoanalyst's art, an art of play.

Playing is serious business in psychoanalysis, as it is in theater. In psychoanalysis play is used to achieve a therapeutic aim. In theater the aims are different and not specifically therapeutic, no matter how enriching a play or a performance might be to an audience. Modell (1990) reviewed the work of the Dutch historian Huizinga on the paradox of play and wrote:

> Play, as Huizinga observed, has a fragile, ephemeral quality, a quality of illusion that is easily disrupted. It must be kept within its own frame, a frame that proclaims that playing occurs within a level of reality apart from that of ordinary life. . . . Play is fundamentally paradoxical in that the essence of play is its freedom and spontaneity, but it is a freedom that must occur within certain constraints; all play is voluntary activity, yet play is circumscribed and restrained by the "rules of the game" and the constraints of time and place. Play illustrates the profound truth that freedom exists by means of restraints. Playing transports the participants into another world, another reality, so that the concept of play includes much that is serious (p. 27).

Rehearsals for performance of a play are a form of "serious play" occurring within the constraints of a specific frame involving time, space, and conventions (rules) for the participants. Rehearsals exist in separate reality for the purpose of transformation: the cast is transformed into the characters inhabiting the illusory reality of the play. The director is there to guide this transformation, literally directing play that will become "the play," the text of performance. Illusions, in the form of transferential enactments, have an important role in this creative process.

My background in theater (as an actor, director, and producer) was in college, community, and professional theater over two decades ago before I became a physician, psychiatrist, and psychoanalyst. Of late, I have become a part-time graduate student in drama, my main intent being to investigate the role of transference in the actor-director relationship. Following Sandler, Dare, and Holder (1973), I consider transference to be "*a specific illusion* which develops in regard to the other person, one which, unbeknown to the subject, represents, in some of its features, a repetition of a relationship toward an important figure in the person's past" (p. 47, italics in original). I thought that actors might play with the emotions they must portray through transferential interactions with the director during rehearsals. I found this hypothesis to be true enough, yet incomplete in some respects.

My revised ideas are based on observations from two recent productions. In the spring of 1992, I served as assistant director in a universtity production of Molière's *Tartuffe*. In the fall of 1992, I directed a university production of a one act play by Israel Horovitz entitled *Hopscotch*. Due to ethical considerations, data from the production of *Tartuffe* can only be presented sketchily, and data from *Hopscotch* cannot be presented at all. The data that are most compelling are also the most private; thus, those whom I observed were reluctant to grant me their full consent in presenting the findings. Participants in a theatrical enterprise are readily identifiable.

During the production of *Tartuffe*, my observations suggested that the director not only managed individual transferences, but group transferences as well, which were manifested in a phenomenon I would describe as a "production neurosis." It seemed to me that the director gradually began to act more and more like the head of the household, Orgon, in relation to the cast. Simultaneously, the cast behaved more and more like the household of the play in relation to the director, as if the director were Orgon. I could not determine who initiated this process, the director or the cast. It appeared to be occurring spontaneously, outside of the awareness of all concerned.

I wondered whether the unconscious, collective enactment of emotional dynamics derived from the play in production by the director and the cast—the "production neurosis"—was an inevitable parallel in the theatrical process, essential in bringing the show to life. Just as analytic patients develop new versions of their illnesses through transference neuroses, so, too, fresh versions of plays for theatrical presentation might develop through "production neuroses."

In order to attempt to investigate these phenomena more deeply, I directed the one act play, *Hopscotch*. My experience directing this play supported the notion of the "production neurosis." What I had termed the production neurosis was fueled by unconscious enactment of the play's dynamics in the interactions of the actors with one another and with me, as director. All of these interactions had dimensions of transference resistance, posing as obstacles to our work while deepening the process (e.g., an actor may become unreliable while preparing to portray an unreliable character). What surprised me was the verifiably unconscious dimension of these phenomena: I had been looking for enactments of the play's emotions in my interactions with the actors, yet I became so immersed in the process that I usually recognized these episodes only retrospectively. Like enactments in psychoanalysis, enactments in the process of theater are "*experienced as* interpersonal happenings coconstituted by both parties in consequence of shared regression" (McLaughlin

in Panel, 1992, p. 828, italics in original). Of course, theater is not psychoanalysis, and the enactments are not interpreted but managed and contained by the director.

On the basis of observations of myself and others, I have formulated this hypothesis: as actors and their director inhabit a play's text, the play's text inhabits them. During the process of theatrical production, this habitation of the play's text becomes manifest in emotional interactions of actors with each other and with the director. This idea is not new. When Arnold Saint Subber stage-managed a production of *The Taming of the Shrew* starring Alfred Lunt and Lynn Fontanne, he observed these two great actors bickering backstage and developed the idea for the musical comedy which became *Kiss Me Kate* (Schwartz, 1977, p. 230). The comic aspects of the musical are based on the idea that emotional interchanges between the actors reflect the emotions of the play in performance. These comic interchanges in the musical are readily recognizable as enactments. Such enactments are an intrinsic aspect of the theatrical process, and in my estimation they are as ancient as dramatic art.

Enactment is used in its psychoanalytic sense; it encompasses transference and countertransference expressed through action. Yet the term has specific meaning in the psychoanalytic situation. Enactments in psychoanalysis have been defined by Boesky as "experiences or behaviors which have an actualizing intention" which occur through "the transformation of ideas and fantasies into a performance that seems real" (cited in Jacobs, 1991, pp. 31-32). Enactments in the psychoanalytic process express through behavior "what is *not yet* otherwise expressible" (Jacobs in Panel, 1992, p. 836, italics in original). Similarly, enactments in the process of theatrical production feel real as they portray what is *not yet* otherwise portrayable. They enable actors and their director to find points of identification between the text, self, and other.

Enactments in psychoanalysis occur outside of awareness, unconsciously, and the same is true of enactments in the theatrical process. As in psychoanalysis, one recognizes an enactment ret-

rospectively. In theater, enactments are the unconscious portrayal of the emotions in the written text for the unstated purpose of developing a performance text. When the portrayal becomes conscious, what has been discovered through enacting is incorporated into acting. Enacting becomes acting as the performance becomes conscious. These ideas apply only to acting in the theater; film acting may be a different matter.

Actors need to find the emotions of their characters within themselves as they relate to another in order to achieve aesthetic truth and believability in their roles. Enactments can be viewed as "lures" for emotional memory so crucial to Stanislavski's psychological system of preparation for a role (see Stanislavski, 1936, p. 180). One must know an emotion, live an emotion, in order to imitate it effectively, believably. Actors prepare, in part, by finding emotions through enactments involving other actors and/or the director. The director also enacts through unconscious identifications with one or several characters within the play, provoked or otherwise. I am suggesting that actor and director are linked to the written text through an inchoate performance text, unique for each production, which emerges through a series of enactments during rehearsals. This may be why the director Elia Kazan "encouraged" personality conflicts between his actors when such conflicts enhanced "those in the script" (Vineberg, 1991, p. 95).

Farber and Green (1993) report that when Elia Kazan directed Paul Newman as Chance Wayne in *Sweet Bird of Youth*, he instructed Bruce Dern and the other men in the cast to snub Newman in order to increase Newman's sense of alienation. When the play opened in New York, the other actors revealed Kazan's strategy to Newman. Bruce Dern reports: "Kazan said that from that point on, the play was never the same. After that, the electricity was gone" (Farber and Greene, 1993, p. 27). It seems to me that Kazan was being unnecessarily manipulative; these processes occur spontaneously. However, the failure in the example cited is the failure to make the transition from

enacting to acting, the transition from an unconscious portrayal to a conscious one.

In the theater enacting is not acting. By necessity, performances must be relatively stable and consistent. Once an actor has found authentic emotions through an enactment or some other means, the emotions are stored or set in memory, which, along with physical actions, are reliably reproduced in performances. The reliable reproduction of emotions depends upon the actor's ability to separate from the role by creating a persona for the role—a false self with emotional links to the actor's true self—into which, and out of which, the actor can step. A director can aid in this process by serving as referee when an enactment between actors threatens to disrupt the process and by recognizing his or her own involvement in an enactment, nondefensively.

Some theatrical directors may use their understanding of these phenomena to help modulate emotionality in the actors' performances. Whether and how directors do this is worthy of further study. The phrase "use it" is a common enough expression of directors, usually said in response to an actor's emotional outburst. Regardless, enactments in the process of theater are nothing more—and nothing less—than a highly developed, unconscious, and complex form of serious play. As Shakespeare observed in another context, ". . . players cannot keep counsel; they'll tell all" (*Hamlet*, III, ii, 144-145). They "tell all" through enactments. Directors need to understand what is being said.

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Oedipus and Beyond. A Clinical Theory. By Jay Greenberg. Cambridge, MA/London: Harvard University Press, 1991. 274 pp.

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BOOK REVIEWS

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OEDIPUS AND BEYOND. A CLINICAL THEORY. By Jay Greenberg. Cambridge, MA/London: Harvard University Press, 1991. 274 pp.

Jay Greenberg, together with his collaborator, Steven Mitchell, first came into national prominence in 1983 when he published *Object Relations in Psychoanalytic Theory*.[1] We can still remember the stir created on the psychoanalytic scene and the curiosity raised in its readers as to which author wrote what part of the joint effort, whose ideas were whose. In that book, two competing models of psychoanalysis were put forward, the drive-structure model and the relational-structure model, the authors categorizing various psychoanalytic contributors as being defined by one or the other of the two. Greenberg and Mitchell identified as well what they termed mixed model theorists who, because of the instability of their views, would drift from the unstable middle to one side or the other. They included in the unstable group both Kohut and Sandler, whose models continued to incorporate both drive and relational features.

What seemed the most helpful and original aspect of that book was its magnificent summary of the history of psychoanalytic ideas and its challenging and heuristically useful organization of these ideas. One can still refer candidates to the book for a wonderfully concise and fair-minded description of the development of Freudian ideas, for a contextual analysis of Klein, Winnicott, Balint, and others of the English school, and for a unique overall summary of Harry Stack Sullivan's views on human interaction. The separation of drive-structure model and relational-structure model proved to be prophetic, with psychoanalysts continuing to this day to line up across the boundary Mitchell and Greenberg defined.

While Mitchell has gone on, in two subsequent volumes, to articulate relational analysis as distinct from drive theory, Greenberg, in the volume under review here, has opted to blur the sharp distinction between the relational-structure model and the drive-structure model that he had originally proposed. Judging by the apparent divergence in the paths Greenberg and Mitchell have

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

taken, then, it becomes possible to speculate on the original question stimulated by *Object Relations in Psychoanalytic Theory*, and to venture the guess that Greenberg was the one in the pair who has the greater love of the history of psychoanalytic ideas, and the most respect and understanding for how they have developed. Greenberg loves what the great analysts have contributed, and above all loves to write about analytic ideas. He is especially fond of Freud's contributions (including 52 separate references in this modest-sized volume) and critiques them with intelligence, originality, and incisiveness. The reader is left with the distinct impression that Greenberg has learned a great deal from Freud and wants to preserve as much of the Freudian oeuvre as possible, as much, that is, that to Greenberg's mind has continued validity, utility, and vitality.

Despite the blurring of the heuristic boundary between drive and relational models inherent in this volume, Greenberg nevertheless strives to carry all of analysis into the relational camp. He uses current critics of classical psychoanalysis to bolster his argument that analysis needs a new theory of drives, a new theory of transference, and, all in all, a greater emphasis on the interpersonal. This is not to say that the intrapsychic is excluded from consideration. Emmanuel Ghent, in his introduction to *Relational Perspectives in Psychoanalysis*, describes the relationalists as a group as "having in common an interest in the intrapsychic as well as the interpersonal, but the intrapsychic is seen as constituted largely by the internalization of interpersonal experience mediated by the constraints imposed by biologically organized templates and delimiters."[2] There is no doubt that psychoanalysts reading this book may not choose to go where Greenberg encourages us to go, but the enjoyment of following how Greenberg thinks, and of matching his approach with one's own, is a zestful and challenging experience, an experience that is clearly reminiscent of the zest and challenge of his first, co-authored volume.

To put it briefly, Greenberg argues that Freud's dual drive theory of libido and aggression, and Freud's tripartite model, are both hopelessly outdated. To support his argument, he marshals contentions of others which, though familiar to most of us by now, are

[2] Ghent, E. (1992): Foreword. In *Relational Perspectives in Psychoanalysis*, ed. N. J. Skolnick & S. C. Warshaw. Hillsdale, NJ/London: Analytic Press, p. xviii.

nevertheless well worth reviewing as they are so well articulated. As Greenberg does not wish to give up what he contends to be the incisiveness of the "narrow but deep" perspective that drives lend to psychoanalytic clinical theory, he proposes to maintain the concept of innate drives. But rather than replace the Freudian dual drive system with the single motivation of competence (à la Basch[3]) or with a multiple motivational approach (à la Lichtenberg[4]), he proposes two of his own choosing, the drive for safety and the drive for effectance.

Greenberg's critique of the libidinal and aggressive drives in no way eliminates his respect for the clinical discovery of the oedipus complex, its triangularity, its associated conflicts, and its timelessness: hence the title of this volume. In keeping with his general approach, however, he attempts to reframe the phenomenon into a relational context, similar to his treatment of all of the psychoanalytic concepts he addresses. It is difficult to find much to disagree with in his critique, especially because, as we indicated above, he marshals most of the modern critics in the field to bolster his arguments. What he considers outdated he vigorously discards, criticizing the conservatives among us who wish to preserve the basic classical framework by claiming that these conservatives respond to cogent challenges with what he terms a "dazzling display of metapsychological acrobatics" (p. 163). For example, he cites Rapaport's attempt to explain in what way altruism can be conceptualized as not neurotic, as healthy, through his postulating a secondary autonomous formation of a previously unconscious conflict.

Roy Schafer is one of Greenberg's own favorite commentators on analysis. It seems hard to understand, then, why he would take from Schafer's influential paper, "The Psychoanalytic Vision of Reality,"[5] only Schafer's tragic view, leaving aside the equally valid romantic, comic, and ironic visions, in order to make Greenberg's

[3] Basch, M. (1988): *Understanding Psychotherapy. The Science behind the Art.* New York: Basic Books.

[4] Lichtenberg, J. D. (1989): *Psychoanalysis and Motivation.* Hillsdale, NJ: Analytic Press.

[5] Schafer, R. (1970): The psychoanalytic vision of reality. In *A New Language for Psychoanalysis.* New Haven: Yale Univ. Press, 1976, pp. 22-56.

own point that human existence is always conflict ridden, essentially and unremittingly ambivalent, and therefore ultimately tragic. This is a valid personal view of Greenberg's, but it might be a misreading or narrowing of Schafer's best intentions in that essay. Moreover, Greenberg himself in his own clinical examples displays a full range of human interactions which together amply embody the comic, ironic, and romantic visions as well as the tragic vision.

A more clear misreading, to our view, is Greenberg's use of Daniel Stern[6] to validate Kleinian-inspired fantasies. To quote Greenberg,

> The angry, hungry child may fantasize destroying his mother's breast in the act of sucking, and this may become an important aspect of his represented interaction with his mother. But at the same time the mother's continuing presence reassures the child and limits the influence of the destructive fantasy and its attendant fears. The corrective potential of actual interpersonal exchanges is a keystone of Melanie Klein's understanding of the origin and understanding of object relations. It is also an aspect of Daniel Stern's suggestion that the very young infant is "an excellent reality-tester" (p. 183).

This juxtaposition of early-formed or innate fantasy in the infant, à la Klein, with the reality-based infant of Stern seems highly misleading. Stern himself was quite specific about the very young infant's lacking the cognitive capacity to form discrete fantasies as postulated by Klein, and by Greenberg as well.

For the most part, however, Greenberg's scholarship is accurate, and his arguments persuasive. His conclusion is that the tripartite model (or mental apparatus, or psyche) should be replaced by the holistic term "ego." Greenberg rejects the term "self" as having been usurped by the self psychologists (a usurpation that has certainly not discouraged others who are not in the self psychological camp, e.g., Modell[7] and Mitchell[8]). Greenberg argues that "ego" is a term sufficiently experience-distant so as not to be confused with a more experience-near designation. He takes a good deal of time arriving at this rather disappointing, anticlimactic conclusion. And the vague letdown we feel as readers is added to by the motivational

[6] Stern, D. N. (1985): *The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology.* New York: Basic Books.

[7] Modell, A. H. (1993): *The Private Self.* Cambridge, MA: Harvard Univ. Press.

[8] Mitchell, S. A. (1993): *Hope and Dread in Psychoanalysis.* New York: Basic Books.

system he posits. Effectance has been elevated to a central motivational status by others and might well serve us as one of two or three more primary motivations. But, conceptualizing safety as a drive is more disconcerting. Safety is certainly significant in the psychoanalytic situation, an interpersonal attainment to be sure, and developmentally necessary to provide a background for any adequate subsequent structure-building to take place in the therapeutic dyad. But should safety be given the central status of but one of two drives? Greenberg's position is to say "Try it," promising that, with effectance, the simplicity and elegance of the pair will serve us well enough. Greenberg's scholarship, credentials, and clinical acumen are sufficiently impressive to make his contentions almost convincing, and certainly well worth our effort, as is this worthy book in its entirety.

MORTON SHANE
ESTELLE SHANE (LOS ANGELES)

PLEASURE BEYOND THE PLEASURE PRINCIPLE. (THE ROLE OF AFFECT IN MOTIVATION, DEVELOPMENT, AND ADAPTATION, VOLUME 1.) Edited by Robert A. Glick, M.D. and Stanley Bone, M.D. New Haven/London: Yale University Press, 1990. 286 pp.

This volume is the first of a series on affect by psychoanalysts, psychiatrists, and humanists. Part I is an account of new ideas regarding affect generated by infant and child observation in articles by Daniel Stern, Eugene Mahon, Stanley Greenspan, and Myron Hofer. Stern presents a convincing differentiation of the satisfaction of need, which he associates with libido theory, and joy in response to an other, better accounted for, he believes, by object relations theory. Mahon suggests that transference is the adult equivalent of the play of childhood and that affects are particularly prone to "come out of hiding" in these play modes. Greenspan uses the substages of his own developmental structuralist model to trace the way individuals organize their experience of pleasure and sexuality.

Though Hofer's article is included in Part I, it seems to fit better with articles in Part II on mind-brain questions by Donald Nathanson, Andrew Schwartz, and Norman Doidge. I would like to

frame a brief comment on all four with two points. (1) While I favor modification of psychoanalytic theory where it is clearly contradicted by neurobiological findings, I do not believe the pleasure principle is contradicted by such findings. (2) Studies of the neurobiological concomitants of psychological processes are dependent on careful psychological descriptions of such processes. To immediately take a discovery of the biological concomitants of a mental state as *the* explanation of the state fosters premature closure—a short-circuiting of the potential contributions of each field to the other.[1] In this context Hofer's statement of "a brain state that we can identify as a pleasurable affect" (p. 62) worries me. Why "as" rather than "with"? In contrast to affect as a conscious ego response to external and internal events, including the response to the memory of a past event, Nathanson writes that "whatever resides in our memory is stored with its accompanying emotion" (p. 86). So, it is a choice—always fresh, conscious response or the return of stale, stored affect. Schwartz makes an even broader assertion: "all 'psychological' phenomena—emotions, 'impulses,' images of self and others—reside ultimately in the physiological function of neural components" (p. 117). "Reside"? Might another word do? The article by Doidge is a comprehensive example of psychoanalytic and neurobiological dual tracking advocated in the second of my framing statements above. The idea of a pleasure threshold that can be influenced by either mental or biological activity is compatible with affect as conscious ego response.

The clinical section includes an important article by Otto Kernberg on hatred as pleasure and on the consequent risks involved in treating certain borderline and narcissistic disorders. Charles Brenner discusses the signal function of affects generally and urges, as he has in the past, acceptance of the idea of unconscious affect. Michael Stone considers anhedonia as an aspect of severe disorders.

The final section is by three humanists. Ellen Handler Spitz, in an elegant article on pleasure in art, argues that art evokes an experience of lack that "compels the long(ing) look we identify with the aesthetic" (p. 233). It is an idea that may, in some measure, provide an answer to the question raised by Person (p. xi) and

[1] Smith, J. H. & Ballenger, J. C. (1981): Psychology and neurobiology. *Psychoanal. Contemp. Thought*, 4:407-421.

Butler (p. 273) regarding those pleasures that take us by surprise in response to no known need. Both Edward Casey and Judith Butler focus on inconsistencies to be found in Freud's *Beyond the Pleasure Principle.* Casey's intention is to show a work of "autodeconstruction" in that volume. While Butler argues for a principle of intentionality *instead* of the pleasure principle, I would argue that the pleasure principle *is* a principle of intentionality guiding thought and action away from the object of danger, originally, and toward the object promising resolution of danger. Butler's article is, nevertheless, a thoughtful account of the pleasures of repetition. Implicitly, like Kierkegaard and Loewald, she contrasts repetition with the repetition compulsion.

Freud wrote: "It might be said that symptoms are created so as to avoid the generating of anxiety. But this does not go deep enough. It would be truer to say that symptoms are created so as to avoid a *danger-situation* whose presence has been signalled by the generation of anxiety."[2] I know of no better reminder of the meaning of the pleasure principle as opposed to a principle of pleasure seeking. The pleasure principle is a fundamental assumption that all behavior is directed away from areas of imbalance toward objects promising resolution of imbalance, often (but not always[3]) guided by affect signals.

While Freud wrote that the reality principle is but a modification of the pleasure principle, what he meant is that the same principle holds through modified structural conditions. Once it is learned that the path of least resistance does not work, that path itself becomes a danger to be avoided for the path of greater advantage. Primitively, affects guide behavior, even though knowledge of the nature of the danger or of the object promising resolution of danger is minimal. However, contrary to Nathanson's statement in this volume that "the human is built to seek pleasure and avoid unpleasure," (p. 108), the pleasure principle does not limit behavior to the quest for pleasure and the avoidance of unpleasure.[4] With devel-

[2] Freud, S. (1926): Inhibitions, symptoms and anxiety. *S.E.*, 20:129.

[3] Smith, J. H. (1977): The pleasure principle. *Int. J. Psychoanal.*, 58:1-10. See pp. 2-3.

[4] Smith, J. H. (1991): The signifying role of affect. In *Arguing with Lacan: Ego Psychology and Language.* New Haven/London: Yale Univ. Press, pp. 79-94.

opment, a deeper knowledge of the self and its objects requires attending the nature of the object that gives pleasure—how and why it gives pleasure—and also the nature of the danger that evokes anxiety. In fortunate development, objects of desire come to be known. Dangers are faced, losses mourned, lack acknowledged. "Automatic" fight or flight, denial, or repression give way to acts of judgment.

In line with the above quotation from Freud, the idea that thought and action are often guided by affect does not go deep enough since affects are responses to aspects of the self, including drives or motives, and to objects of danger, interest, and desire. But even that deeper formulation of the pleasure principle cannot stand alone. It implies and has meaning only in the context of other basic assumptions: that all behavior is dynamic, structured, and thereby meaningful and potentially interpretable. The trouble is that basic assumptions such as these, taken as holding for *all* behavior, though providing a frame, offer no differential explanation for *any* specific behavioral event. Psychological explanation of a particular item of behavior requires, alas, as detailed a knowledge as possible of a person's history, anticipated future, and present inclination, interests, relationships, and ways of being. To invoke the pleasure principle (or, for that matter, the drives) as ultimate explanation instead of such detailed knowledge would be to resort to generality as a defense against anxiety evoked by the unexplained.

In this view, despite a wealth of new and important findings and ideas pertinent to pleasure (and affect generally) from developmental, neurobiological, psychopharmacological, ethological, aesthetic, philosophical, and psychoanalytic perspectives in this volume, the assertion that there is or ought to be a "beyond" of the pleasure principle can be questioned. Why should there be such a beyond? For Freud, who was not always consistent in distinguishing the pleasure principle from a principle of pleasure seeking, it is because the "pleasure principle" could not explain masochism, the negative therapeutic reaction, and the repetition compulsion. For most of the contributors to this book, a beyond is necessary because the "pleasure principle" (in quotes because the pleasure principle is largely taken as a principle of pleasure seeking) explains only very

primitive pleasures like the gratification of wish fulfillment or the satisfaction of an early feeding and not the higher pleasures associated with object relatedness and well-developed aesthetic and ethical sensibilities.

If the pleasure principle, however, is taken as an assumption that holds for everything but explains nothing in particular, it cannot be indicted for such a limitation. It not only offers no explanation of the higher pleasures, it does not in and of itself explain even the pleasure of primitive wish fulfillment. To explain wish fulfillment in the identity of perception, for example, requires not only a framing assumption of intentionality but also hunger, memory (shaped by a prior feeding in the form of an ideational fragment retained from that experience), and the affective response to taking that fragment, momentarily and falsely, as actual repetition of the prior feeding.

David Rapaport believed that the pleasure principle is "the most frequently and the most radically misunderstood psychoanalytic concept."[5] In his Austen Riggs Seminars (where he was perhaps inclined to say what he thought in a freer way than in his carefully crafted published articles) he stated that the pleasure principle "has not, *per se*, anything to do with pleasure or pain."[6] By contrast, in *Pleasure Beyond the Pleasure Principle* it is taken for granted that the pleasure principle is a "hedonic" principle. That misunderstanding converges with another in which Freud's insistence that affect is a purely conscious phenomenon is rejected. The result is a reading in which "tension" in the sense of the higher potential associated with psychic disequilibrium (which may or may not evoke conscious affective response[7]) is taken to *be* tension as the affect characterizing certain subjective states. In my view, this is the misunderstanding that led most of the contributors to this volume to seek a beyond of the pleasure principle.

[5] Rapaport, D. (1960): On the psychoanalytic theory of motivation. In *The Collected Papers of David Rapaport*, ed. M. M. Gill. New York/London: Basic Books, 1967, p. 875.

[6] Rapaport, D. (1957-1959): *Seminars on Elementary Metapsychology*. 3 Vols. Transcripts of seminars held at Austen Riggs Center, Vol. 1, p. 74.

[7] Smith, J. H. (1970): On the structural view of affect. *J. Amer. Psychoanal. Assn.*, 18:539-561.

"Tension," "excitement," a point of "high potential,"[8] or, in George Klein's terms, "centers of imbalance"[9] name a psychic phenomenon that is not an affect,[10] not conscious, and not necessarily even represented in consciousness by idea or affect. But no matter how "tension" is understood, the pleasure principle can be taken as purely a tension-reduction assumption only by ignoring, as Rapaport emphasized,[11] that dynamics are always constrained by prevailing structural and contextual conditions. While the goal of a project may be the solution of an imbalance manifested by impulse or interest, the effects of the project, by virtue of delays, detours, and defenses involved in carrying it out, are learning and structure building. This is to say that the playing out of the pleasure principle results in increased tension maintenance.

Each of the terms signifying imbalance or tension invokes and relies upon the concept of psychic energy. But, in addition to bearing in mind that manifestations of any energy are inconceivable outside structural constraints, the thing to remember about psychic energy is, as Loewald taught us,[12] that it *is* psychic. Primitively, the direction of human behavior is away from psychic imbalance signifying danger toward the object as haven from danger. But, with development (unless we stretch the concept of danger to the point of naming the source of every impulse or interest a "danger"), that changes. Humans are capable, depending upon the endowment, development, structure and context of each, of hitting upon the

[8] Rapaport, D. (1950): Book review: *Cybernetics, or Control and Communication in the Animal and the Machine* by Norbert Wiener. In *The Collected Papers of David Rapaport*, ed. M. M. Gill. New York/London: Basic Books, 1967, p. 332.

[9] Klein, G. S. (1967): Peremptory ideation: structure and force in motivated ideas. In *Motives and Thought: Psychoanalytic Essays in Honor of David Rapaport. Psychol. Issues*, Monogr. 18/19, ed. R. R. Holt. New York: Int. Univ. Press, pp. 78-128.

[10] Rapaport, D. (1953): On the psychoanalytic theory of affects. In *The Collected Papers of David Rapaport*, ed. M. M. Gill. New York/London: Basic Books, 1967, pp. 496 and 504.

[11] Rapaport, D. (1960): On the psychoanalytic theory of motivation. In *The Collected Papers of David Rapaport*, ed. M. M. Gill. New York/London: Basic Books, 1967, p. 890. See also in the same volume, Rapaport, D. & Gill, M. M.: The points of view and assumptions of metapsychology, p. 802.

[12] Loewald, H. W. (1971): Some considerations on repetition and repetition compulsion. *Int. J. Psychoanal.*, 52:61. See also Loewald, H. W. (1971): On motivation and instinct theory. *Psychoanal. Study Child*, 26:100-101.

entire gamut of possible purposes or projects—to love or to hate, to choose the pleasure and mounting affective excitement of sexual foreplay over immediate orgasm, to seek that to which they will respond with joy or that which will evoke pain and suffering, to write a symphony or self-destruct. The psychic source of each such impulse or interest is, in the assumption of the pleasure principle, conceptualized as being an area of imbalance. We might wish that Freud had chosen a name other than the "unpleasure" or the "pleasure" principle. As suggested above and in accord with Butler's argument, he could have borrowed from his teacher Brentano and called it the principle of intentionality. Indeed, at one point Freud did write, "I doubt if we are in a position to undertake *anything* without having an intention in view."[13]

Finally, regarding masochism, the negative therapeutic reaction, and the repetition compulsion, while unmet need as a danger typically motivates a quest for the object, in some instances of hampered development the response, instead of flight from the danger, may be fight against the danger. Where no faith in the object can be established, a quest for the object can be experienced as a greater danger than fighting the inner need. To some extent, this may be universal. Perhaps the cry of the infant, while heard as a call for the object, may be, first of all, a protest and struggle against inner distress. As differentiation proceeds this could become structured as a tendency to self-attack. In such an instance the *Fort/Da* game would not be a matter of repeatedly throwing away the spool in order to have the pleasure of symbolically regaining the object; the spool instead would represent the self, retrieved to be repeatedly thrown away or disowned. This would be in accord with the idea of a primary masochism. In addition, applying the idea that a response to danger might be, even primitively, either fight *or* flight, depending on the circumstances, accords with (1) Loewald's emphasis that instincts are not autochthonously given kinds and quotas of energy but motives that evolve in early interaction with the mother, and (2) Schafer's advocacy of thinking in terms of multiple motives rather than instinctual dualism.

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[13] Freud, S. (1905): Jokes and their relation to the unconscious. *S.E.*, 8:95.

THE INTIMATE EDGE. EXTENDING THE REACH OF PSYCHOANALYTIC INTERACTION. By Darlene Bregman Ehrenberg, Ph.D. New York/London: W. W. Norton & Company, 1992. 210 pp.

Despite its kitschy title, this is a serious work of considerable interest. Ehrenberg has been an active contributor to the literature of the "interpersonal school" of psychoanalysis for about twenty years; in this volume, she has collected and rewritten the most significant of her publications, to form a cohesive thesis concerning optimal technique in the day-to-day performance of our therapeutic task. Much of the text consists of vivid clinical reports, including seemingly verbatim accounts of the analytic dialogue; these vignettes convincingly illustrate Ehrenberg's contentions without burdening the reader with irrelevant details. These accounts show Ehrenberg to be a highly skillful and sensitive clinician, unafraid to disclose her imperfections either to her patients or to potential readers.

Although Ehrenberg's technical recommendations are clearly controversial, in my view she espouses a most effective solution in each instance. Of course, she did not invent the technical measures she is endorsing—among many others, I have also contended for some time[1] that successful analysis depends on the appropriate use of a variety of noninterpretive therapeutic modalities based on proper assessment of the analysand's current psychological assets and limitations—but this is probably the first book to present them as a coherent gestalt. The principal components of this assembly of tactical moves might be listed as follows: 1) do not confine attention to verbal associations alone; carefully monitor the affectivity of both participants as well as their other (wordless) activities, particularly in terms of their reactions to each other; 2) give priority to analyst-patient interactions in the here-and-now; 3) take responsibility for devising a tailor-made solution for any obstacle in the way of therapeutic progress; 4) while doing the work, use your subjective reactions as clues about the patient's attitudes within the transference; 5) be alert to the danger of engaging in repetitive enactments whenever the countertransference significance of your sub-

[1] Recently, in Gedo, J. E. & Gehrie, M. J., Editors (1993): *Impasse and Innovation in Psychoanalysis. Clinical Case Seminars.* Hillsdale, NJ: Analytic Press.

jective reactions is overlooked; 6) instead of defending against such feelings, identify them and use them as analytic data by tactfully affirming their function as reliable signals about the ongoing transaction; 7) do not hesitate to communicate in an affectively charged manner and through all your rhetorical resources; 8) never allow yourself to be abused; take action to stop destructive enactments.

In my experience, such techniques are useful in most analyses and essential if we wish to extend "the reach of psychoanalytic interaction," as Ehrenberg puts it, to the more impaired among our patients. Ehrenberg doubtless knows that these conclusions were already implicit in the results of Ferenczi's technical experiments, but her bibliography does not include many of those who contributed to the refinement of such a technique, such as Balint or Rosenfeld. Others, such as Heimann, Racker, and Winnicott, are appropriately cited—nonetheless, Ehrenberg's scholarship suffers from excessive bias in favor of contributors from the "interpersonal" school. She is certainly mistaken in her assumption that her technical recommendations can only be based on the premises of that school.[2]

Politics aside, the most serious flaw of this book exactly repeats Ferenczi's greatest error, that of overgeneralizing from a limited population sample. Actually, Ehrenberg is not clear about the range of applicability of the technical measures she discusses, although she does concede here and there that there are contingencies in which they should be used with caution: e.g., countertransference reactions may *not* be reliable indicators of what is going on in the analysand. Because the book is written from an exclusively pragmatic viewpoint, without any reference to a theory of psychic function, of development, of psychopathology, or therapeutics, it cannot possibly define the indications and contraindications for any specific procedure. In this sense, it treats psychoanalysis as an art rather than an applied science. It would be unfortunate if her descriptions of successful interventions were to be misapplied as prescriptions of universal applicability, as a result of her neglect of explaining their rationales.

[2] For one alternative, see Gedo, J. E. (1979): *Beyond Interpretation: Toward a Revised Theory for Psychoanalysis.* Revised edition. Hillsdale, NJ: Analytic Press, 1993.

To illustrate: When an anorexic and suicidal patient was coming out of a chronic state of depersonalization, she began to rage about having been "opened up to so much pain" and threatened to walk in front of a bus if she received no relief from the analyst. Ehrenberg responded by stating that she did not like to be threatened, and the patient sheepishly confessed that she was in the habit of blackmailing people through such threats. Excellent! (This patient needs to learn that crime does not pay.) But Ehrenberg does not explain how she determined that the patient's "associations" did not convey the truth (pp. 7-8). Such inferences are never based on pure intuition—but what else does Ehrenberg rely on? Take another example: Ehrenberg stresses that focusing on the current interaction between analyst and patient is the best way to promote the analytic process. She then cites a case (pp. 46-47) in which she refused to give such a focus priority; she insisted, instead, that her analysand attend to the internal dynamics of a particular reaction. Ehrenberg says that "attending to the interaction can itself become a form of resistance" (p. 47). Yes, indeed. We need conceptual guidelines to determine which is the proper intervention.

Ehrenberg is something of an artistic virtuoso, and her book leaves out of account the role of her unique personal resources in making the particular interventions she describes as effective in specific circumstances. For instance, she fails to consider that her technique best suits a person of her temperament. Most of us would be utterly unable to duplicate her behavior in many of the situations she relates, such as the report that "we were each moved to tears, session after session, literally going through boxes of tissues . . ." (p. 174). From where I sit, this sounds astonishingly sentimental; by the same token, I suspect Ehrenberg might look upon my habitual clinical detachment as positively reptilian.

In every clinical vignette she uses, Ehrenberg's interventions proved to be helpful in extending the range and depth of psychological exploration. Because no treatment is reported *in toto*, we are not informed about the long-range effects of her noninterpretive measures. In my own experience, such interventions need not interfere with subsequent analysis of the gamut of potential transferences, but Ehrenberg's book does not disclose whether she perse-

vered in the difficult task of striving for such specifically psychoanalytic goals or stopped whenever the adaptive consequences of her work seemed favorable (as advocated by many self psychologists).

I raise this issue as the most important problem with Ehrenberg's thesis because in her Introduction she claims that the analyst's inevitable reactivity makes "objective" participation in the work impossible. (Admittedly, it is difficult, but many of us strive for it nonetheless.) The analytic field is inevitably interactive, as she properly asserts, but in my judgment this does not relieve us of the obligation to determine as reliably as possible the nature of the analysand's structured behavioral dispositions. *The Intimate Edge* does not make clear whether Ehrenberg adheres to Freud's definition of psychoanalysis as the treatment that attempts to *undo* maladaptive structures instead of simply trying to overcome difficulties through new learning.

I have no doubt, however, that Ehrenberg has really found the optimal way, for a personality such as hers, to promote new learning. We can all learn to improve our practical skills by taking her example to heart.

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THE TECHNIQUE AND PRACTICE OF PSYCHOANALYSIS, VOLUME II: A MEMORIAL VOLUME TO RALPH R. GREENSON. Edited by Alan Sugarman, Robert A. Nemiroff and Daniel P. Greenson. Madison, CT: International Universities Press, Inc., 1992. 500 pp.

The editors of this volume started with a good idea and abundant good intentions. Volume II of Ralph Greenson's much used, one-of-a-kind textbook of psychoanalysis was never written. His illness and subsequent death appeared to make it certain that it never would be, but years later an outline for the planned second volume and preliminary drafts of several chapters were found among his papers. The editors designed a volume that might accomplish Greenson's intentions according to his original design and might also serve as testimonial and tribute to this creative clinician, teacher, and thinker.

Psychoanalysts were asked to contribute chapters under headings that Greenson had proposed: analyzability, beginning the analysis, interpretation, dreams, working through, acting out, countertransference, and termination. Many authors are prominent, more than a few are experts in their subject areas, and a significant number knew Greenson personally, admired his work, were influenced by him. Unfortunately, as is usually true of a collection of papers, the quality and relevance of the contributions is uneven, and integration into a coherent whole lacking. Despite the fact that many of the chapters are interesting or worthy, the book makes little actual sense viewed as Volume II of Greenson's textbook.

At some point the editors clearly realized the impossibility of achieving their goal of creating an authentic companion to Volume I. They state in the introduction (p. xxv) that "the completed volume is both more and less than we . . . had intended, a not uncommon occurrence with edited volumes." Certainly it is "less" than a textbook of technique. Only a few authors have attempted to follow Greenson's excellent example for such an undertaking.

Greenson was comprehensive, systematic, clear; he also illustrated his clinical techniques with profuse, jargon-free vignettes. Reading him, a beginner could easily follow and understand how to conduct a psychoanalytic treatment; the model was straightforward, clinical, practical, and immediately useful. A more experienced reader was enriched as well, primarily because Greenson supplied so much data—actual details of what he and the patient thought and said. An authentic comparison with the reader's own approach was therefore possible.

But is this volume also "more"? Most contributors have taken wide latitude within their subject areas regarding what to cover, but the result is not a consistent gain in overall richness or depth. The papers vary too widely in their clinical applicability, target audience, comprehensiveness, degree of idiosyncrasy in approach to topic, and competence of the writing.

Greenson, of course, is a tough act to follow, and an examination of his few contributions to the book shows why. These consist of a table of contents, an introduction, and chapters on beginning the treatment, acting out, countertransference, and termination. Most are fragments or early drafts. One sees enough to be reminded of

Volume I and to realize what an astonishing accomplishment that was. In his brief introduction to this volume Greenson implicitly warns any who would follow in his footsteps what difficulties they must face, but also why it is important to try:

> No two analysts work in the same way and no two of a given analyst's patients are ever handled by him in precisely the same manner. This is due to differences in the analyst's theoretical orientation, his professional style, his personality and character, and also his feelings, fantasies, and attitudes, conscious and unconscious, about each of his patients. Consequently, all writings on technique are slanted by the analyst's personal idiosyncrasies. In addition, all detailed writings on technique reveal a good deal of the analyst's intimate and personal goings-on within himself. This tends to make the analyst's own view of what he does unreliable and is apt to lead to some unconscious idealization or denigration of his work. . . . Despite all these qualifications, I believe that a text that attempts to depict what a psychoanalyst actually does, and why, will help to stimulate a full, open, and continuing discussion of psychoanalytic technique (pp. xxxvii-xxxviii).

Consideration of such variables is necessary to understand why Greenson could do what he did so uniquely and so well. His provisional table of contents for Volume II somewhat boggles the mind. He could take the most ambiguous analytic subjects and break them down into well-organized, hands-on, *practical* categories. For example, here is how he proposed to break down the two subjects where almost all analysts throw up their hands when it comes to systematic, didactic discourse, the subjects of "tact" and "timing." Under "Chapter 8.0—Interpretation," we have (p. xxi):

8.5 Timing of Interpretation
- 8.51 The Dynamic Factors in Optimal Timing
- 8.52 The Optimal Timing in a Given Hour
- 8.53 The Monday Hour, etc.
- 8.54 The Element of Surprise and Routines

8.6 Tact in Interpretation
- 8.61 Working Definition
- 8.62 The Role of Tone and Intonation
- 8.63 Language and Tact
- 8.64 Content and Tact: Reconstruction Upward
- 8.65 Working Alliance and Tact

How we wish we could discuss with our students what he would have written!

Greenson's most completed chapter opens the book. He is at his best here, and we are strongly reminded of Volume I. The unique value of his approach and authorial style jumps off every page. His subject is the preliminary contact with the patient. This is what I do; this is what I say; this is the reason why. This is how I answer my telephone the first time the patient calls, for example, and what I do if the patient asks my fee during the call—all with detailed and varied examples, exceptions, follow-ups, and organizing theoretical perspectives. We are with a master craftsman who unself-consciously integrates practical know-how, analytic grace under pressure, relaxed access to his inner life, and theoretical depth and precision in a recognizable actual human person—warm, flexible, open.

Perhaps no one could write so clearly on modern classical technique today as Greenson did in the sixties. Partly this is because technique has been in transition since then. Theoretical pluralism and clinical eclecticism—new diverging and converging paradigms—create excitement, but also ambiguity. We now lack the certainty and clarity of earlier times. In the sixties, changes were under way, but too many of Greenson's peers were still *too* certain of their technical procedures. Greenson's authority, however, only rarely appears to arise from rigid adherence to inflexible technical precepts. He was not himself a pedant in those often pedantic times. Thus, it is not only the theoretical purity of simpler times, but also the uniqueness of Greenson's personal characteristics and analytic and writing skills that is so difficult to reproduce. Few analysts can combine depth and straightforwardness in a teaching text so completely as Greenson did without becoming fuzzy or over-inclusive, undisciplined, and over-revealing, or authoritarian and irritating. Almost always he writes simply and directly about important things from new angles that lend themselves immediately to useful practical discussion touching on profound theoretical issues. Others, of course, would handle many of his examples in different ways, but because of his openness in revealing his work, there is room for dialogue and much to learn from discussing differences. Greenson never forgets that his own "way of working may have its drawbacks and may not suit others" (p. 14).

In other words, one can appreciate the wisdom and discretion of

the many contributors who declined the editors' invitation to try, in effect, to imitate Greenson, but who still wished to participate and honor him. For example, chapters by Robert Wallerstein (a reconsideration of goals of analysis), Edward Weinshel and Owen Renik (on treatment goals), and Steven Levy and Lawrence Inderbitzin (on interpretation) are up to these authors' usual high standards, although they neither teach basic technique nor have much discernible connection to Greenson or Greenson's text.

I will not mention every contribution, although some of those I do not take up specifically are competent or useful enough in their own terms. I prefer to concentrate mostly on those that deal with Greenson and his work. This is because I thought that these were probably the most successful chapters for this particular book, as they seemed those most appropriate to a volume honoring Greenson. It might have worked nicely if the editors had asked all participants to touch on some aspect of Greenson's work—to write *about* him, rather than attempt to follow in his footsteps. Perhaps the editors could have persuaded more authors to follow such a format, and therefore produced a more organized whole. Morton and Estelle Shane, for example, carefully reassess Greenson's contributions in the light of subsequent theoretical developments. In a scholarly and gracefully written paper, they demonstrate the theoretical limits of a model that strived for "objectivity," or that found it logical to locate in the analyst the authority to validate the patient's perception of him if he "knew" these perceptions were "really" true. Within the limits of a one-person psychology, however, Greenson was a courageous and thoughtful pioneer in the battles that were just beginning in earnest in the sixties to dethrone the "blank screen" analyst, and to examine the analytic "dyad"—the psychoanalytic relationship and process—from new perspectives. The Shanes respectfully give Greenson his full due and clearly define his place in the history of psychoanalytic ideas.

Bernard Brandchaft does something similar in his chapter, but less ambitiously, as he argues primarily from the perspective of his and Stolorow's intersubjectivist school. Alan Skolnikoff takes up Greenson's influential positions at length in his excellent, detailed review of the modern evolution of the concept of interpretation, and also illustrates it with wonderful clinical examples. Paul Dewald

reviews the subject of abstinence in an analogous way, illustrating with multiple vignettes. Vann Spruiell uses a "rarely cited" 1958 paper of Greenson's ("On Screen Defenses, Screen Hunger and Screen Identity") as a thoughtful, respectful takeoff point in an ambitious quest to apply pluralistic modern theoretical perspectives to a complex and carefully detailed case presentation. Robert Tyson and Jack Novick also contribute impressively detailed case reports and attempt as well, if only in a small way, to place their sophisticated theoretical understandings in relation to Greenson. Of the remaining papers, I found Haig Koshkarian's on acting out to be the most successful at being a chapter in a basic psychoanalytic text in 1992; it is clear, well written, and up to date.

It is the publishers, not the editors, who seem determined to disguise a volume that is a diverse and uneven collection of papers dedicated to Greenson's memory as Volume II of Greenson's text, and they shamelessly mislead the potential customer for this sixty dollar book. The flyleaf has the same famous white on black design as Volume I and proclaims "Volume II" prominently, while stressing that the volume is a "worthy companion to Volume I" and that the book is a "teaching volume for practicing clinicians." It also promises that Greenson's own model for a text will be fulfilled, not just the topic headings. Subheadings from the text even appear as headers on the right-hand pages rather than the author's name of each individual article—a simple imitation of Volume I that further misleads a browser and potential purchaser.

In summary, the text does not live up to its advertising, and it suffers from an identity crisis. It cannot decide whether it wants to be a Greensonian basic text, a re-examination of Greenson, or a grab bag of papers gathered together to honor him. Despite its unevenness, however, there are a number of very substantive individual papers. I found most useful those which directly or indirectly reassessed Greenson's contributions and his considerable place in the history of modern psychoanalytic ideas. These are the papers that best served the editors' most commendable and perhaps only easily achievable goal—that of paying tribute to Greenson's memory and his significance.

GERALD I. FOGEL (NEW YORK)

MELANIE KLEIN. VOL. I. FIRST DISCOVERIES AND FIRST SYSTEM, 1919-1932. By Jean-Michel Petot. Translated from the French by Christine Trollope. Madison, CT: International Universities Press, Inc., 1990. 313 pp.

MELANIE KLEIN. VOL. II. THE EGO AND THE GOOD OBJECT. 1932-1960. By Jean-Michel Petot. Translated from the French by Christine Trollope. Madison, CT: International Universities Press, Inc., 1991. 281 pp.

The author of these two volumes, Jean-Michel Petot, is described as having a triple degree in philosophy, psychology, and psychoanalysis and is the chief assistant in clinical psychology at the University of Paris X-Nanterre. The volumes were written in 1979 and 1982, in French, but they were not translated into English until 1990 and 1991.

Petot believes that these volumes are the first comprehensive study of Klein's work, particularly of the formation of her thinking. His work is described as an "illuminating historical epistemology." He explores "the inner-links and coherence of the material so as to bring out, at every stage in its scientific evolution, the unity of her clinical project, the coherence of her theoretical methods, and the suitability for their purpose of the therapeutic tools she in time perfected" (Vol. I, p. viii). He attempts to answer his question, "What are the constants of her clinical, theoretical and technical approach?"

Petot attempts in the first volume to demonstrate how Klein's theories evolved from her clinical experience, how she kept some theories, developed others, and abandoned some in favor of better ideas. He also links these developments both with Klein's personal history and with the history of psychoanalysis.

Petot divides the first volume into four sections. The first is concerned with the emergence of Klein's psychoanalytic vocation. This period contained her attempt (like Hug-Hellmuth and Freud himself) to analyze her own children, at first by education concerning sexual curiosity and later by psychoanalysis. She quickly gave up education, and very soon began to describe the dynamics whereby anxiety is present early in life and becomes the cause of repression.

She became convinced in 1920 of the universally beneficial nature of the psychoanalysis of children—that it is curative, prevents pathology, and favors normal development.

Petot labels Section 2 of Volume I, "The Proto-Kleinian System." In it he describes the development of her ideas up to about 1923. Section 3 is concerned with the discovery of play technique and its consequences. These consequences in fact took Klein the rest of her life to formulate.

Even in the so-called Proto-Kleinian system, Petot states: "Far from being the clumsy effort of a largely self-taught beginner, it already contained three of the major inspirations of her work, namely: First, the importance of play and the discovery of the play technique, second, the early appearance of the Oedipus Complex, with, as a corollary, the appearance of the archaic superego, third, the mechanism of splitting, which became an actual organizer of mental life" (Vol. I, p. 108). "In addition, six essential elements were taken over into the final Kleinian system, *viz.*: the theories of inhibitions, sublimations, identifications, the primacy of anxiety, the idea of a primary identification of parts of the body with each other and with objects, a conception of masturbatory fantasies and their link with the primal scene" (Vol. I, p. 105).

In this third section of Volume I, Petot maps out some of Klein's most important discoveries. Running throughout her work is the use of her concept of unconscious fantasy—a concept which is still being discussed today, to which the April 1994 issue of *The International Journal of Psycho-Analysis* attests (Vol. 75, pp. 335-395).

Also throughout her work Klein examined the vicissitudes of anxiety, and transferred from libido to aggression to sadism (the death instinct) as its causation. The need of the child to repair the destructive effects of its fantasies was also an important discovery which later became the basis of her concept of the depressive position.

During this phase, Klein outlined the early phases of the oedipus complex and the early existence of an exceedingly cruel superego which then becomes the basis of many forms of serious disturbances, including psychosis. She also described the fantasy of the combined parents, which is an object, first external, then internal, and becomes the source of extreme jealousy, envy, and fear. It then becomes the target of great hatred followed by extreme persecution. Most important, and the basis of Klein's view of the transfer-

ence, is that the real external mother as well as the internal mother is distorted and misperceived because of sadistic attacks on her.

In Section 4, Petot describes how Klein's theory was developmental and genetic. It contained her ideas of the development of the girl and boy, which were very different from those of Freud. She suggested that both go through an early feminine phase at the time of weaning, when they turn to the father and his penis as a compensation for the loss of the maternal object. Petot also describes how Klein explored the problem of symbol formation and infantile psychosis. In 1929 she set forth eight theses:

1. Schizophrenia is a far more general phenomenon in childhood than is supposed.
2. The clinical picture of infantile psychosis is *sui generis*.
3. The classification of infantile psychosis must have as its criterion the nature of the defense mechanisms brought into play.
4. Infantile psychosis often masquerades as backwardness.
5. Infantile psychoses involving mental defect arise from a disturbance of symbolic thought.
6. Disturbance of symbolic activity in deficiency psychosis comes from the defensive conflict.
7. Infantile psychosis involves anxiety that is hidden but crushing.
8. Infantile neurosis is a system of defenses against an underlying core of psychosis.

Petot comments on Klein's extraordinary boldness and originality as he writes:

> The facts which she then discovered, and which she was the first to describe (not only in the history of psychoanalysis but also in that of psychiatry), as well as the classification and explanatory theories she suggested, made possible and largely anticipated all of the progress made in child psychopathology over the last half century (Vol. I, p. 211).

Ernest Jones, in fact, had said something similar when he wrote some forty years previously:

> Mrs. Klein's boldness did not stop at the study of normal and neurotic infantile development. She has entered it into the field of insanity itself, no doubt somewhat to the dismay of those psychiatrists who regard this field as the last preserve of the medical profession . . . I am confident that Mrs. Klein's work will prove as fruitful in this field as it has already shown itself to be in the more familiar one of neurotic and normal development.[1]

[1] Jones, E. (1948): Introduction. In *Contributions to Psycho-Analysis, 1921-1945* by M. Klein. London: Hogarth, p. 11.

Petot's Volume II explores Klein's work after 1932, after she "freed herself from the influence of Ferenczi and Abraham and developed her most original conceptions, which for richness and fertility can be compared only with those of Freud" (Vol. II, p. 14). This volume is divided into two sections, one called the "Depressive Position" and the other, "From the Psychology of Schizoid Defenses to the Metapsychology of Envy and Gratitude."

In the first section he discusses the nature of depressive anxiety, part and whole objects, reparative mechanisms, and manic defenses, including omnipotence, denial, idealization, and triumph. He also describes the vicissitudes of introjection and identification with the good object, as well as the formation of the inner world and internal object relations. The relationship of the depressive position to the oedipus complex is also examined in connection with the "Paradoxes of the Depressive Position."

In the second section, Petot begins with the formation and development of the paranoid position and the psychology of schizoid mechanisms. He differentiates between developmental splitting, which he labels "binary splitting," and "pathological splitting," which he calls "fragmentation." The concept of projective identification, which has produced an explosion of writing and controversy, is described, along with the differences between depressive and paranoid anxiety. Envy and gratitude are likewise subjected to detailed examination, as well as their determining factors and the defenses against them. Petot ends with descriptions of Kleinian metapsychology and the present applications of her conceptions.

What is particularly refreshing about Petot's exhaustive study is his consistent attempt to be objective and to avoid uncritical admiration on the one hand and uninformed devaluation on the other. I cannot recall any other critique of Klein in which her work has been digested so thoroughly, and while one may agree or disagree with Petot's formulations, one is forced to admire the enormous effort and care that these volumes represent. He has not resorted to reading summaries, dictionaries, or other critics. He has ground out over five hundred pages line by line, and he has clearly read every word of Klein, except perhaps the "Narrative." He attempts to throw new light on familiar ideas, an endeavor in which he frequently succeeds.

He demonstrates deep understanding of Klein's work when he writes:

> The most central trend of Melanie Klein's thought consists in minimizing the present impact of real separation, lack or depreciation, in favor of fear and the anxious expectation that the painful situation being experienced will be perpetuated or aggravated. Anxiety has primacy over pain, anticipation of the future over reactions to the present, the imaginary over the real, and to use Melanie Klein's own language "psychic reality over external reality" (Vol. II, p. 191).

Petot also clearly understands that Klein's use of the word "breast" refers not just to anatomy but also to psychology: "The breast anticipated by innate knowledge is much more than the object of oral impulse, it dispenses object satisfactions which must be understood as social, that is to say, interpersonal satisfactions" (Vol. II, p. 203).

So, the bottle is inferior to the breast because it can satisfy only hunger and the oral eroticism of sucking. The breast, physically and psychologically, by contrast, can satisfy needs which go much further than sucking and the taking in of milk, and which are on the order of object relations like "gratification and love" and which help to combat persecutory anxiety. The physical nearness to his mother during feeding "helps the infant overcome the longing for a former lost state (the prenatal state) and increases his trust in the good object."[2]

Petot declares that these statements must be emphasized all the more strongly because they were made five or six years before the publication of works dealing with the phenomenon of attachment by such authors as Bowlby and Harlow.

Petot is also at great pains to illustrate that while theoretically Klein emphasizes constitutional factors in the etiology and prognosis of severe mental illness, therapeutically she is optimistic and clearly supports the belief that external factors, i.e., "good mothering" and "good" therapy can modify the innate destructive tendencies. In other words, the patient can be helped to progress from the paranoid schizoid to the depressive position (Vol. II, p. 242),

[2] Klein, M. (1957): *Envy and Gratitude: A Study of Unconscious Sources.* New York: Basic Books, p. 64.

that is, movement from a position of fragmentation to one of greater integration and thus greater ego strength.

Petot states (Vol. II, p. 246), "The essence of Melanie Klein's late conceptions contradicts only those psychoanalytic and psychological theories which are now out of date." Recent progress in the experimental psychology of early childhood as well as in the psychoanalytic knowledge of narcissism enables us to advance the following propositions:

1. Object relations with the mother exist from birth. As a corollary, the superego can exist much earlier than has been believed heretofore.
2. The orientation toward the mother is innate. This belief has been developed further by the work of Bion and his idea of preconception. Petot contrasts Klein's ideas with those of Anna Freud, Hartmann, and Spitz and states that the deliberate caution of developmental psychoanalysts has acted as an epistemological obstacle. He states that Klein's supposedly overbold speculations have been confirmed: genuine object relations exist at birth; the mother is seen from the onset as a "social" partner (not simply as a provider of food and warmth), and the child is capable of distinguishing her from other people. Moreover, everything seems to indicate that this movement toward the mother is innate.
3. The infant's first object relations are narcissistic. That is, "auto-eroticism" really contains a relationship with a fantasied object or part-object.

Petot concludes his work with the following sentences (Vol. II, p. 257):

> The development of knowledge then seems to have validated Melanie Klein's approach to the unity of psychology. If for a long period Kleinian thought was richer in hypothesis than in proofs today it seems capable, more so than any other body of theory, of throwing light on the psychology of early childhood, a field far richer in well-established facts than in considered explanations.

These are difficult volumes to read, for they are dense, detailed, sometimes obsessive and repetitive, and the translation leaves a lot to be desired. However, they are frequently original, illuminating, and above all, scholarly. I certainly gained some new ideas and revised some old ones. It is clearly a must for those who are interested in the work of Klein.

ALBERT A. MASON (BEVERLY HILLS, CA)

MOTHERS OF PSYCHOANALYSIS. HELENE DEUTSCH, KAREN HORNEY, ANNA FREUD, MELANIE KLEIN. By Janet Sayers. New York/ London: W. W. Norton and Co., 1991. 319 pp.

It has been de rigueur within the last decade or so to opine that Freud and the Freudians, blinded by their convictions about the centrality of oedipal conflict in human development, have systematically ignored the influence of early mothering on psychic structure. Worse yet, the argument goes, this theoretical scotoma has radically skewed the actual practice of psychotherapy and psychoanalysis in a patriarchal direction. One antidote to this, especially among feminists, has been to adopt an uncritically "mother-centered" approach to psychoanalytic practice; a kind of undoing by example. Sayers identifies and takes issue with this solution in her ambitious book, arguing that the current feminist-inspired focus on mothering and relational approaches to therapy and analysis largely ignores the more sophisticated and evenhanded critiques of psychoanalytic theory by early women analysts. It is the work of these analysts, she argues, that initiated a more complex and balanced understanding of the variety of factors—internal and external, maternal and paternal—that must be addressed in clinical psychoanalysis.

To illustrate her point, she presents individual biographies of Deutsch, Horney, Anna Freud, and Klein, whom she also in fact credits, as a group, with what we are now seeing as a more general shift toward a "psychoanalytic focus on mothering." She argues that the several conceptual shifts which support this reorientation in theory and practice have been pioneered by these four women, singling out maternal identification (Deutsch), idealization and envy between the sexes (Horney), maternal deprivation and loss (A. Freud), and introjection and projection (Klein) for special mention. Devoting one major chapter to each analyst, Sayers focuses biographically on the vicissitudes of their relationships with their own mothers and their children, and thematically on the role of mothers and mothering in their work. Not surprisingly, with four very different biographies, Sayers is pursuing an argument which is both self-evident (identifications and disidentifications with mothers influence the lives and work of analyst daughters) and unwieldy, i.e.,

"there may well be as many psychologies as there are psychologists" (p. 17). Her problem in satisfactorily establishing the contributions of these four extraordinary analysts to lasting changes in analytic theory and practice is that the subject is simply too big. In an effort to contain the variety and richness in this quartet of women, Sayers has resorted to a one-note refrain—"mothering experiences"—to which she returns frequently and simplistically. Ironically, Sayers also delivers impressive and scholarly reviews of the work of all four analysts, only to reduce the complexity of their contributions to the effect of their various "mothering experiences."

Starting with Deutsch, the reader is led through a biographical summary concentrating on relations with parents, husbands, children, and work. We learn that Deutsch's hatred of her mother and identification with her father contributed to later difficulties in her marriage, and in her pregnancy, mothering, and nursing. It also fueled her interest in the identifications which lead to narcissistic self-esteem, and the injury to women's self-esteem threatened by the masochism normally associated with mothering. She did not part company with Freud over the issue of female masochism, which has earned her the enmity of many other theorists of female development, but the wealth of clinical detail in her observations is very evident in this account.

In contrast to Deutsch, Sayers points out that Horney's early adoration of her mother and hatred of her father led her to a celebration of mothering and femininity in her work, and a theory which postulated an innate femininity through sexual identity with mother. Horney too, however, although she had an initially easier time being a mother, saw the breakup of her marriage and, like Klein, was alienated from her oldest daughter. Horney's increasingly strident focus on the social and parental roots of neurosis also alienated her from Freud and her own earlier work. Sayers's portrayal of Horney as imperious and always in need of love and affection (including affairs with supervisees and an analysand) casts whatever thesis she is pursuing about the vicissitudes of maternal identifications in a perplexing light. In fact, the interpenetration of personal and work experiences Sayers describes often makes the writings of these analysts look primarily like very thinly disguised versions of themselves: personal complexity is frequently sacrificed for narrative expediency. Regarding Horney, for instance: "Her

relentless quest for one affair after another, dating as she later explained from reactions to her mother's dominance over her childhood home, now informed yet another talk—this time about female masochism" (p. 109).

Klein is described as having "an enmeshed relationship with her mother and her own children," and it is probably in this biography where we are tempted to see the possible mutual influence of experience and theory most clearly. Klein, like Deutsch, had intensely ambivalent experiences as a mother, and made it her life's work to explore the internal effects of mothers and mothering on children. Her analysis of her own children, her unassailable position during the "controversial discussions," and ultimately her supervision of her grandson's analysis remind the reader of the role that fantasies of intrusion and spoiling play in her theories, with the later elaboration of guilt and reparation.

Anna Freud is described as having almost totally ignored her mother, and as having written nothing about mother/daughter relations. Not surprisingly, she emerges as the most sympathetic character in this book on the influence of mothering on psychoanalysis. The author's clear sympathies for a more classicially Freudian psychoanalysis and "the talking cure," and her suspicions of the universal applicability of a presymbolic maternal transference-countertransference paradigm[1] are evident in her review of Anna Freud's work. Anna Freud's description of the effects of maternal loss and separation on child development, as well as her lifelong interest in the children of others, is described as extending and strengthening her father's work, particularly in the realm of ego psychology. The questions raised by her unusual and atypical parental identifications are only superficially addressed, and leave us to wonder whether anything straightforward can be said about the influence of our own mothering experiences on our work.

The weaknesses in this book are what the reader might predict: hasty and often superficial psychobiography with questionable inferences about the relations between life and work interests, and a

[1] A not infrequent ad hominem argument reads: "Winnicott likened analysis to early mothering. Drawing on the discoveries of Klein and others regarding the importance of mothering to psychological development, and quite unlike Freud, he and many other analysts today almost wallow in being experienced in maternal terms by their patients." (pp. 263-264).

unifying theme which most of the time seems forced. A lack of editorial presence also contributes to an account which seems hastily written, and full of gaffes (locating Freud's 80th birthday celebration in 1956, for instance).

Given these significant shortcomings, the strengths of this book come as a surprise. Sayers's contribution, in this reviewer's opinion, lies in her detailed and well-annotated discussion of the development of all four careers. She provides excellent summaries of the clinical and theoretical development of each analyst, with copious illustrations from primary sources, lectures, and previous biographical material. The reader is able to follow what each woman actually contributed to the psychology of women, for instance, albeit from very different points of view. I would consider this book a valuable resource for anyone interested in tracing the fascinating early history of female psychology when it was first actively debated within psychoanalysis. More than this, however, Sayers has done an exemplary job of following the thinking of each analyst through long, prolific, and multifaceted careers. If the reader can hold aside judgments about the book's obvious shortcomings, it is worth reading for this unexpected boon.

JANE V. KITE (SAN FRANCISCO)

PASSION OF YOUTH: AN AUTOBIOGRAPHY, 1897-1922. By Wilhelm Reich. Edited by Mary Boyd Higgins and Chester M. Raphael, M.D. With translations by Philip Schmitz and Jerri Tompkins. New York: Paragon House, 1990. 178 pp.

Wilhelm Reich belongs to a group of psychoanalytic pioneers who contributed to the foundation of the theory and practice of psychoanalysis. He helped lay the framework for ego psychology. He elaborated on the necessity to understand the content of resistances. He isolated resistances in the clinical situation and described their merging with character. At a time when psychoanalytic technique was devoted only to the discovery of oedipal sexuality, he explained how analysis required inclusion of a variety of resistances, particularly those that protect the self or person against attachment and closeness.

Reich was a charismatic teacher. He was in his twenties when he made his major contributions to psychoanalysis. Moreover, at the time, he was a social activist and a leader in the communist youth

organization in Vienna. Yet, within a few years, he had managed to estrange himself from both organizations. He moved to Oslo, Norway, but was asked to leave the country because he promoted sexual liberalism, which included a questionably appropriate active psychotherapy by helping the patient express bodily energies.

He immigrated to the United States in 1940 and spent the next ten years promoting his energy accumulator as a research and therapeutic device with megalomaniacal zeal. Reich insisted that through the deflection of bodily energy his orgone box could be used in the treatment of cancer and many other physical illnesses. He was prosecuted by the FDA, found guilty of contempt of court, sentenced to two years in a federal penitentiary, and died eight months later while in prison.

Reich was brilliant and articulate. He was able to quickly engage others, but most of his relationships were transient. Perhaps the only permanency in his life was his *idée fixe*, the improvement of human life through the proper release of psychic energy and the discovery of a common energy source for all life.

In 1990 Reich's diaries and recollections were published in *Passion of Youth: An Autobiography, 1897-1922.* Although the book is called an autobiography, it is comprised of Reich's diaries and recollections written during young adulthood about three periods of his life: Childhood and Puberty, 1897-1914; The Great War, 1914-1918; and his medical and early psychoanalytic years in Vienna, 1918-1922. The diaries and recollections, with other available material on Reich, are important resources in understanding Reich and the relationship between his personality and his psychoanalytic discoveries.[1]

Reich described his childhood as being overwhelming. His parents were wealthy landowners in the Ukraine. He described a sadistic father who terrorized him with frequent beatings and temper attacks over Wilhelm's failures and mistakes. His mother was passive and subservient to this noisy and aggressive man. The neglect of Wilhelm by his parents was portrayed in the diaries by the lack of protection against exposure to the intense sexuality that made up his environment. He was continually exposed to sexuality with

[1] I have found a sympathetic biography by Myron Sharaf, *Fury on Earth* (New York: St. Martins Press, 1983), particularly useful.

the maids and house-hands. He described a seduction by several of the females who worked in his home. His mother condoned the sexuality. By the time Reich was eleven he was having intercourse with a female cook and masturbating continually. It appeared that the organizing trauma of his childhood was his mother's affair with his tutor. His father was suspicious of her, accused her, beat her, and asked Wilhelm whether he knew of this affair. Wilhelm confessed to his father that she spent time with his tutor in the bedroom. Subsequently, his mother became depressed and within a year killed herself. Reich wrote that he was remorseless at the time.

However, in his early twenties Reich had an affair with a patient, a young woman, Lore Kahn, who saw Reich because of her disappointment in a love affair and her loss of confidence. Reich describes her falling in love with him. He saw this as transference, but when the patient proclaimed herself cured, stopped treatment, and wanted to have an affair with him, Reich complied. Lore subsequently became ill and died of sepsis. Reich then became involved with Lore's mother. When she implied that she was sexually interested in him, Reich refused to promote the relationship. She later accused him of killing her daughter, became depressed, and killed herself.

Reich writes in his diary, "There is no way to avoid the feeling that I am the murderer of an entire family, for the fact remains that if I had not entered that household, both of them would still be alive! And while this is on my mind I continue my life—more lectures, analysis, concerts. I am acting out a comedy while causing the people around me to die! Didn't my own mother also die—better said, also commit suicide—because I had told all?" (p. 144).

The remaining sections of the book are devoted to Reich's young adulthood: when he served in the Army during World War I, when he was in medical school and analytic training, and at onset of his career as a psychoanalyst.

The diaries and recollections portray a young man attempting to consolidate his earlier experiences of passion, hurt, frustration, guilt, and loneliness. Reich writes of his longing and lack of success in finding someone to love him. He describes his inability to remain attached to any of his many female friends for long and being inundated with sexual preoccupation, expressed in his frequent involvement with prostitutes and multiple sexual relations. Con-

currently, he was immersed in idealistic commitments to alleviate suffering as a healer and to remedy social injustice.

Two themes which pervaded Reich's life can be seen in the diaries and recollections. The first are the sequelae of his childhood traumata. He spent his entire life preoccupied with purging himself and others of overwhelming sexual energy, which is suggestive of a repetition of his infantile sexual life. Initially, he was able to use this need to purge himself of sexual energy to perpetuate his psychoanalytic ideas and contribute to the progress in the field. However, as he continued, his ability to use the theme adaptively was compromised. He became more regressed and incapable of being creative. He became more and more rigidly grandiose and paranoid.

The second theme was his inability to maintain deep and lasting relationships. The psychic struggle that ensued must have contributed to his early understanding of character resistance as a protection against openness in relationships. He was unable to maintain his capacity to develop insight and understanding from his childhood relational experiences. He gradually distanced himself from every important relationship in his life.

Freud called psychoanalysis an impossible profession. I do not believe the profession of psychoanalysis is impossible, but a review of the problems with which our pioneer psychoanalysts had to contend without the conceptual tools and guidance that we have today should make us marvel that analysis was able to progress as well as it did during those early years. It is a testament, I believe, to the explanatory power and human value of the analytic model.

MELVIN BORNSTEIN (BIRMINGHAM, MI)

THE MATERIAL CHILD. COMING OF AGE IN JAPAN AND AMERICA. By Merry White. New York/Toronto: The Free Press, 1993. 256 pp.

The psychoanalytic literature on adolescence has been, and in large measure continues to be, dominated by images derived from Western prototypes, and particularly by the Romantic vision of the tempestuous, rebellious youth described almost a century ago by G. Stanley Hall, a description sustained for psychoanalysis by Anna Freud. Only comparatively recently have studies of normative pop-

ulations by such students as Daniel Offer and his colleagues begun to challenge this traditional view, formulating an alternative picture which relegates *Sturm und Drang* to a relatively minor role in the normal development of Western adolescents. Cross-cultural studies, pioneered by the now-controversial reports of Margaret Mead, have added further richness and variety to this view, and have led many to question the universality and inevitability of the profile of adolescence with which most analysts are familiar.[1]

The present volume is a welcome addition to this growing literature. Merry White, an American sociologist specializing in the study of Japan, offers here a penetrating, highly readable comparative survey of American and Japanese adolescents (*cheenayjas*) in the 1990's. Relying on personal interviews, diaries, and her own observations as well as published surveys and opinion polls, she succeeds in demonstrating the ways in which culture shapes the behavioral manifestations of adolescence, and the ways in which many of the behaviors we have regarded as intrinsic to the developmental phase are, in fact, the products of such cultural shaping. Though the fundamental developmental issues—sexuality, social status, occupational role, relations with the family of origin—are generic, the specific ways in which they are characteristically resolved in these two advanced industrial societies are as often widely divergent as they are similar.

Sexuality is, perhaps, prototypic. All indicators suggest that Japanese adolescents are as sexually active as are American teenagers, but their sexual behavior is less public, more discreet, less tied to romantic relationships, less hedged with moralism and prudery, and far less fraught with such complications as unwanted pregnancy and sexually transmitted diseases. Contraceptive devices are widely available, well publicized and socially accepted, and virtually all sexually active adolescents use them. As White puts it, "What surprises a Japanese observer about America are both the public moral condemnation of sexuality and the publicly rampant display of sexual activity" (p. 195).

It appears that for Japanese adolescents, sex and marriage are quite different issues. Sex is for pleasure; marriage, at least for

[1] See Esman, A. H. (1990): *Adolescence & Culture.* New York/Oxford: Columbia Univ. Press.

males, is for "being taken care of by a motherlike wife" (p. 193), a replacement for the primary family they will leave behind. This is an aspect of what Takeo Doi, a Japanese psychoanalyst, has called the central dynamic of Japanese psychology—the phenomenon of *amae*, or the nurturant/dependent relationship of mother and child. In Doi's view, it is this preoedipal tie, rather than the oedipus complex, that is the locus of the nuclear conflicts of the Japanese. "Dependent intimacy," White maintains, "can be found separate from sexual relationships in Japan, while in the United States, young people separating from dependence on their parents must seek secure nurturant intimacy *and* sexual fulfillment in a sexual partner" (p. 194).

Training in consumerism is even more intense for Japanese adolescents than for Americans; media-fed fads are more intense and more transitory, and Japanese marketers, favored by a relatively affluent and homogeneous market, are even more aggressive and systematic in their use of TV (which Japanese twelve- to fifteen-year-olds watch even more than Americans do) and highly targeted magazines, which all Japanese adolescents seem to read voraciously. Despite which, as is well known, Japanese adolescents are far more intensely involved in education, and work far harder at it, than their American peers.

Ultimately, the criteria for maturity in the two societies differ quite markedly. For the American adolescent the aim is autonomy, being "true to oneself," the fullest expression of individual character; for the Japanese youngster, however, the aim is to fit in, the cultivation of appropriateness, the fullest and most harmonious development of a social self. These critical differences are profoundly reflected in and promoted by the respective educational systems from early childhood through, at least, high school. The Japanese adolescent does not aspire to independence from his or her family of origin; the longing for *amae* is never given up, but is reflected in the paternalistic patterns of industrial employment in Japan which, until the recent recession, provided workers with essentially lifetime security.

What is the relevance of these sociological observations to psychoanalysis? Given the profound imbrication of adolescent development with the sociocultural surround, psychoanalysts must in their appraisal of conflict, their assessment of defensive and adap-

tive mechanisms, and their formulation of interpretations (clinical as well as theoretical) take sensitive account of these cultural realties. Although there are, as Spiro[2] has put it, "pan-human needs," there is no "pan-human" pattern of adolescent character development, and the conventional analytic viewpoint simply does not do justice to what, as we are increasingly learning, is the rich variety of ways the world provides for its children to become adults.

AARON H. ESMAN (NEW YORK)

THE NEUROTIC CHILD AND ADOLESCENT. Edited by M. Hossein Etezady, M.D. Northvale, NJ: Jason Aronson Inc., 1990. 435 pp.

In an era when Freud's early theories are often criticized as if they represent the current state of psychoanalytic theory and practice, it is timely to review modern thinking about the neurotic child and adolescent. Etezady, the editor, does so elegantly in this collection of eighteen papers, providing a valuable resource for educators, clinicians, and researchers.

The book is divided into three parts. In Part I, "The Concept of Neurosis in Children," seven papers (by E. J. Anthony, H. R. Beiser, H. Eisner, J. Glenn, J. A. Burland, C. A. Sarnoff, A. H. Esman) define childhood neurosis from a modern perspective. Part II, "Developmental and Etiological Considerations," includes seven papers (H. Parens [two chapters], L. J. Byerly, G. P. Sholevar, R. S. Fischer, R. C. Prall, S. Atschul) addressing current views of neurosogenesis from a developmental perspective. The first two chapters (J. Glenn and I. Bernstein, B. A. Ruttenberg) in Part III, "Therapeutic Issues," are about fantasy development and the history of psychoanalysis respectively. The last two (M. A. Silverman and J. A. Burland) pertain to therapy more specifically.

Several chapters are written in language readily understood, even by the novice (Burland [15 and 18], Fischer, Parens [9]); others require considerable training to be fully digested (Anthony, Beiser, Eisner, Byerly, Sholevar, Atschul). Although the book does

[2] Spiro, M. E. (1987): *Culture and Human Nature: Theoretical Papers*, ed. B. Kilborne & L. Langness. Chicago: Univ. of Chicago Press.

not convey a comprehensive view of current treatment and technique, the editor did not intend to do so and suggests a separate volume to that end. Etezady aimed for originality and diversity rather than consistency or uniformity. He intended to maintain a clinical orientation, reflecting current views that integrate contemporary and traditional concepts (p. xii). While most chapters contain little new to the experienced analyst, they succeed well in reflecting (and often summarizing) a broad range of current trends. They can be particularly useful to those who teach non-analysts as well as analysts.

Part I is rich in clinical detail. Each paper defines neurosis from the author's point of view. In "Childhood Neurosis at the End of the 20th Century," Anthony differentiates normal developmental conflict from infantile neurosis and childhood neurosis. "Circumscribed childhood neurosis" (Little Hans) differs from "diffuse neurosis" (The Wolf Man) in which preoedipal factors and parental pathology contribute to a poorer prognosis (illustrated with clinical vignettes). Anthony uses published landmark cases to review the controversy about transference neurosis in children.

Beiser, in "Symptomatic Disturbances and Clinical Manifestations of Neurosis in Childhood," concisely covers the full range of symptoms contributing to the diagnosis of childhood neurosis. She reviews normal developmental conflicts at each stage, differentiating them from neurotic disturbances, on the one hand, and from more severe psychopathology (often not amenable to analytic treatment) on the other.

In "Transference Neurosis in Childhood and Adolescence," Eisner reviews the history of the transference neurosis, differentiating it from the child's relationship to any adult, the treatment alliance, characteristic ways of relating to adults, identification with the analyst, and transference manifestations from past relationships. Clinical examples abound.

Glenn, in "Traumatic Neurosis in Children," conveys the complexity of understanding the dynamics of trauma. He defines trauma from an economic and structural point of view, providing compelling clinical detail from several cases, such as one involving a teenage boy who witnessed an exsanguination at age three.

Burland's chapter, "The Infantile Neurosis and Neuroses in Childhood," uses clinical vignettes of child and adult cases to illus-

trate the nature of defense, displacement, and resulting disguise of masturbatory fantasy subsequently uncovered during psychoanalytic treatment. He describes the topographic and structural models in nontechnical language, reviews the usual themes in infantile neurosis, and illustrates how impulse and defense are evident in symptoms.

Sarnoff's "Update on the Concept of the Neurotic Child" provides a richly complex, although occasionally confusing, review of the development of fantasy (and the change in neurotic manifestations) from early childhood through latency and adolescence.

Finally, Esman, in "Neurotic Children in the Light of Research," describes the history of psychoanalytic versus behavioral views of neurotic symptoms. His summary of Watson and Raynor's reanalysis of "Little Albert," illustrating methodological flaws and difficulty with replication, may be of particular interest to psychoanalysts. Esman affirms the continued usefulness of the "complemental series," concluding that concepts of neurosogenesis require modification to take into account the interaction of biological vulnerability to stress and interpersonal factors.

Part II begins with two papers by Parens. "Neurosogenesis" describes the interplay of wish and defense that results in psychoneurosis. Degree of intensity and repression differentiate neurotic from normal developmental conflicts. (Preoedipal conflict is neurotic when stable and repressed.) Three normal conflicts of ambivalence are cardinal: two are dyadic (autonomy and separation-individuation) and one is triadic (oedipal). Parens emphasizes the importance of ambivalence in motivating resolution of oedipal conflicts, delineating the differences and similarities between girls and boys.

Parens's "Neurosis and Prevention" contains a systematic review of psychoanalytic research, with specific attention to the application of findings in educational as well as in clinical settings. He describes possibilities for preventive intervention through education to parent groups.

Byerly's "Neurosis and Object Relations in Children and Adolescents" is a complex review, updating psychoanalytic theory pertaining to each phase of development. He covers, in detail, the debate about the significance of object relations theory (contrasting Arlow

and Fairbairn), as well as the controversy about the possibility of conflict during the preoedipal years. There are many clinical examples of pathological development.

"Parent-Child Dimension of Development and Neurosogenesis" by Sholevar focuses on the contribution of parental pathology to the development of psychoneurosis. It is complex, with few clinical examples, and reviews the process of identification in ego development, with specific attention to the ego ideal as heir to the negative oedipus complex.

"Neurosis and Femininity," by Ruth Fischer, is a lucid, short chapter written in nontechnical language, with an illustrative clinical vignette. It describes the differences between traditional Freudian theory and the concept of "primary femininity" in contributing to the understanding of neurosogenesis.

Prall's "The Neurotic Adolescent" is lengthy, rambling, and diffuse, using the metaphor of a "boat at sea" to describe the adolescent process. Prall illustrates developmental models from Blos, Mahler, and Erikson, with clinical descriptions of pathology at each stage. He focuses on clinical phenomena, including prognosis, rather than theoretical controversies.

Atschul's "The Adulthood of the Neurotic Child—Developmental Perspectives" (a brief, clear chapter) reviews the controversy about continuity versus discontinuity in development with respect to the adult outcome of childhood neurotic difficulties. Atschul differentiates unresolved childhood neurosis from both infantile neurosis and transference neurosis, and he discusses the potential for reorganization during adolescence and parenthood.

The first chapter in Part III, "The Fantasy World of the Child as Revealed in Art, Play, and Dreams" by Glenn and Bernstein, traces the developmental line of fantasy. Clinical examples (normal and neurotic) illustrate change in fantasy life and the use of fantasy for conflict resolution at different developmental stages.

Ruttenberg's "A Historical Perspective on the Treatment of Neurotic Children" covers attitudes toward child treatment from the 1800's to the present, interweaving published reports about children, psychoanalytic studies, and the author's own experience working with such historical figures as Anna Freud, Ernst Kris, and Waelder. (The A. Freud/M. Klein controversy is described without

value judgments.) Ruttenberg reviews derivative dynamic therapies as well as nondynamic treatments, advocating a quality developmental approach that is not just symptom oriented.

In "The Neurotic Child and Response to Treatment" Silverman describes the specific benefits of psychoanalysis over other forms of treatment for the neurotic child, discussing the external and internal factors that often make psychoanalysis difficult to obtain. He uses clinical examples typical of different developmental phases (from his own practice and from the literature) to describe the child's view of the analyst, the ego development necessary for work on emotional conflicts, specific defenses and resistances encountered at each stage, and the need for flexibility in work with parents. He emphasizes the importance of respecting age-appropriate developmental advances and defenses.

Burland's "Current Perspectives on Treatment of Neurosis in Children and Adolescents" briefly and clearly summarizes changes in thinking about neurosis from Freud's time to the present. Early technique aimed at making the unconscious conscious; modern focus on transference and resistance is ultimately a different means to the same end—bringing early conflicts and defenses against them to consciousness—but with the goal of re-establishing the normal balance of forces rather than uncovering repressed memories per se. Examples include analyzable neurotics and an ultimately unanalyzable patient with ego difficulties.

The Neurotic Child and Adolescent will be a very useful book, particularly to educators. While each section contains chapters that vary in both quality and usefulness for different audiences, overall most convey, in a readable and clinically illustrative manner, a range of modern theories and controversies.

JUDITH CHERTOFF (KENSINGTON, MD)

PSYCHOTHERAPY, ADOLESCENTS, AND SELF-PSYCHOLOGY. By Gustavo A. Lage and Harvey K. Nathan. Madison, CT: International Universities Press, Inc., 1991. 448 pp.

Addressing adolescent psychotherapy routinely confronts presenters with a complex task. Theories of adolescent development and treatment address phase-specific instances of broader models of motivation and change. Therefore, in any discussion of adolescence

one must refer to a preferred theory of normal development, its derailments, and an attendant theory of treatment and cure. The general theory is then applied to the particular biological and psychological challenges of adolescence, thereby determining the expected developmental shifts of this phase and their expected outcome. Furthermore, the particular theoretical application determines the handling of a number of technical matters that ordinarily accompany the treatment of adolescents. The management of family systems conflicts, the dual alliance with parents and the patient, making direct interventions in the patient's life, and addressing the various communications which adolescents so typically convey through behavior, including school problems, self-destructive acts involving sex and drugs, and suicidal ideation, are all influenced by the particular theoretical lens through which these phenomena are viewed.

As the title suggests, *Psychotherapy, Adolescents, and Self-Psychology* attempts to address all of these matters—and more. Using the literary device of a conversation, Lage and Nathan (a pseudonym of the treating adolescent psychiatrist) have translated a series of their workshops into a book. Each chapter begins with the notes from one or more sessions from the psychotherapy of a late adolescent boy. As one expects in an extended clinical case conference, the therapist's notes provide the springboard for elaborating a number of theoretical and technical issues. The authors state that their primary goal is to elaborate the position that a self psychological point of view adds dimension to understanding and intervening with adolescents that is not available from classical psychoanalytic theory alone. This ambitious project yields sometimes uneven results, but overall this is a rich, multidimensional work that may be read as a single case study, a guide to practitioners, or a discussion of comparative theory.

The book is at its best as Nathan tells the story of his encounters with Jack, a seventeen-year-old boy who entered treatment after he had a minor car accident and revealed to his parents that he was depressed, used marijuana heavily, and had suicidal urges. Jack is beset with a number of problems, including poor academic performance, unstable social relations, sexual confusion, and poor self-esteem, not to mention having to deal with an unspecified "abdominal malformation" which puts him at significant health risk and which he and his parents assiduously disavow. The patient is both

admiring and enraged at his very successful and bitterly depreciating father, and their struggles form a significant focus of the case. Although initially he sees his mother as his ally and protector against his father, Jack's disappointment with her failures of empathy emerges in the later material.

Nathan's presentation offers a solid primer on adolescent psychotherapy. His recitation of Jack's treatment leads the reader through a multitude of clinical challenges that will be familiar to any adolescent psychotherapist. Resistance to self-awareness and to treatment, typical defenses, concrete behavioral expression of psychological concerns, sexual identity confusion, self-destructive behaviors, academic failure, conflicts over leaving home, and calls for guidance from angry, concerned parents form only a partial list of the issues Nathan manages. (The reader might find that perusing just the case notes in the first page or two of each chapter, then returning to the discussion of each segment, works best to capture the flow of the complete case presentation.)

Beyond the competent case presentation, the factor that distinguishes this book is that the reader is treated to the therapist's reflections on his own dilemmas and decision-making throughout the treatment. This is not simply an admission of countertransference and its usefulness in a treatment. It is an unusual view of how a psychotherapist thinks through clinical problems. The result is a particularly personal account by a sensitive clinician, moved by his concern for his patient's welfare while not hesitant to press him toward adaptive mental and physical hygiene. The reader gets an excellent feel for a dependable, flexible therapist who creates an ambience that supports the patient while directing him toward greater self-awareness and adaptive self-direction. Nathan's technique reflects his appreciation for the fact that adolescents need active help to progress even as they might re-experience conflicts that cause them to regress. The book reaches a high point when Nathan debates Lage about the role of interpreting selfobject needs versus acting to meet them and about the treatment implications of a view that emphasizes subjective versus consensual reality. The debates provide more than the expected elaboration of various theoretical points and techniques of intervention. Through these dialogues Nathan conveys a palpable account of the actual experience of doing adolescent psychotherapy.

Nathan's candor about his commitment to the view that adolescence is a function of the psychosexual transformations attendant to the recrudescence of oedipal conflicts sets a fine foil for promoting the value of a self psychological approach to treatment. There are times when his interpretations of unconscious sexual conflict are forced and without any apparent connection to the patient's associations. They often result in compliance and then resistance. Still, the patient continues in treatment and clearly improves. Why? The self psychological principles of optimal responsiveness, attention to the whole person striving for self-cohesion, and the importance of others to recruit self-stabilizing inner experiences are offered as explanation. These principles clearly add a dimension for understanding the clinical process. They facilitate the emergence of the "healing powers" of the alter ego/twinship transference, wherein Jack can use his therapist for the development of psychic structure.

Despite the value of this clinical perspective, the authors' effort at presenting comparative theory is less convincing. In part this might be an artifact of the book's multiple agendas as well as the fact that it seems to be aimed toward students. It would, of course, be too much to provide an exegesis of self psychology as a theory of motivation and development in this context. Still, the cursory explanation of foundational tenets is inadequate to inform the uninitiated reader or to address the questions of a more sophisticated audience. For example, readers will not be relieved of the common confusion about the meaning of a selfobject as an internal stabilizing experience or as an actual relationship. Despite the authors' definition of a selfobject as an internal experience, the term is applied to the actual behavior of real people. Repeatedly, the explanation offered for the patient's problems is that he failed to receive adequate mirroring from his mother or the provision of an idealizable selfobject from his father. The primary evidence for this argument are reports of the parents' actual behavior. The issue of the patient's distortions of his parents and of his subsequent failures to make use of them is ignored. Empathy, too, gets short shrift. The relationship between empathy as a mode of understanding and as a "healing power" goes unaddressed.

Similarly, the relationship of selfobject, object relations, and drive motivational theories remains vague. Sometimes the authors appear to follow Kohut's formulation that the narcissistic line of de-

velopment ends with self-cohesion, while at other times they view selfobject motivation as a supraordinate organizing principle wherein drive-related behaviors appear as breakdown products of self-cohesion, and at still other times they promote the idea that selfobject and drive motivations persist in parallel throughout life. Unfortunately, this lack of theoretical clarity weakens the centrally important discussions about the negative oedipus in male adolescent development, the importance of a self-stabilizing alter ego/twinship transference, and the relationship between the two. Such matters go beyond clinical theory. They require a consistent metapsychology for adequate explanation.

Psychotherapy, Adolescents, and Self-Psychology is an ambitious alternative to most of the adolescent literature in which authors ordinarily emphasize phenomenology, developmental theory, or a theory of therapy and leave an integration to extended course work, clinical experience, and case supervision. Although at times the work is overburdened by its very scope, it is a most useful contribution at many levels.

CHARLES M. JAFFE (CHICAGO)

UNDERSTANDING TRANSFERENCE. THE CORE CONFLICTUAL RELATIONSHIP THEME METHOD. By Lester Luborsky and Paul Crits-Christoph. New York: Basic Books, 1990. 313 pp.

This work is the result of a prolonged effort to develop a practical tool for systematic research into central patterns of relationships. Luborsky's method for summarizing the relationships described in narratives results in what he calls the Core Conflictual Relationship Theme (CCRT) for a given individual.

After an introduction, Part One outlines the CCRT scoring methods, making the actual instrument more understandable; and a sample of narratives and the actual classifications are provided. This makes it possible for the reader to study the actual instrument and procedures, and to examine their reliability. Parts Two and Three are entitled "Explorations and Clinical Applications." Uses of the CCRT under varied circumstances are described clearly. Some of the findings represent aspects discussed in earlier publications, but now more completely studied. Then follows a scholarly review of seventeen alternative measures of central relationship

patterns, with which the CCRT is compared. The authors conclude with a chapter specifically examining Freud's observations about transference and how the evidence from CCRT studies validates his observations.

Many psychoanalyst readers have read about the CCRT at various times, yet may have retained an uncertainty about the relationship between Luborsky's seventeen-year-old measure and clinical concepts of interest to analysts. A summary may be useful: Luborsky came upon his idea for a CCRT while studying narratives from recorded psychoanalytic and psychotherapy sessions, noting that the narratives were generally about relationships, in which case he called them Relationship Episodes (RE). He arrived at the notion that such narratives showed a considerable redundancy in the expression of a core Wish (W), occasionally more than one, as well as a typical anticipated or actual Response from the Other person in the narrative (RO), then a subsequent Response from the Self (RS) to the reaction of the other.

Initially, Luborsky identified these three components for a given relationship episode (RE) by clinical inspection. These specifications of W, RO, and RS were "tailor-made," that is, each rater described in words they thought most appropriate what the reactions were, without referring to any predeveloped categories. When multiple judges were used, there was the usual difficulty of assessing the degree of agreement between the judges. To solve this, agreement judges were used. With these procedures it was possible to get at agreed-upon formulations. Such formulations suffered, however, both from the complexity of the procedures necessary to arrive at them, and from difficulty in estimating the reliability of the results. Therefore, Luborsky's research group developed standard categories (about thirty each) for the three components (W, RO, and RS).

A procedure had to be developed to determine in an individual case what were the central wishes (W), responses of others (RO), and responses of the self (RS). Typically, two or three sessions are taken from early in a treatment, and REs are identified until ten have been obtained. Recall that each RE is a story about some event which includes a description of a relationship. Each of these ten REs are subdivided into thought units, which are essentially sentences, and each sentence is classified as to whether it expresses a

W, RO or RS. Finally, the most frequent W, RO, and RS (if any) for each RE is designated, and counted for each of the ten REs. The *Core* Conflictual Relationship Theme for this patient is defined as simply the sum of the most frequent W, RO, and RS, across the ten relationship episodes (REs).

The importance of this methodology is as follows: the authors conceive of the CCRT in terms of a sequenced pattern of reactions by the patient (or other person). Yet, the CCRT as operationally defined *does not in fact reflect actual sequences*! The authors are aware that this is a compromise, and hope that the simple accumulation of W, RO, and RS will capture the essence of the unconscious fantasies of the patients *even though in most REs all three components of the CCRT do not appear at the same time or in the postulated sequence*!

An inspection of the examples given in Chapter 4 shows how the CCRT as formulated does not necessarily correspond with clinical judgment. For instance, the following RE was presented, with the classification of each sentence shown in brackets (p. 66): "Before I went to school I always used to kiss my mother [W][RS]. I'm not sure it was a big thing, but it was a big thing when it stopped. She made a big thing about how I didn't want to kiss her anymore [RO]. I was suddenly out in the cold again [RS]." CCRT rating of the first sentence generated the wish "to be close, to have affection," as well as a response of the self of closeness, affection. The third sentence generated a response from the other: "blames." Then the fourth sentence generated the response from the self: "felt alone." It would appear that this summary of the meaning of this particular story may not capture the essence of the conflict! The patient, a young man with difficulties in intimate relationships, seems to indicate his dread of the tempting relationship with his mother, and his need to withdraw despite his mother's wish to the contrary. Yet the CCRT in this instance was interpreted as his wishing to be close and have affection, but receiving a blaming response from the other, with the response of the self being feeling alone. This example illustrates that the meaning derived from assembling the CCRT may vary substantially from the meaning of the total conflict situation that can be inferred.

To summarize the previous discussion, the basic notion of the CCRT may not capture the kinds of understandings which many psychoanalysts particularly value. This has at least two aspects:

omitting studying the sequencing may oversimplify and hence limit the meaning of the frequency data generated; and the CCRT structure itself, of wish, response of the other, and subsequent response of the self, may not represent as general a structure of human interaction or unconscious fantasy as the research group hopes. For example, a formulation which included wishes, anticipated dangers which were associated with efforts to fulfill those wishes, and consequent efforts to defend oneself and resolve the anticipated conflict would be closer to the framework many psychoanalysts use.

On the other hand, the CCRT *as an approximation* appears to work very well for some research purposes. After all, as the authors point out, wishes are central to understanding human functioning. And the dangers which may stimulate a need for defense do primarily emerge in an interpersonal matrix, that is, they can be captured most likely under the rubric of "Response from Other." Analysts who have become increasingly interested in the role of self-esteem and its regulation in mental health and illness will find an emphasis upon response of the self quite congenial as well.

The authors also classify RO and RS as to whether the response is positive or negative. This is another aspect of the CCRT which strengthens the *approximation* of what analysts are interested in: there is no doubt that conflict is initiated by wishes which threaten to provoke negative responses from others or from the self. Furthermore, the degree to which people are able to arrange for positive responses to their wishes directly reflects the adequacy in handling conflict. This positive and negative assessment provides a method of systematically assessing what patients experience, and what kinds of changes of attitudes occur over the course of treatment (Chapter 9). In studying the Penn Psychotherapy sample of thirty-three cases, many treated in long-term psychotherapy by experienced clinicians with a largely psychoanalytic viewpoint, the authors found that early in treatment negative attitudes of others and of self (RO and RS) tended to be much more frequent than positive ones. In the course of treatment the negative ones substantially decreased, and the positive ones substantially increased. This may sound, to the clinician, all too obvious. The great merit of this procedure is to find a *reliable procedure for measuring such changes*. The authors also find that changes in these scores are correlated with global improvement during treatment, as measured by two

totally independent measures of improvement applied to the overall clinical picture. No clinician will be surprised to hear that there was, by contrast, little change in the pattern of wishes found.

There are a number of other interesting aspects to the work. The accuracy of interpretations can be assessed on the basis of how much the wishes, responses of the other, and responses of the self are characterized in the interventions. It is also possible to study changes in the patients' own self-awareness as reflected by their awareness of the CCRT components. These aspects are like a rough grid which can be applied to analytic material, permitting systematic assessment. In these various ways, the CCRT research continues to show promise as a useful tool for psychoanalytic research because of its reliability in assessing clinical material.

SHERWOOD WALDRON, JR. (NEW YORK)

PAIN & PASSION. A PSYCHOANALYST EXPLORES THE WORLD OF S & M. By Robert J. Stoller, M.D. New York/London: Plenum Press, 1991. 306 pp.

Several years before his untimely death in 1991, Robert Stoller, who had previously enriched the psychoanalytic literature on human sexuality with his study of gender origins, began a series of books in which he offered his views on the relation between the sexual acts of the individual and the social and cultural norms in which the individual was raised. In *Pain & Passion* he explores the world of consensual sadism and masochism (S & M) by making an expedition to the S & M communities of West Hollywood, California. He sets forth with several guides, on safari, so to speak, to jot down the activities of those engaged in the "fetishes and bizarre practices" of both the "casual" and the "devoted" proponents of sadomasochism (i.e., non-obligatory and obligatory sadomasochism). Approximately one half of his book is devoted to question-and-answer interviews in a nonpsychiatric setting. A number of pages are devoted to listing practices, utensils, and bodily parts used in sadomasochistic performances. There is a six-page listing of the various methods used to inflict pain and humiliation on willing victims, e.g., the different hanging techniques used to achieve orgastic ecstasy from willing participants.

Since Stoller offers no psychoanalytic answers to the meaning

behind each particular type of torture, one wonders why this listing is included, especially since many of these activities have been quite aptly described by Krafft-Ebing, by Sacher-Masoch, by the Marquis de Sade, and, even more recently, by the psychoanalyst Benjamin Karpman,[1] who studied criminal sexual psychopaths at St. Elizabeth Hospital in Washington, DC. The answer to this question may well lie in his comment that "psychoanalysts [should] become less threatened by the pleasures that perversions bring the perverse . . ." (p. 38). It seems, therefore, that he is attempting to "desensitize us," as clinicians, to the assumed terror instilled by such activities, so that he can lift the "veil of prejudice and fear" which we presumably hold as clinicians. The remainder of his book consists of a republication of two papers, "Consensual Sadomasochistic Perversion" and "The Term Perversion."

As noted by Richard Green in a "blurb" to this volume, "Stoller's style is between wit and wince." He is indeed lively, witty, brilliant, wry, chiding, humorous, acerbic, confrontational, ambivalent, and contradictory. All this apparently aims to get us to throw off our "deep prejudices" and "namecalling hidden in otherwise decent but understandable concepts favored by psychoanalysts" (p. 19).

One can only agree with Stoller when he says that we should treat individuals with perversions with understanding and compassion. The only problem he has with sadomasochists is when they become engaged in nonconsensual acts in which someone is raped or killed. Apparently, he overlooks the fact that all sadomasochistic perversions, voluntarily entered into, are indeed consensual at the beginning but may turn "nonconsensual" when the stakes are raised by either partner in the sudden need for complete ecstatic experience and megalomanic ecstasy.[2] He repeatedly asserts that it is our "deep prejudices" about the existence of perversion that lead us to feel that perversion is somehow "abnormal." He states that we consider them "monstrous deeds" but that they are really "not as bad as they seem," for these individuals "play at harm" (p. 21). He argues: "Constant high attention to one's partner's experience is more car-

[1] Karpman, B. (1954): *The Sexual Offender and His Offenses. Etiology, Pathology, Psychodynamics and Treatment.* New York: Julian Press.

[2] See De M'Uzan, M. (1973): A case of masochistic perversion and an outline of a theory. *Int. J. Psychoanal.*, 54:455-467.

ing, and safer, than the blundering, ignorant, noncommunicating obtuseness that governs so many 'normal' people's erotic notions" (p. 21). Rationalization of sadomasochistic individuals' practices is a misleading assertion for psychoanalysts who have studied the underlying unconscious motivations leading to these "play action pseudo-object-relations situations."[3] One can only cite Freud's comment that these individuals are indeed poor souls who must pay a high price for their pleasure as the only way to seek relief from internal conflict[4] and Bak's observation, "perverse symptoms [enactments] are regressive adaptations of the pervert's ego to secure gratification without destroying the object or endangering the self which is identified with the object."[5]

We can agree with Stoller when he says: "By talking in depth with sadomasochists, perhaps we can, in time, come to better explanations and useful ideas for treatment"; but only rarely does Stoller comment upon the causative process of this condition, a finding for which he among others[6] can take considerable credit. For example, he states, ". . . there is this factor . . . this fantasy system called *symbiosis* anxiety or *merging anxiety*, by which I mean that little boys must perform an act of separation from their mothers not required of little girls. This imaginative act establishes within boys a barrier against the early stage of wanting to stay at home with their mothers—of not being individuals separate from their mothers—and therefore of not being sure that they are fully male" (pp. 41-42). Stoller apparently accepts his own and others' theories of the preoedipal origin of sexual perversions, yet he perplexes the reader by declaring these individuals to be within the realm of "normalcy."

[3] Khan, M. M. R. (1965): Intimacy, complicity, and mutuality in perversions. In *Alienation in Perversions*. New York: Int. Univ. Press, 1979, pp. 18-30.

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

[5] Bak, R. C. (1956): Aggression and perversion. In *Perversions: Psychodynamics and Therapy*, ed. S. Lorand & M. Balint. New York: Random House, p. 240.

[6] Mahler, M. S., Pine, F. & Bergman, A. (1975): *The Psychological Birth of the Human Infant. Symbiosis and Individuation*. New York: Basic Books.

Socarides, C. W. (1978): *Homosexuality*. New York: Aronson.

___ (1979): A unitary theory of sexual perversions. In *On Sexuality: Psychoanalytic Observations*, ed. T. B. Karasu & C. W. Socarides. New York: Int. Univ. Press, pp. 161-188.

___ (1988): *The Preoedipal Origin and Psychoanalytic Therapy of Sexual Perversions*. Madison, CT: Int. Univ. Press.

He is dismissive of the seriousness involved: "[Perversions are] . . . complex behavior no more worthy of classification than such conditions as suicidal behavior, dislike of zucchini, being a composer, a circus clown, a student, a chiropractor's patient, a golfer, a scholar; or the desire to be a psychoanalyst" (p. 42). This *reductio ad absurdum* may be quite amusing to the intelligent layman who may well pick up this book, but to the serious beginning student of psychoanalysis, as well as to those who have spent a clinical lifetime in the pursuit of understanding these conditions, it seems inappropriate.

It is laudable that Stoller attempts to remove pejorative insinuations about any form of perverse or disordered behavior. Arlow clarifies the matter as follows:

> As scientists, our interest is in understanding the psychodynamics and the genesis of those patterns of sexual activity that deviate in considerable degree from the more usual forms of gratification. While it is true that the term perversion in current usage carries the connotation of adverse judgment, the essential meaning is a turning away from the ordinary course. As such, the term perverse is an accurate one. . . . The phenomenology of perversion should be approached from a natural science point of view, divorced from any judgmental implications.[7]

I am at a loss to find the logic in Stoller's assertion that psychoanalysts "should know better than to use 'normal' to describe any piece of behavior, for once you determine the underlying structure (i.e., the dynamics or fantasy), *normal* has no meaning" (p. 35). Freud left no doubt about whether a piece of behavior was to be viewed as a pathological symptom or as *normal*:

> In the majority of instances the pathological character in a perversion is found to lie not in the *content* of the new sexual aim but in its relation to the normal. If a perversion, instead of appearing merely *alongside* the normal sexual aim and object, and only when circumstances are unfavourable to *them* and favourable to *it*—if, instead of this, it ousts them completely and takes their place in *all* circumstances—if, in short, a perversion has characteristics of exclusiveness and fixation—then we shall usually be justified in regarding it as a pathological symptom.[8]

Despite my admiration for Stoller's work in gender studies, I find the arguments he presents in favor of viewing sadomasochistic be-

[7] Arlow, J. A. (1986): Discussion of papers by Dr. McDougall and Dr. Glasser. Panel on identification in the perversions. *Int. J. Psychoanal.*, 67:249.

[8] Freud, S.: *Op. cit.*, p. 161.

havior as within the range of normalcy to be elusive and confusing. His chain of argument begins with general statements which seem to be true but are not. Via convincing words, he makes the worse appear to be the better cause. He explains himself as follows: "But is it not an advantage to remove surety and to replace it with a state of reality testing known as ignorance?" (p. 35).

In this book Stoller in large measure follows the path of those behavioral scientists who look at certain phenomena and behaviors as though they have no connection with unconscious motivations. When neither conscious nor unconscious motivation is acknowledged in studies of these perverse individuals, scientists can arrive at the conclusion that the resultant composite of sexual behavior is within the norm. The next step is to demand that the public, the law, medicine, psychiatry, religion, and even psychoanalysis, in a wave of "political correctness," accept this proposition.

This is not a new phenomenon. With remarkable prescience, Lionel Trilling, the social and literary critic, predicted, as early as 1968, as a result of publication of the Kinsey Report, that in the future:

> Those who most explicitly assert the wish to practice the democratic virtues [will have taken] a bare assumption that all social facts—with the exception of exclusion and economic hardship—must be accepted not merely in a scientific sense but also in a social sense, in the sense, that is, that no judgment must be passed on them, that any conclusion drawn from them which perceives values and consequences will turn out to be "undemocratic."[9]

Stoller's position on sadomasochism, it should be noted, is in keeping with his long-held views on homosexuality. Against a backdrop of immense popularity and legitimate acclaim as a researcher and writer, his siding with pro-normalization gay activists in the American Psychiatric Association helped deliver a stunning blow to the point of view that obligatory homosexuality is a disorder. He stated at that time, at the annual meeting of the APA in Honolulu on May 9, 1973, when it was deciding on the removal of homosexuality as a disorder from DSM-II, "There is no such thing as homosexuality and it should be removed from the nomenclature. . . . There is something *disreputable* [italics added] in using our feeble

[9] Trilling, L. (1968): The Kinsey Report. In *The Liberal Imagination*. New York: Scribner, 1976, p. 242.

method of diagnosis, and psychiatrists *en masse*, as the whipping boy for the cruel manner in which homosexuals have been and still are treated. . . ." Stoller concluded, "Why claim that heterosexuality is mankind's preference? The evidence for this as a biological given is certainly flimsy (although I would guess it is innate in some mild, reversible form). Yet, I think, up to the present (but not necessarily forever), heterosexuality has been the norm . . . that sets the standard."[10]

In this book Stoller comes through once again as scientist, humanist, and skillful polemicist-disturber of the peace. But one is left with a disturbing question: Should scientific findings be ordered to meet the demands of social change? Sandor Rado, in his lectures to psychoanalytic students at the Columbia University Psychoanalytic Center for Training and Research (1950-1954) stated repeatedly: "Make one exception to science, gentlemen, and you might as well close shop."

CHARLES W. SOCARIDES (NEW YORK)

FEMALE PERVERSIONS. THE TEMPTATIONS OF EMMA BOVARY. By Louise J. Kaplan. New York/London: Doubleday, 1991. 580 pp.

Louise Kaplan has written an imaginative literary study on the topic of perversions. The book is as much about men as it is about women, and it is more a social and political commentary than it is a psychoanalytic investigation. Case material as well as literary works are used to help elucidate the thesis of the book, which is that perversions are "as much pathologies of gender role identity as they are pathologies of sexuality" (p. 14).

In the first chapter, Kaplan defines what she means by a perversion, and she is critical of those definitions that keep the focus on the manifest aims of the behavior. For her, a perversion is an unconscious psychological strategy that demands performance. It "uses one or another social stereotype of masculinity and femininity in a way that deceives the onlooker about the unconscious meanings of the behaviors she or he is observing" (p. 9). Deception is a

[10] Stoller, R. J. (1973): Criteria for psychiatric diagnosis. In A Symposium: Should Homosexuality Be in the APA Nomenclature? *Amer. J. Psychiat.*, 130:1208.

crucial element. Also, the threat of torment, suffering, or punishment is always present, and, with the focus on these unpleasant feelings, the pervert manages to keep out of awareness the terrors of childhood traumas as well as of even more unacceptable impulses. The strategy of the male pervert is to be able to "express his forbidden and shameful feminine wishes by disguising them in an ideal of masculinity" (p. 12). Female perversions, Kaplan reasons, would manifest themselves in behaviors that are a caricature of the feminine ideal—cleanliness, spirituality, innocence, and submission. But before elaborating on what she defines as the female perversions, Kaplan discusses in depth the more classical perversions seen in men.

Her second chapter, "A Memorial to the Horror of Castration," takes up the reappearing theme that "there is something innately horrifying about the vagina, something about that life-giving passage of sexuality and procreation that has perpetually brought to men's minds the stigmata of humiliation, degradation, mutilation, and death" (p. 44). It is in this chapter that Kaplan first points out what she believes was Flaubert's unconscious fear of being swallowed up into the womb, which is "the counterpoint of some men's unconscious wish to be a woman" (p. 45). It is also in this chapter that Kaplan discusses Freud's 1927 paper, "On Fetishism," in which she feels "he hurried over a few very significant details about the fantasy life of little boys" (p. 45). It is her belief that Freud's lack of clarity or precision about certain details had as much to do with "his emotional ambivalences toward females" (p. 45) as it had to do with his enthusiasm or just plain incomplete knowledge of the subject. Kaplan seems to feel quite confident about attributing any shortcomings in Freud's theory to what she divines were his psychological conflicts. One point that was left ambiguous by Freud was the meaning of the term *castration* as it refers to the female genital. Kaplan feels that Freud implied that the boy's castration anxiety is a natural reaction to the sight of the female genital and that he thereby created the impression that there is something innately horrifying about the female genital. She believes that Freud "wittingly or unwittingly used his psychoanalytic understandings in support of the gender stereotypes of his age" (p. 47).

What Kaplan continually stresses is the idea that "primitively conceived gender stereotypes are fundamental elements" (p. 48) of

both male and female perversions. She also states that the reason a little boy does not want to give up his earlier belief that his mother has a penis has "more to do with the boy's fantasies, wishes, and anxieties than with the mother's genital insufficiences" (p. 49). One of the basic flaws of the book seems to be Kaplan's tendency to offer up her own beliefs as fact, and while they may indeed be correct, she offers no data, psychoanalytic or otherwise, to support them. She says that her clinical work has convinced her that "the primal scene mortification is the crucial traumatic element in the oedipus complex even for the average child" (p. 61). Kaplan states that it is the boy's knowledge of his own genital inadequacy and not the mother's "castration" that leads him to invent a substitute penis for the mother. Perverse scenarios are, as Kaplan sees them, "attempts at rectification of the early infantile abuses and deprivations, but they are also dedicated to creating primal scenes in which a once betrayed and humiliated child defeats and humiliates the betraying parents" (p. 72).

In her chapter on the female castration complex, Kaplan rehashes the early feminist argument that psychoanalysts tended to take the terms *phallic* and *castrated* literally and forgot that these terms referred to infantile fantasies about the differences between the sexes. She states that "by equating one anatomical part, the penis, with a phallic power and other anatomical parts, the vagina and clitoris, with a castrated vulnerability, psychoanalysts were reflecting the power structures and gender stereotypes of their social order" (p. 79). Kaplan then goes on to discuss the female castration complex as having to do with anxieties about damage or mutilation of the *female* genital, not about worry that the genital is not there. The resentment the little girl feels about not having a penis has, according to Kaplan, to do with her conflicts about separating from her mother. She states that "the early psychoanalysts were correct in their assumption of a female castration complex, but they were mistaken in interpreting that complex as a female child's responses to not having a penis" (p. 100). Also, Kaplan feels that it is unnecessary to postulate that the little girl turns her attention to her father because of anger and disappointment in her mother. Rather, she sees the girl's erotic strivings toward the father as arising from her identification with the mother. She sees the little girl's capacity for intimacy with the same-sexed parent as leaving her better off

than the little boy. Because of the long period of identification with the parent of the same sex the female child "feels more assured of her gender identity" (p. 105).

Kaplan makes other points about the usual perverse scenario. She states that every perversion is "an effort to give some expression to, while yet controlling, the full strength of potentially murderous impulses . . ." (p. 125). Even more important is her elucidation that the primary wish in a perversion is to destroy the differences between the generations. A perverse scenario is arranged so that there are no differences between the sexes and no differences between adult and infantile sexuality.

After pointing out what she sees as the shortcomings of Karl Abraham's work on the female castration complex and after describing the gender mythology she feels he subscribed to, Kaplan finally begins to delineate her ideas about female perversions. She believes that Abraham, while writing about common symptoms in women, did not realize that he was demonstrating a key strategy of the female perversion. Kaplan contends "that in the female perversions a display of stereotypical femininity acts as the disguise for what a woman experiences as a forbidden masculine striving" (p. 173). Thus women learn to disguise their masculine wishes behind a stereotype of femininity that includes weakness, innocence, and self-sacrifice. Kaplan presents very lengthy and cogent arguments showing that Abraham and others did not understand female sexual anatomy and that feminine wishes in men and masculine wishes in women are acquired in the course of every child's growing up (p. 179, n.). It is the forbidden masculine wishes in a woman which have the same disastrous impact on her that forbidden feminine wishes have on a man. Kaplan takes up the ideas of Horney and Deutsch as well as the "myth of primary femininity." One point she makes is that, yet again, these psychoanalysts did not distinguish between biological facts and unconscious fantasies about these facts.

A major part of the book is Kaplan's explication of the novel, *Madame Bovary*, for the purpose of delineating her ideas about female perversions. "Emma masqueraded as a sexually submissive *femme evaporée* to conceal from the world, and from herself, her active sexual strivings and intellectual ambitions which in her world were the prerogatives of males" (p. 236). According to Kaplan,

when submissive dependency on idealized authority, the typical attitude of a young child toward the parents, becomes a pronounced feature of an adult relationship, it is tantamount to a perversion. With *Madame Bovary* as the centerpiece of her argument, the author goes on to make the point that every male perversion "entails a masquerade or impersonation of masculinity and every female perversion entails a masquerade or impersonation of femininity" (p. 249). Kaplan continues, however, to emphasize that there is never a clear demarcation between normal femininity and the perverse masquerade of it. She says, "Every adult person has a perversion that has grown up alongside his or her neurotic solutions to gender conflict" (p. 281).

Kaplan devotes most of the second half of her book to descriptions and explications of the dynamics of the several entities she considers to be the female perversions, including kleptomania, anorexia, and the self-mutilations. This later part of the book is even more of a feminist commentary than the first half. In her chapter on kleptomania, "Stolen Goods," Kaplan comments on how "the mythology that the stolen goods in kleptomania are stolen penises persists in face of the considerable evidence that the item filched by the kleptomaniac has a symbol structure very much like the structure of any other fetish" (p. 285). She believes that "the penis-stealing female is the creation of males who find refuge from anxiety, guilt, shame and madness in the exaggerated and imaginary power of the phallus and therefore live in dread of losing this power" (p. 297).

In the final chapter of her book, Kaplan states that in the study of female perversion, she has "been examining the ways in which social gender ideals of femininity and masculinity in modern industrial-commodity societies have shaped the perverse scenarios of modern men and women" (p. 509). She agrees with the cultural feminist position. The point is made that a woman's sexual energies are not expressed through one sexual organ. One reason that the female is so often thought of as terrifying or a threat to the order of the world is her "capacity for polymorphous sexuality" (p. 520). In this final chapter, Kaplan also highlights the commercialization of deviant sexual behavior which she feels trivializes the concept of erotic freedom.

Louise Kaplan has written a lengthy, very repetitive book which is, however, creative in its approach to the topic of perversions. The problem is that it is uncomfortably situated in a grey area somewhere between psychoanalytic study and literary criticism. It is hard to know which audience she is addressing, but I do not believe this is a useful book for a psychoanalyst. Kaplan has used literature to say something about society. Emma Bovary is used as a case history and it seems that the author, although vigilant when it comes to other theorists, has forgotton that Emma was a construct of a man's mind—indeed, a man whom Kaplan identifies as being afraid that he will be swallowed up by a woman. Kaplan makes the mistake of equating the psychology of literary characters with that of living human beings. The book makes a strong feminist statement, but it tries to convince the reader without offering data that would allow us to draw our own conclusions.

RUTH K. KARUSH (NEW YORK)

THE MANIFEST DREAM AND ITS USE IN THERAPY. By Roy M. Mendelsohn, M.D., Northvale, NJ/London: Jason Aronson Inc., 1990. 266 pp.

This volume reviews much of the recent literature on the technique of dream interpretation. The author makes several points that are well established elsewhere. (1) With the advent of ego psychology, the manifest dream is not just to be deciphered for its latent content, but is more directly revealing of ego conflicts that can be traced to the day residue and current problems. (2) The manifest dream often verifies a diagnostic assessment. (3) It portrays the unconscious meaning of the therapeutic relationship and thus has a prognostic value.

Many of the dream examples are interesting in and of themselves. However, the general writing in this book is stilted and poorly integrated. The literature is reviewed without any attempt at tying together specific themes. For these reasons, I do not feel this book adds anything to our understanding of dreams, either as a text in reviewing dream technique, or in new ideas.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

LEAPS. FACING RISKS IN OFFERING A CONSTRUCTIVE THERAPEUTIC RESPONSE WHEN UNUSUAL MEASURES ARE NECESSARY. By Roy M. Mendelsohn, M.D. Northvale, NJ: Jason Aronson Inc., 1991. 301 pp.

The subject of this book is of considerable interest, and theoretically appears to be promising. In the Introduction, the author offers the concept of a "leap." This is a carefully considered departure from a "familiar technique" or sound therapeutic procedure in response to the unusual needs of a patient in therapy.

The author repeatedly states the need for the therapist to avoid impulsive departures from standard technique. He advocates carefully chosen creative methods to respond to the unique needs of several disturbed patients. At first he implies that these "leaps" occur infrequently, in response to patients' life threatening emergencies. As you read further and study his clinical examples, these deviations from traditional technique are the exception rather than the rule. In his review of the literature, he points to numerous precedents for major departures in technique in the work of well-known innovators such as Balint, Giovacchini, McDougall, and Searles, among others. His writing shifts from the theoretical to the clinical to illustrate actual circumstances which necessitate these departures from standard technique. Early in his career, his work with severely disturbed children prepared him in general to be more sensitive to severely disturbed patients with their unique needs.

Throughout the book, in a series of vignettes, the author repeatedly restates a therapeutic dilemma: How does the therapist permit himself to depart from the psychotherapeutic frame to encourage the seriously impaired patient to utilize the treatment *and at the same time* not be involved in a countertransference acting out to satisfy his own narcissistic needs? This is a ubiquitous question in the current psychoanalytic literature, particularly with interest focusing on concepts of the "intersubjective realm" and transference-countertransference interactions.

What I found disappointing was not being able to understand his specific rationale for these departures from therapeutic technique. What makes his explanations more complicated is his complex, stilted writing style that makes it very difficult for one to under-

stand the therapeutic interaction or the "leaps" he is describing. He consistently describes what could be rich clinical material in jargonistic terms, leaving it to the reader's imagination to reconstruct what actually happened.

One extended clinical example is given on pp. 42-56. He describes a suicidal, seventeen-year-old, prepsychotic girl whom he treated in a variety of settings, both outpatient and inpatient, for six years. Initially, while he was exploring the meanings behind her self-destructive acts, she severely regressed, requiring hospitalization. Here, as well as in other examples, he never questions the potentially destructive role of a therapist who fosters such a regression. Instead, he tangentially justifies whatever departure he makes by quoting the literature, repeatedly stating that standard technique is not applicable for patients with early ego defects. In his work with this patient he describes a variety of maneuvers with the hospital staff, and an evening nurse, that provided the patient with the special atmosphere that catered to what he felt was her need to regress further. Curiously, despite many pages devoted to this case description, he never describes what the early traumatic experiences in her life were that had to be corrected. He merely refers to the need to get her back to a preverbal state so that she could abrogate her false self to begin to reconstitute a new, true self. After one year of hospitalization, her insurance funds ran out and the hospital personnel could no longer tolerate her regressed state. After her hospitalization elsewhere, the author describes his gradually coming to the decision to treat her at his own home. He reasoned that this was the best possible alternative since all of the hospitals in his area were not up to providing for the unique needs of this patient.

In describing his decision to treat her at his own home, he reviews his possible conflict between "an empathic resonance with the patient's therapeutic needs, or . . . arousal of compensatory needs within him" (p. 52). In this instance as well as similar conflicts in a variety of clinical situations, the author invariably trusts his altruistic desire to help the patient. Unlike other authors, such as Giovacchini or Searles, who describe similar clinical situations in which they see themselves vulnerable to countertransference enactments, the author merely states that he overcomes through reflection the notion that such enactments might occur.

After he takes the patient into his home, the remainder of the treatment reads like a therapeutic fairy tale. From a completely regressed state involving loss of sphincter control, eating baby food, and speaking baby talk, she is gradually able to reconstitute her adult functioning. The reader wonders what therapeutic maneuvers facilitated her improvement. All we read is that therapeutic sessions with exclusively verbal and interpretive moves *plus* a paternal interaction in the therapist's home lead to her regaining more mature functioning.

In addition to regaining normal adult functioning, there was a flowering of her intellectual capacities and curiosity. Later, she developed the wish to become a physician. In describing the change in quality of his work, the author merely states that the therapeutic work proceeded at this point at an "object related level" and led to a true individuation. Later, the patient became a physician and a member of his extended family.

What this reviewer questions is not the author's sincerity or his conviction that he transformed this patient's life, but his inability to convey a clearer picture of the obvious blurring of boundaries in the therapeutic relationship, and of the details of how he coped with them. For example, his decision to move the patient to his home because he felt that none of the hospitals in his area were competent enough to deal with her is given as a rational decision. Many therapists describing similar events would question their own grandiosity in making this assessment about their extraordinary capacities. The author does not mention this, but rather portrays himself as being able to maintain the capacity to make rational judgments about the most irrational situations.

Another, even more dramatic portrayal of the author's creative leap of imagination in the treatment of a disturbed patient is given on p. 15. In treating a fifteen-year-old girl psychotherapeutically, he was aware that she was experimenting with various drugs, including heroin. Because of the need to protect this patient from the danger of obtaining illicit drugs and to join her in understanding her addictive experience, he accepted her demand for him to provide her with narcotics. He portrayed himself as being self-reflective regarding the dangers of responding to this demand, but decided finally to supply her with the drug, which led to the patient's feeling deeply understood. He goes on to describe further

treatment of this girl, ultimately helping her to escape from her addiction. He sees his action as promoting constructive growth. There is nothing in the case report that elaborates on this dilemma to convince this reader that his action had a positive value in her treatment outcome.

Although this book addresses important issues, it does not fulfill its promises. Its value is largely heuristic for the questions it raises. The answers to the questions are yet to be forthcoming.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

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Linda A. Wimer Brakel

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ABSTRACTS

COGNITIVE SCIENCE

Abstracted by Linda A. Wimer Brakel.

Dissociation and Dissociations: A Comment on Consciousness and Cognition. John F. Kihlstrom. **Consciousness and Cognition.** I, 1992. Pp. 47-53.

Kihlstrom claims that "[c]ontemporary cognitive science has no problem with the idea of . . . hierarchies of modules, or with constraints on communications among them." Hilgard's neodissociation theory has these features. Kihlstrom uses Hilgard's model to provide a framework for conceptualizing four types of relations between conscious and nonconscious mental processing:

1. A selective impairment in one cognitive subsystem, leaving another intact: blindsight studies "suggest that there are two visual systems, one projecting to the occipital cortex and another projecting to the superior colliculus." An intact collicular system allows responses to visual stimulation even when striate damage prevents awareness of such visual stimulation.

2. A disruption of communication between two intact subsystems: certain types of aphasia, for example, may be caused by damage to nerve fibers connecting Wernicke's area with Broca's area.

3. A disruption of communication between an intact subsystem and an executive ego: hypnosis, negative hallucinations, certain forms of amnesia, positive hallucinations, involuntary motor actions, all fit here. Also fitting this model, Kihlstrom claims, are the acquisition and use of language, as well as the operation of some detectors of visual features.

4. A selective impairment in the functioning of the executive ego itself, leaving the subsystems intact: surgical patients under general anesthesia with some implicit memory spared, and patients with multiple personalities or psychogenic fugue suggest intact subsystems but executive ego malfunction.

Divided Consciousness or Divided Self. Bernard J. Baars. **Consciousness and Cognition.** I, 1992. Pp. 59-60.

Baars briefly takes issue with two of Hilgard's terms. First, Baars claims there is "moment-to-moment *internal consistency* of conscious contents." This may not be the same as the *unity of consciousness* Hilgard refutes. Second, since Baars feels there "is so much evidence for the *internal consistency* of momentary conscious experience"—for example, only one interpretation of ambiguous or impossible figures can come to mind at the same moment—he suggests talking of divided or dissociated aspects of self rather than divided or dissociated consciousness.

The Selective Perception and Recognition of Single Words from Competing Dichotic Stimulus Pairs. George A. Bonanno and Bruce E. Wexler. **Consciousness and Cognition.** I, 1992. Pp. 241-264.

Five experiments are described using dichotic presentation of word pairs auditorily differing only in initial consonants. Three different types of pairs were used:

neutral-neutral (gill-dill), neutral-positive (ton-fun), neutral-negative (pie-die). The experiments were controlled for report bias, acoustic properties of the stimuli, and order effect, and several findings emerged: 1) Subjects could reliably identify only one word from each competing pair. (Many subjects could not believe two words were actually presented simultaneously.) 2) The affectively more positive word was by far the one more often perceived and reported. 3) The unreported words, although not recognized on a forced-choice, two-alternative task, were recognized on a more sensitive ranking test. 4) Whereas negative affective valence decreased later recognition of reported words in a ranking task, it increased recognition of unreported words in a ranking task. 5) Finally, whereas intertrial cognitive tasks weakened later recognition memory for reported words, they had no such effect on unreported words, and, in fact, increased subsequent unreported word recognition in subjects judged "repressors" on an independent personality measure.

The capacity to identify and measure mental processes beyond conscious awareness was shown once again with these findings. Moreover, insofar as "both the intertrial interference tasks and negative affective valence influenced recognition ranking differently for reported and unreported words," these findings demonstrated qualitative differences in the processing of words reported from the processing of words the subjects were not able to report. The authors suggest that this processing difference may indeed point to possible qualitative differences between conscious and unconscious mental functioning.

Conditional Handedness: Handedness Changes in Multiple Personality Disordered Subject Reflect Shift in Hemispheric Dominance. Polly Henninger. **Consciousness and Cognition.** I, 1992. Pp. 265-287.

Henninger tested the hypothesis that in a particular patient with multiple personality disorder, the host personality (Pe) was left hemisphere dominant, while a primary alter (Pa) was right hemisphere dominant. She did this using four measures, each administered as a complete battery on separate days to Pa and then to Pe. The patient as Pe showed no evidence of having met the examiner before, nor any familiarity with the testing materials or procedure.

The four measures were a drawing test (draw a self-portrait; draw a house, tree, and person); a cutting test (with each hand and a pair of scissors cut out a series of shapes as accurately as possible); a verbal dichotic test (reproduce in writing digits heard); a musical dichotic test (melody recognition). The results largely bore out the hypothesis: three separate and independent clinicians judged both the interest and handedness tests to be those from two separate people. The interest questionnaire showed Pa to be a young girl, and Pe an adult; whereas each set of drawings was judged to be done by a different adult. On the cutting test, Pa performed better overall, but with left-hand superiority; whereas Pe's cutting was markedly better right-handed. On the verbal dichotic test Pe showed a right-ear advantage. Pa also had a slight right-ear advantage, but consistent with right hemisphere dominance (and like children who are still right hemisphere dominant), Pa started with a left-ear preference until the task demands increased. Pe performed only at chance level in the left ear on the musical dichotic melody recognition test; while Pa, using her left ear, identified three-fourths of the melodies. (This is a right hemisphere dominated task.)

Next follows a series of hypotheses: 1) Since right hemisphere dominant Pa could identify three-fourths of the melodies, while Pe with left hemisphere control performed only at chance, perhaps Pe's left hemisphere dominance "involved suppression of the cognitive functions of the right hemisphere." 2) This suppression mechanism in Pe could be compared both to postcommissurotomized patients with right hemisphere skills "locked in," and to some repression in people who are neither neurologically impaired nor have multiple personality disorder. Henninger stated that her findings "corroborate Galin's (1974) proposal of a neurophysiological mechanism for at least some instances of repression and an anatomical locus for unconscious mental contents in the right hemisphere." 3) This patient with multiple personality disorder and commissurotomy patients are different. For commissurotomy patients, although each hemisphere is unaware of the other's activities, the patient is not amnesic for observable behaviors regardless of which hemisphere initiates. In fact, in contrast to this multiple personality disorder patient, who did not even integrate her motor capacity by ever demonstrating the ambidexterity of which she was capable, the commissurotomy patients try to interpret even contradictory behaviors. (Although it is a conclusion not drawn by Henninger, it seems clear that commissurotomy patients attempt to spare a sense of continuous, unbroken, personal, "normal" consciousness.) 4) Finally, and most speculatively, Henninger proposes that in some cases early severe abuse trauma leads to development of the type of severe hemisphericity the patient demonstrated. She leaves open the question as to whether the trauma itself causally influences development of hemispheric ambilaterality, or if instead people predisposed to such bihemispheric function utilize dissociation to cope with abuse.

Event-Related Potential Indicators of the Dynamic Unconscious. Howard Shevrin, et al. **Consciousness and Cognition.** I. 1992. Pp. 340-366.

This article makes a new contribution in that it employs three separate interdisciplinary methods, two of which do not presuppose a dynamic unconscious, to provide convergent evidence for the existence of a dynamic unconscious.

Method 1: The Clinical Psychoanalytic Method. Eleven subjects (eight with phobias and three with pathological grief reactions) were evaluated in three or four nonstructured diagnostic interviews and in a battery of psychological tests by a team of three psychoanalysts and a psychoanalytically oriented psychotherapist. From the protocol of each subject, sixteen words were selected, eight of which the clinicians believed best represented the most salient unconscious conflict, and eight which best represented the conscious system. To these two categories of words, two more control categories were added, eight "unpleasant" words and eight "pleasant" words, these in all cases drawn from the end points of the pleasant-unpleasant dimension of the Osgood Semantic Differential research (Osgood, May, and Miron, 1975).

Method 2: The Subliminal Method; and Method 3: Signal Analysis of ERPs. The thirty-two words making up the four categories were presented subliminally (1 ms) and then supraliminally (30-40 ms) in six randomized blocks, while evoked response potentials (ERPs) were obtained from three electrode placements (P_3, P_4, C_zP_z). The ERPs so obtained were then subjected by the team of computer scientists and engineers to complex signal analyses. The findings, based on time frequency analysis,

revealed that subjects' ERPs classified the unconscious conflict words better subliminally than supraliminally, while for the conscious symptom classification supraliminal was better than subliminal. Further, frequency/latency aspects of the ERPs also demonstrated a difference between unconscious conflict versus conscious symptom categories. For the unconscious category words the highest frequency (possibly indicative of the most information) came at an earlier latency subliminally and later supraliminally; while for the conscious symptom words the reverse was the case.

Overall, this study has yielded objective brain-based indicators for unconscious conflict, and such conflict as separable from conscious conflict. As such, evidence for the assumption of the dynamic unconscious has been gained.

Psycho-Analytic Psychotherapy in South Africa. II, 1993.

Abstracted by Peter Goldberg.

Reflections on Violence and the Perversion of Meaning. Stephen Wilson. Pp. 2-7.

Psychological violence—a violence located in the interior world—is viewed as a necessary antecedent to all violent behavior. This internal violence is described with reference to two conceptual models: first, in terms of the perversion of meaning; and second, in terms of a model of pathological defense organization that institutionalizes internal violence against the self. In the first instance, perversion of meaning constitutes a form of violence not always readily observable; but it can be recognized at the sociopolitical level, for example, in the discourses of propaganda, wherein political acts of actual violence are euphemistically recast as useful, practical, or harmless events. At the individual psychological level, it can be recognized in the utterances of serial killers perversely justifying their violence in terms of a higher calling or purity of purpose. In each case one may observe the perverse function of dehumanizing the victim. Actual violence facilitated by perversion of meaning can thus be observed both in the individualism of the perverse murderer and in certain types of political cultures, such as Nazism.

In discussing individual psychology, the author makes reference to certain Kleinian conceptions to illuminate the phenomenon of psychological violence: Bion's formulation of attacks on linking, whereby emotional links are destroyed and thinking loses its symbolic function; and following Bion, the model offered by a series of authors who wish to describe a type of pathological organization that constitutes an internal tyranny (Steiner), one in which destructiveness of good objects is embraced, promoted, and rationalized, often in the guise of doing right (Meltzer), or in the form of submission to an internal "gang" in what Rosenfeld called "destructive narcissism."

A Psycho-Analytic Contribution to the Concept of Reconciliation. Ilana Edelstein and Kerry Gibson. Pp. 8-13.

Reconciliation is explored through a Kleinian psychoanalytic lens, viewed in the context of the South African situation in the last months of the apartheid regime. Longstanding severe intercommunal conflict and low intensity war increase the use

of rigid, primitive defenses in the population. One may observe, in particular, the widespread deployment of splitting, giving rise as it does to idealization of communal heroes and saviors and vilification of the enemy. While this represents an adaptation during war, it obstructs the shift toward reconciliation as war and conflict give way to peace and nation building.

Following Klein's description of the task of entering and working through the depressive position, the authors discuss how reconciliation requires recognition of the fallibility of idealized figures, and rehumanization of the enemy. Relinquishing idealized figures and ideas gives rise to the experience of loss, which entails a process of mourning and coping with guilt connected with destructiveness previously directed toward the vilified enemy. In order to achieve a more integrated and realistic view of all individuals and the society as a whole, this guilt must be borne, but in a bearable way, and the loss of idealized objects and wishes likewise accepted in a manageable way.

A particular danger on the path to true intercommunal reconciliation, just as it is an obstacle to individual integration and reparation, is the manic defense, in which the damaged object is apparently repaired, but in a facile way. The appearance of a new understanding is maintained, but guilt and loss are in fact not truly experienced, and beneath the apparent restoration of the object and acceptance of a new reality lies a persistent, disguised omnipotence and continuation of idealization. Inevitably, in this situation, the hated bad object reappears, inviting a return to polarization on the communal level and splitting on the psychological level. True reconciliation entails a complex process of mourning and reparation and working through, while considerable danger lies in a superficial reconciliation that, like manic reparation, fails to bring about a true integration of self and object that is essential for human functioning, whether on the individual or communal level. True reconciliation is fraught with difficulty, for among other things the notion of an ideal society must be given up, and personal responsibility for hatred and guilt established.

Reparation—Political and Psychological Considerations. Albie Sachs. Pp. 14-27.

The author, a professor of law who, as a prominent member of the African National Congress, lived for many years in exile in Mozambique, describes his discovery of psychoanalysis in the aftermath of a long stretch of solitary confinement as a political prisoner. He undertook a reading of Freud, seeking answers to questions raised by his own behavior during the imprisonment. In this contribution, the author touches upon the relationship of the will to the unconscious, and the necessity of loosening the will and accepting the loss of powerful, idealized political ideas and beliefs. This is not to say, however, that these ideas and beliefs were simply fantasies or misleading rationalizations: they had real force, sustaining individuals through extreme trials. Moreover, the perceptions that gave rise to political idealism—the appreciation of human suffering and identification with the aspirations of others to be free from oppression—remain the guiding light for political and moral conduct, albeit modified by lessons learned from past mistakes in the revolutionary struggle, and from the lessons of a humbled will.

The author calls for a widening of participation in psychoanalytic therapy, for its more universal application. On the topic of reparation, he refers to murders now carried out by the oppressed, one upon another, and asks how this terrible phenomenon might be understood.

Two parables are offered by way of approaching the topic of reparation. At a jazz club in Cape Town, Sachs is confronted by a stranger who asks forgiveness for his share of responsibility for the state-inspired bombing attempt on the author's life, resulting in the latter's loss of an arm. The interchange is unsatisfactory because Sachs feels he failed to reach the man emotionally with his response. The second parable illustrates how "grief can reach grief, emotion can find emotion," in an interchange between the author, a Jew, and a black comrade during a disciplinary hearing for another comrade who had uttered an anti-Semitic remark.

The author goes on to address the problem of extrapolating from individual psychology to the life of a society. Social repair requires the rule of law, security for all, a just constitution as symbolic of the society's aspirations, and a culture that is truly alive.

Finally, while the author agrees that all members of the society, oppressed as well as oppressors, must work through the painful psychological process of de-idealization of heroes and beliefs, and re-humanization of the enemy, there nevertheless remains a difference between victim and victimizer in the particular work of reparation that must be carried out. It is only through seeking out and recognizing the truth of one's own particular life that reparation and reconciliation can take place.

Two Forms of "Mindlessness" in the Borderline Child. Trevor Lubbe. Pp. 33-57.

Reference is made to Freud's view of the particular effects of trauma upon the personality. Severe trauma is discussed in terms of the piercing of the protective barrier of the psyche, and damage to the "core" of the personality. Borderline symptomatology in childhood can be understood both as a direct reflection of such traumatic damage and as a defensive construction built in response to the traumatization—a new "barrier" erected to defend against the intense anxieties and conflicts in such cases. Typical of this defensive formation is the incapacity to synthesize and integrate emotional experience and the inability of the child to understand what is "inside" and what is "outside," leading to problems in symbolization, disturbances in object relations, and extreme anxiety states. Faced with unassimilable, intense, meaningless experience, the child defends itself either by dismantling the sensory apparatus itself (infantile psychosis), or by retaining the intense states in the musculature, or in a "second skin" formation (Esther Bick), a defensive layer or barrier whereby the child holds itself together. Two cases are presented in detail to illustrate the notion of damage to the psychological core, and to illustrate the phenomenon of a defensive organization that serves as a compensatory barrier where true psychical containment has not been accomplished and internalized.

The first case, a boy eight years old, has suffered marked abuse and neglect. Through observation and systematic interpretation in the transference, the boy's largely asymbolic psychical world is unveiled. He experiences all satisfactions and

dissatisfactions in relation to objects as "lumps"—in his throat, his anus, in the carpet, in "hard food"—which, lacking psychological value and symbolic form, can only be expelled through urination, defecation, masturbation, or smearing. Little transformation of these protoexperiences is possible. Sexuality is divorced from any link with creativity in relationship or fantasy and is deployed sadistically as a solution to oral conflicts. At the same time, the necessity of interpreting the boy's awful internal and interpersonal destructiveness is highlighted, leading gradually to the emergence of a symbolic rendering of the "lumps" into thinkable experiences.

The second case, a fourteen-year-old boy also severely mistreated in childhood, had developed a fascination with space technology but was seriously impaired in social skill and development, living largely in a private and incomprehensible world. The boy's drawings and highly coded space technology language gradually reveal the emergence of an "inside space," wherein feelings and objects can be contained, symbolized, and understood, in contrast to the previously more autistic apprehension of objects. In addition, a particular pathological defensive organization is described in terms of "hovering" between emotions, occupying a type of no-man's land where feelings are buried in "code," this state of mind serving as a defense against both schizoparanoid and depressive anxieties.

Psychoanalytic Inquiry. X, 1990.

Abstracted by James R. Edgar.

Prologue. Melvin Bornstein. Pp. 137-140.

In an issue devoted to object relations theory, Bornstein traces the history of its development and identifies some of the major contributors. He highlights certain theoretical controversies and presents an overview of the contributors to this discussion.

Self and Ego: A Framework for Their Integration. Irene Fast. Pp. 141-162.

Fast traces the development of object relations theory with its concept of the self, and the structural model with its concept of the ego. She shows how the "pervasive interpenetration of concepts from the two domains" calls for a more comprehensive framework to accommodate both. Several authors, most notably Kernberg and Jacobson, have attempted to integrate the two models. Greenberg and Mitchell feel the two models are fundamentally incompatible. As Hartmann delineated the concepts, the self is to be understood in relation to objects, the ego in relation to the id and superego. In an attempt at integration he suggested that the self be seen as a representation in the ego. Subsequently, self and objects are seen as nondynamic representations; the id, ego, and superego as dynamic systems. Fast then reframes the issue as being the relationship between the representational or imagistic aspects of the mind and the dynamic ones. Defining what she would consider to be a satisfactory model of the relationship of self and ego, she approaches it using an "event theory," "an attempt to integrate Piaget's and psychoanalytic theories." The author, who has written a book on this theory, defines it: "Events are bodily interactions between self and non-self, registered in discrete dynamic schemes represent-

ing different interaction modes. Their structure allows for both the origin of the ego in bodily id experiences and of the self in undifferentiated interactions." She uses Piaget's theory, that mind originates in bodily interactions, and Winnicott's model of development to show how the activation of two dynamic schemes in relation to an object is a process that leads to development in self and ego and in representational and dynamic aspects of the mind.

On the Structure of Internal Objects and Internal Object Relations. Joseph Sandler. Pp. 163-181.

Sandler points to the ambiguity of the term "object relations" and criticizes the notion of "the energic investment of an object." He distinguishes between the experiential and nonexperiential realms of the mental apparatus and discusses how each contributes to the development of internal objects and object relationships. He discusses the usefulness of constructions and reconstructions in clinical work and gives two case vignettes to illuminate his theoretical points.

Some Notes on Object Relations, "Classical" Theory, and the Problem of Instincts (Drives). Arnold H. Modell. Pp. 182-196.

Modell points out that although all object relations theorists do not reject Freud's instinct theory, they all challenge it in one way or another. As a possible solution, he proposes taking a new look at the concept of instinct. Modell feels that without these challenges Freud's drive theory has been rendered obsolete by recent discoveries in ethology and evolutionary biology. He then traces for us some of the more significant contributors to these fields—Lorenz, Hinde, Mayr, Bateson—and shows how their work complements the psychoanalytic theories of Fairbairn and Bowlby. Next he traces the development of Freud's concepts of instinct and object, pointing out that although his concept of object changed over time, Freud never took this into account to alter his concept of instinct. Viewing attachment behavior and sexuality as separate functional systems, Modell proposes that object relations theory account for the interrelationship between the two. He gives some examples of how common clinical conditions (e.g., homosexuality) may be viewed differently, given this change in theory. Concepts such as the psychoanalytic setting, defense, resistance, and transference are discussed, contrasting the object relations view with the classical view.

Does an Object Relations Theory Exist in Self Psychology? Howard A. Bacal. Pp. 197-220.

Bacal contends that self psychology's development rests on an object relational foundation. He points to the many bridges that exist between the British object relations theorists and self psychology. "The selfobject—the pivotal concept of self psychology—implies a particular kind of object relation as the determinant of self-experience and the vehicle for self-development." Bacal feels that each theory has implicit but unstated concepts that relate it to the other: object relations theory a concept of the self, self psychology a concept of the object. He then reviews familiar concepts of selfobject, self, selfobject relationships, and selfobject transference from

this new perspective. Stolorow and Atwood's more recent contributions on intersubjectivity are discussed from this vantage point.

An Information Processing View of Object-Relations. Henry Krystal. Pp. 221-251.

Krystal feels we are using archaic models in our attempts to develop an object relations theory. He believes that many of our assumptions about early object relationships do not take into account the current status of the theory of affect development and general information processing provided by modern cognitive theorists. "Affect tolerance represents the means of maintaining one's affective responses in the bearable range of intensity, so that the optimal information processing can take place." In a far-ranging fashion, he discusses how these concepts of affect tolerance development and information processing affect the development of object relationships. He focuses on the infant's and mother's abilities to regulate negative affects as primarily important in information processing, which he sees as essential to the development of object relationships.

Discussion. Jay R. Greenberg. Pp. 252-269.

Greenberg briefly traces the struggle for object relations theory to gain acceptance in the mainstream of psychoanalytic thought, using an instinct theory metaphor and comparing it to an unconscious wish striving to overcome repression. He identifies the central conflict between instinct theory and object relations theory as lying in the question of whether the object is defined in any way except as the object of sexual and aggressive drive discharge. Pointing to the inadequacy of the dual instinct theory to explain the intricacies of human relationships, he tries to outline a conceptual structure to take its place. He next discusses each author's contribution to this new conceptual system and suggests that four of the five are not merely adding object relations theory to drive theory, but are offering a new drive theory. "The implicit consensus is that a new drive theory is needed, and that it can be found in something that covers the ground once covered by Freud's ego instincts." Greenberg does not feel that it is possible to construct a theory without something similar to Freud's drives, but that in these papers it is implicit that the drive for self-integrity is superordinate to any other. He continues by identifying two problems he sees with the new drive theory: first, that conflict is now *with* the object, caused by the object; and, second, that the theory does not address noninvolvement with the object. He discusses these theoretical problems with some clear clinical examples and in the spirit of welcoming the shift to a more comprehensive conceptual framework but one which must undergo continual scientific scrutiny.

Discussion. Irving Steingart. Pp. 270-282.

Steingart agrees with the basic premise of most of the authors, best stated by Sandler, that "conceiving of an object relationship as the energic investment of an object is inadequate and simplistic." Nevertheless, he points out that Freud's economic viewpoint does address the essential element of *intensity* of object relationship experiences—something he sees as missing in the new proposals. "I do not believe any theory of object relations will be serviceable that does not include a way to

understand the vicissitudes of intensity in one's object relation experience and behavior."After outlining some differences with each author's contribution, Steingart suggests an avenue for integration of this quality of intensity with other aspects of object relations. Taking a lead from Modell's paper and from Winnicott's and Dowling's earlier work, he delineates "self-experience involved in attachment behavior" and "self-experience intent on making pleasure." It is the relationship between these two experiences that is crucial. He alludes to Winnicott's view of the importance of the mother in integrating these experiences and the development of the capacity for love. "And love, a wish for love, is neither simple libidinal gratification nor straightforward attachment." Steingart feels this developmental capacity integrates the attachment experiences with sensuous or hateful excitement and is the foundation for a fantasy life. He supports Sandler's move toward broadening the concept of wish beyond sexual and aggressive instincts to provide a more comprehensive motivational system. Finally, he shows how different object relations theorists approach the issue of fantasy formation, and he uses clinical vignettes to point out the need for further work in this essential area of psychological theory.

The Psychoanalytic Study of the Child. XLVII, 1992.

Abstracted by Katharine Rees.

The Moses of Freud and the Moses of Schoenberg: On Words, Idolatry, and Psychoanalysis. Yosef Hayim Yerushalmi. Pp. 1-20.

This paper examines how words are central to psychoanalytic thought and practice, yet how their use inevitably raises questions about the relation of speech to reality. The author compares Freud's *Moses and Monotheism* and Schoenberg's opera *Moses und Aron.* In the opera Moses realizes that the words of the tablets are themselves also idols, attempting to express the inexpressible. Freud's Moses, on the other hand, believed in the power of words to communicate his idea. Freud also believed in the magic of words as the means of access to the unconscious and as pivotal to the therapeutic process. He explored the power of words to bring back their strange but vital cargoes.

Today we are faced with a lack of confidence in the ability of words to convey outer or inner reality, a linguistic despair and skepticism that language can express anything beyond itself. The radical mistrust of words impinges on psychoanalysis at four crucial junctures: the speech of the patient; the speech of the analyst; reconstruction of the patient's life history; the written case history.

But other disciplines, such as history, have long realized that there is no fact waiting to be found without interpretation, no communicable historical truth apart from its narrative. Psychoanalysts should be among the primary custodians and explorers of language, not merely to reflect the crisis of language, but to inquire how much this crisis is really progress in knowledge and awareness, and how much it is only an absorption of cultural fashion.

Dreams: A Developmental and Longitudinal Perspective. Eugene J. Mahon. Pp. 49-65.

The dreams of one analysand at ages five, thirteen, and twenty show how an infantile wish can be understood in its many developmental vicissitudes, thus deep-

ening our understanding of the adult dreaming process. Alexander, on beginning his five-year analysis at age five, dreamed, "There was an octopus big as the Empire State Building. I had a stick. It [the octopus] swallowed me. I was fighting it. It spat me out." The dream came to be understood as expressing many aspects of his terror of object hunger and loss, hidden in phallic preoccupations and disguises.

When he returned for a consultation at age thirteen, his dream of being chased by snakes that he tried to divert toward younger children expressed his early adolescent version of these themes: fear of his phallic power which in puberty had achieved more evident potency, and the temptations of regression.

At age twenty, in a further consultation, the phallic and oedipal themes appeared in yet another developmental transformation. He dreamed of taking control of the Batmobile and giving chase to the bad guys. In the context of his current life, the dream expressed his adolescent passage toward object removal and adult sexual relations with all the new excitement and dangers entailed. The author emphasizes the value of understanding dreams as expressing infantile wishes, but also as reflecting phase-specific anxieties and creative phase-specific solutions.

Thinking through the Hungry Baby: Toward a New Pleasure Principle. Charles D. Levin. Pp. 119-137.

Levin re-examines Freud's hypothesis that the avoidance of pain, i.e., the baby's hunger, is the original motive for object experience and relationship. The reality principle, the search for real satisfaction, is essentially a pragmatic extension of the pleasure principle. But this does not fully answer the important question: What accounts for the infant's ability to delay gratification? What leads to pleasure in the object experience? Pleasure in the object depends not only on drive relief, but on the simultaneous development of many psychological processes in the infant. While waiting, the baby begins to play with thought and fantasy and is thereby *creating* pleasure through interaction and elaborative construction of the inner object.

An alternative to Freud's theoretical formulation would combine the pleasure and reality principles in the economic and regulative senses of these terms, calling them together the *pain principle*. The capacity to defer drive satisfaction would belong to an independent *object principle*, although this would necessarily develop in close relationship to the pain principle and the particular qualities of the rudimentary ego. We would then begin to have a more multigenetic model, the development of the psyche conceived of as an ongoing interaction and growth of many psychological capacities.

The author proposes that the infant has an aesthetic experience residing in the basic symbolic processes, which constitutes the internal world. This creates the particular qualities of the self and the infant's own construction of her or his internal objects. Clinical attention to this layer of experience may eventually lead to a more satisfactory formulation of a new pleasure principle.

Confronting Dilemmas in the Study of Character. Samuel Abrams. Pp. 253-262.

Character is seen as an elusive essence to define and study. Early analysts were fascinated by their ability to conceptualize categories of character through the link between latent drives, unconscious fantasies, and surface manifestations—for exam-

ple, the oral character. But ordering along conceptual lines can prematurely foreclose further inquiry. An alternative is to stay with an empirical approach which describes traits that remain stable, predictable, and enduring over time. Distinguishing normal from pathological traits poses thorny questions of value judgment. Freud's inspired solution was to use the therapeutic situation as a testing ground. Character traits which are obstacles to analysis may be designated pathological since they also impede the capacity to love and work.

Are character traits really continuous from childhood into adulthood? In some sense they are, but the developmental process also emphasizes discontinuities. Sequences of phase organization and the appearance of novel ways of thinking and feeling imply the presence of transformational activities. Such transformations pose interesting problems for a theory of character development as well as for child and adult analytic practice.

The relative impact of maturation and experience on formation of character is a subject of intense study, for example, in infancy research. We are often impressed by the impact of the infant's innate disposition on evolving drives, object relations, and defenses. But psychoanalysis again recognizes the complex, ongoing synthesis of many maturational processes, as well as the impact of later experiences, leading to an often unpredictable variety of character traits.

Finally, in the therapeutic process, to what extent is character changed by the integration of new insights, or rather, by the generating of experiences within the therapeutic interaction which effect changes in the representational structure? It seems that both integration and interaction work in tandem.

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Notes

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NOTES

October 6-7, 1994. PSYCHE '94, INTERNATIONAL SYMPOSIUM ON MIND-BODY PROBLEMS.

This event was organized by Professors Yoshio Kudo of Osaka University Medical School, Sadanobu Ushijima of Jikei University Medical School, Yasuhiko Taketomo of Albert Einstein College of Medicine, and Fred M. Levin of Northwestern University Medical School and the Chicago Institute for Psychoanalysis. Papers focused on: (1) the creative tension between neuroscience, psychoanalysis, and psychopathology; (2) memory of mind and of brain; (3) depression and bereavement; (4) schizophrenia; (5) development, regression, and consciousness; and (6) creativity.

Echoing the theme of the meeting and reviewing a lifetime of research on schizophrenia, Dr. Hiroshi Utena, Professor and Chairman Emeritus of Tokyo University Department of Psychiatry, noted the critical need for integrating biological insights for a view of the schizophrenic patient as a whole person. He believes that significant numbers of patients can improve if they are provided with dynamic psychotherapy and training for living, and are supported with appropriate medication. Dr. Utena's "life-oriented approach" has been described in many articles as well as in his recent autobiography, *Who Has Seen the Wind? The Life of a Certain Psychiatrist.*

Professor Bin Kimura of the Kawai Institute for Culture and Education spoke on a new concept of mind-body correlation, emphasizing the importance of subjectivity and wholeness (the existential and spiritual dimensions of life), as well as the body's ability to adapt to stress without the mind's assistance or control. With a deep appreciation of life's mysterious side, Professor Kimura impressed the group with his attempt to bridge empirical science and rationalistic philosophy in the spirit of Husserl, the founder of phenomenology. Professor Yasuhiko Taketomo, one of the originators of the idea of Psyche '94, took up the relationship between psychoanalysis and faith considered by Dr. Kimura.

Dr. Niels A. Lassen, Professor of Neuroscience at the University of Copenhagen Medical School, presented "Where Do Thoughts Occur?" With the use of slides of PET, MRI, and radioactive xenon scans of regional cerebral blood flow, Dr. Lassen pointed out that thoughts are purely the consequence of neural activity, not just in special locations but disseminated throughout the brain; when localized activity does occur as a consequence of voluntary mental activity (imagination), then "this specific thought pattern involves . . . the specific circuitry used in the comparable performance [of the imagined perceptual event], but the primary areas for input and output are not involved." Another way of saying this would be that particular spontaneous (self-initiated) thoughts activate particular areas of working memory, the part of the computer which is prepared to work upon or manipulate particular kinds of knowledge.

Using Dr. Lassen's insights, Dr. Fred M. Levin suggested that the reason Freud's free association method is so successful in facilitating learning is that the patient's spontaneous thoughts activate a variety of feeling states *and* their related working memories; when the analyst pays attention to the patient's immediate feeling state, the analyst is able to invite new learning primarily by building *from* what the patient already knows, rather than building from what is novel *to* what the patient knows. When we build *from* what we know, the associated working memory (needed for

learning) will always be activated and will contain the relevant data. In contrast, when we try to build *to* what is known (from some novel piece of data), our working memory will not necessarily be activated, and we will have difficulty comprehending the new information.

In a paper co-authored with Dr. Ernest W. Kent, of the Bureau of Standard's Laboratory for Robotics Research, Gaithersberg, Maryland, Dr. Levin presented a view that integrated what is known about the transference phenomenon with Dedre Gentner's research on judging similarity, June Hadley's ideas about limbic system information processing, and Michael Gabriel's research on learning in rabbit brains. Transference was seen as the computationally cheap initial mapping step in comparing past and present affective states that organize our experiential data bases. The exact anatomical systems involved in this learning are identified by following the recognizable neuronal "signature" of matching and mismatching "events" as they pass through the brain. Dr. Kent also presented an update of his 1983 model of the mind/brain, which can be emulated on computer.

Dr. David V. Forrest of Columbia University presented a perspective on mind and brain integration, with the intent of "avoiding . . . splitting the care of the patient into . . . biotherapy, [which] lacks an understanding of mental interrelations, and purely psychological psychotherapy, [which] lacks an appreciation of the embeddedness of mental processes in brain function. The synthesis may be advanced by observing similarly configured defensive patterns along continua from the normal or neurotic mental mechanisms of defenses through neuropsychiatric [adaptive] defenses, influenced by neurological state, to more direct neurological cortical [adaptive] mechanisms."

Professor M. Iwata of the Tokyo Women's Medical College, Dr. John Gedo of the University of Illinois Medical School, and Dr. David Forrest then spoke on creativity. Professor Iwata began with an explication of the visual system following the research of Dr. S. Zeki and others, indicating how form, color, and shape analysis are separate systems that are seamlessly integrated into our visual experience. Singling out specific artists whose work highlights one element at the expense of others, Professor Iwata speculated that the internal wiring of these artists most likely involves unusual strengths or compensations. For example, Marcel Duchamp's masterpiece, *Nude Descending a Staircase,* captures movement at the expense of form. Picasso's work often captures color or form at the expense of movement. Dr. Gedo agreed with Professor Iwata's suggestions, noting that from the beginning, Picasso was bothered by the illusion of movement: he was unable to do mathematics because for him numbers appeared to be kinetic (literally "dancing"). Dr. Gedo suggested that the talented child is often seen first as deviant in a strictly negative sense, and thus underappreciated. The resulting assault on narcissism creates a problem in regulating self-esteem and a vulnerability to criticism beyond the expectable problem anyone would have in learning to judge the worth of his/her own creative products. From Nietzsche to Proust to Picasso, Gedo suggested, creative acts can be shown to be self-reparative as well as expressive of unique talents. At the end of the discussion, almost all participants agreed that the old shibboleths about an alleged association between genius and disease are wrong and in need of serious revision.

Dr. Martin Harrow, Professor and Chairman of Psychology, University of Illinois Medical Center, then presented a new model of thought disorder and delusions in

schizophrenia, based on four follow-up studies over a ten-year period. Among the conclusions was that when thought disorder is present in schizophrenia after the acute phase, it is a sign of increased vulnerability to future reality distortion, psychopathology, and poor clinical course. He supported a biopsychological model in which there is an imbalance between frontal and limbic-temporal areas of the brain, possibly related to an imbalance in synaptic density. Dr. Harrow presumes that high stress results in heightened cognitive arousal at the acute phase of the disorder. This leads to the intrusion of personal concerns and wishes into conscious thinking and to a disorder in monitoring one's own ideas. He hypothesized that this is secondary to impairment in the effective use of long-term stored memory of what is socially and contextually appropriate in a particular situation. Dr. N. Nakayasu of Tokyo University Medical School Department of Psychiatry also focused on this "situational agnosia of meaning(s)," which he believes to be the "primary disorder of schizophrenia."

Dr. Howard Shevrin of the University of Michigan stimulated integrative thinking with his presentation, "Studies of the Neurophysiology of Unconscious Processes." He pointed to the "growing literature [showing] that event-related potentials . . . can serve as markers for unconscious mental events." Using a Shannon-based transformation measure, a measure for tracing the flow of information from one brain region to another, a time-frequency feature analysis, and a Gabor Logon method in which multiple brain parameters are combined (time, frequency, amplitude, phase, and spread), Dr. Shevrin has objectified a "highly subjective, emotionally laden, conflictual unconscious mental process of significance to psychoanalysis." In discussing Dr. Shevrin's paper, Dr. Lassen challenged the significance of such studies, to which Drs. Shevrin and Levin responded, using clinical examples and other research to clarify the relevance of Dr. Shevrin's efforts.

During the symposium on depression and bereavement, Professor Keigo Okonogi of Keio University Medical School summarized psychoanalytic studies on depression in relation to object loss and mourning. Dr. Kathleen Biziere of Otsuka America Pharmaceutical, Inc., Rockville, Maryland, presented the viewpoint of neuropsychopharmacology, noting how "during the past decade evidence has accrued showing that the Central Nervous System (CNS) contributes to the modulation of immune responses," while the immune system affects "the CNS via cytokines that are secreted by immune cells and that cross the blood-brain-barrier." Important research is being conducted to discover neuropsychiatric disorders which may result from normal or abnormal immune responses "leading to excessive concentrations of certain cytokines within the CNS."

Dr. Steven P. Roose of the Columbia College of Physicians and Surgeons stated: "Traditional analytic metapsychology considers affects such as . . . depression as by-product . . . of psychic conflict . . . Modern analytic affect theory has a more complex view of affects, including their role as motivators. . . . In contrast, clinical psychiatry . . . considers depression . . . as [a] disorder of brain function. This perspective is supported by biological studies and effective pharmacological treatments. There is [thus] an unresolved tension that exists between these . . . models . . . and giving two types of treatment simultaneously does not mean that the modalities have been either practically or theoretically integrated."

Dr. Yamawaki and his associates of Hiroshima University Medical School Department of Psychiatry and Neuroscience completed the discussion of affective disorder

by stating that since the monoamine hypothesis proposed in the 1950's, serotonin (5-HT) has been studied as the neurotransmitter involved in depression, based originally on the finding that 5-HT metabolism was decreased in the CSF in the autopsies of suicide victims. "In the 1980's the 5-HT receptor supersensitivity theory of depression was proposed, since the down-regulation of 5-HT2 receptors was induced by repeated treatment with antidepressants in rat brain, and the increase of 5-HT2 receptors was observed in the brain of suicide victims." Dr. Yamawaki's research group has confirmed "the increase of 5-HT2 receptor-mediated Ca^{2+} response . . . in platelets from depressed patients" and is currently interested in understanding the role of 5-HT and Ca^{2+} in the pathophysiology of affective disorder.

In the symposium on development, regression, and consciousness, Dr. John Gedo outlined how psychoanalysis conceives of behavior regulation as an epigenetic sequence of modes of organization, wherein development reflects the maturation of the brain. He believes psychoanalysis urgently needs a map of the progressive organization of the nervous system, whereas neuroscience needs psychoanalytically derived observations about regressive functioning in adults.

Professor M. Nishizono of Fukuoka University Medical School presented a paper on regression as induced in the Japanese population by the use of psychotropic drugs. He believes two character types of patients prevail: one is an active, "hyperkinetic" individual with loose boundaries, changeable consciousness, and a good prognosis; the other is "hypersensory . . . with rigidity of ego boundaries, unchangeable consciousness," paranoid or obsessive traits, and a less good prognosis. Dr. T. Yamauchi of Saitama Medical School described four cases of disturbances of consciousness following delivery (postpartum psychoses) and one case following encephalitis. All cases eventuated in a state of kinetic mutism, and work-up suggested that what was disturbed was the relationship between an intact cerebral cortex and "certain nonspecific physiological activating mechanisms in the diencephalon, midbrain, and pons. Dr. M. Sato of Tohoku University presented a long-term follow-up of a schizophrenic patient in whom stress sensitization during development and/or genetic predisposition were felt to result in a vulnerability to psychotic decompensation.

During Psyche '94, meaningful steps were made toward bridging the gaps which separate the various disciplines upon which patient care depends. (Those who wish to have programs, abstracts, or tapes should write to: Secretariat for Psyche '94, c/o Congress Corporation, Namiki Bldg., 5-3 Kamiyama-cho, Shibuya-ku, Tokyo 150, Japan.)

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The 16th ANNUAL CAPE COD INSTITUTE, a summer-long series of postgraduate courses for mental health professionals, will be held June 26-September 1, 1995. Sessions are from 9:00 a.m. to 12:15 p.m. on weekdays, leaving afternoons free for leisure and study. The program is sponsored by the Department of Psychiatry of the Albert Einstein College of Medicine. For further information, contact: Dr. Gilbert Levin, Cape Cod Institute, Albert Einstein College of Medicine, 1308A Belfer Bldg., Bronx, NY 10461. Telephone: 718-430-2307; fax: 718-430-8780.